*Get more calls, consultations, patients,revenue and referrals using this 5-Step Recipe Book to create the practice you desire*

# HOW TO GROW YOUR PRACTICE

## WITH PRESBYOPIC PATIENTS

Insights from 20 years in the field of Practice Development Consulting

ROD SOLAR AND LAURA LIVESEY

*"Rod and Laura know as much about marketing surgery to patients as I know about performing it…They know this industry inside out."*

— ***Professor Dan Reinstein**, MD, MA(Cantab), DABO, FRCSC, FRCOphth, FEBO*

## What eye clinics say about authors Rod Solar and Laura Livesey

*Rod and Laura know as much about marketing surgery to patients as I know about performing it. I first worked with them in Canada, and they've worked closely over the years with me and my staff to help build our business in London. They are an expert in the field of laser eye surgery marketing. They know this industry inside out. I believe that they could help many companies in a variety of areas including marketing materials, sales training and marketing support for doctors.*
**Professor Dan Reinstein**, MD, MA(Cantab), DABO, FRCS(C), FRCOphth – London Vision Clinic, UK

*We have a surgical experience and technology today that is very powerful however we were missing the way to welcome the patient and give them confidence over the phone and at the consultation. We learned a way to accommodate patients so well that my team is totally changed. The new approach is very interesting both on the human plane and also on the technical plane. The confidence of the staff has increased and patients are now greeted in a very different way. The patients feel this improvement of comfort and confidence when they come to see us and our consultation conversion rate has increased by 43%.*
**Cati Albou-Ganem**, MD, Refractive Surgeon – Clinique de la Vision, France

*Although we're experts in ophthalmic surgery, we're not experts in marketing or experts in knowing how to present ourselves well. I've known Rod and Laura for some time. I worked with them years ago, not long after we started Grange Eye Consultants, and that was a very positive experience. I've since worked with them with Optegra. They're experts in their field and they really understand the market. They understand the change that's happened to marketing as the internet's developed... they are innovative and progressive.*
**Mr Robert Morris**, BSc(Hons), MB BS (Hons), MRCP, FRCS, FRCOphth – Grange Eye Consultants, UK

*I would recommend them to anyone who wants to listen… they think like surgeons: structured, practical and results-oriented.*
**Dr. Hugo Van Cleynenbreugel**, Ophthalmologist – Mediclinic, Belgium

*Laura and Rod are very distinctive in their precision, objectivity and advice.*
**Dr. Leonard Teye-Botchway**, MBChB FWACS DCEH(Lon) FRCS(G) – Bermuda International Institute of Ophthalmology, Bermuda

*We focus our business differently now than we did before. We stopped doing different sorts of business activities and looked into what's better for the clinic. So it helped us have a better focus. We would definitely recommend it. If you'd like to be a larger clinic... you need to think organization, and it's a good way to organize from the ideas they gave us. We got a lot of valuable insight. It was a pleasure working with LiveseySolar the whole way around.*
**Gustav Muus and Kristian Mejlvang**, Managing Director, Marketing Director – Øjenhospitalet Danmark, Denmark

*I would recommend LiveseySolar to anyone trying to develop a private medical practice - and I have done. Their help has been invaluable in developing our service - everything from naming and branding the clinic, writing the copy for the website and brochures, creating a marketing strategy, putting structures in place to begin our internal marketing and helping to generate word of mouth referrals.*
**Mr James Ball**, MA(Cantab) MB BChir FRCOphth CertLRS – Custom Vision Clinic, UK

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Laura Livesey is the Managing Director of LiveseySolar, a practice development consulting firm with a specialization in growing eye clinics. She has been developing powerful marketing systems that increase sales, since 1997. Her work establishes a strategic and humanizing "key message" for each clinic and surgeon, which allows them to compete meaningfully and authentically in their market. She then applies these key messages to digital marketing projects such as websites, online videos, social media platforms, email marketing, newsletters, lead magnets, and other lead generation tools. Laura has been an entrepreneur, business consultant, professional salesperson, educator on marketing and internet technologies, copywriter, creative director, communications director and was the Marketing Director for TIO Networks (now owned by PayPal), as well as the head lecturer for a government of Canada sponsored entrepreneurial incubator program. She has worked with companies of all sizes around the globe including GlaxoSmithKline, ExxonMobil, T-Mobile, ZEISS, Spire Healthcare, Nuffield Health, Moorfields Private, the NHS, and many other healthcare clinics, hospital groups, pharmaceutical companies and medical device firms. She lives in London, UK and you can follow her on Twitter: @lauralivesey. She also offers free training on how to grow a successful healthcare clinic at www.liveseysolar.com.

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Rod Solar is the Client Services Director of LiveseySolar, a healthcare marketing and sales training company. Rod has created hugely successful and highly engaging training systems for over 25 years. His advice routinely generates 6-figure incremental increases in income for his clients by teaching them how to systematically improve customer service while increasing sales at the same time. His training offers an elegant (and fun) step-by-step conversational approach which benefits surgeons, practice managers, hospital staff, and non-medical staff working in private healthcare settings. Rod wrote and delivered the Business Development, Clinical Governance and Medicolegal Issues module for the University of Ulster's Postgraduate Diploma in Cataract and Refractive Surgery (Theory) - PgDip. He is a regular presenter at the European Society of Cataract and Refractive Surgery Congress Practice Development Programme and has regularly published articles about healthcare marketing in The Ophthalmologist, Optician, European Ophthalmology News, Cataract & Refractive Surgery Today, Eurotimes and Independent Practitioner Today. Rod has been a professional salesperson (B2B and B2C), management consultant, college lecturer, an industry leader, and executive coach. His clients include Optegra, EuroEyes, ZEISS, Moorfields Private, London Vision Clinic, Thiele, and many other high-quality, private Ophthalmology clinics from the UK, Europe, USA, Canada, and the Middle East. Rod has a degree in Psychology and Human Performance from UBC. He lives in London, UK and you can follow him on Twitter: @rodsolar. He also offers free training on how to grow a successful healthcare clinic at www.liveseysolar.com.

Laura Livesey

Rod Solar

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**Disclaimer regarding medicinal arguments**

This book will provide a general structure of possibilities to grow your business by several marketing strategies transferred to the health care business especially by using the example of refractive surgery. The authors are no physician and no example given in this book in respect to medicinal diagnosis, treatments or health benefits shall be a proven scientific medicinal argument unless approved by the readers itself.

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# Introduction - Why you need this book

In this book, we aim to provide you with the most efficient, consistent and predictable methods to grow your refractive surgery business. Specifically, we will focus much of our advice on refractive solutions for presbyopic patients, how you can integrate these into your existing services, and how to market them.

Over the last 20 years, we have held hundreds of personal interviews with leaders of top refractive surgery businesses across the UK, US, Canada, Europe and the Middle East. During our conversations, refractive surgery business owners revealed the most significant challenges they face.

We have consulted and trained hundreds of refractive surgery professionals around the world on how to grow their businesses. We regularly participate in internationally attended practice development symposia and panels where we present topics and field questions about refractive surgery marketing and sales, and the marketing aspects of practice management.

Through our experience, testing and practice, we have identified and developed a 5-Step Healthcare Marketing System that helps laser refractive leaders identify and solve their specific business problems.

The 5-Step Healthcare Marketing System addresses the specific needs of business leaders in refractive surgery who struggle to adapt traditional marketing and sales approaches to the private healthcare space. Healthcare customers (patients) are a unique breed of customers trying to make buying decisions while in an emotionally fearful state about their medical outcomes.

Patient fear presents many opportunities for clinics to provide high levels of customer service and hand holding. Unfortunately, many refractive surgery providers react differently to patient anxiety.

As a refractive surgery professional, you might worry that your patients will misinterpret you. You are anxious about coming across as too pushy. You do not want to be reprimanded or shunned by your peers for being "too commercial". These are understandable reactions because the consequences of making mistakes in private healthcare can be catastrophic to patients, professionals and the industry as a whole.

Everything you say and do when selling and marketing refractive surgery is technically a part of 'informed consent', and therefore can be considered a part of the patient's medical record. This vulnerability - legally and professionally - causes most refractive surgery business leaders to pursue 'safe', but ineffective, marketing and sales approaches that fail to impact their revenues positively.

In a sea of red tape, confusion, and marketing and sales advice that is often at odds with the private healthcare context, refractive surgery leaders need a proven path that guides them to grow their businesses while respecting the constraints of their industry. We have road-tested our 5-Step Healthcare Marketing System in the most prominent hospitals; public National Health Services and upmarket refractive surgery clinics around the world. The system works time and time again.

This book is an indispensable guide for refractive surgery professionals to help them navigate around the inherent fear-based landmines in marketing and sales. We provide the tools and confidence to tackle a patient's fear head-on, in a way that has been proven to reduce legal complaints, help patients feel better served, increase patient loyalty and improve revenues.

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## How is this book unique?

There are several reasons why this book is unique. First, we are not just sharing tips and tricks we have come across that might work in some contexts and not work in others. Instead, our book provides a proven step-by-step interdependent system for refractive surgery business owners and managers to increase their sales and marketing effectiveness.

Second, we draw on decades of science in psychology - influence, selling, persuasion - and multidisciplinary best practice, yet we focus on a particular sales and marketing situation that others have not yet comprehensively addressed: refractive surgery sales and marketing.

Third, while this book is useful for those marketing refractive surgery in general, we focus mainly on the most prominent emerging market - the presbyopic Generation Xers and Baby Boomers seeking relief from reading glasses, bifocals and varifocal glasses.

## Who will benefit from reading this book?

We have written this book for refractive surgery business professionals. The target audiences are refractive surgeons who control the marketing aspects of their clinics, non-medical executives charged with marketing refractive surgery, and sales and marketing managers working in refractive surgery businesses selling refractive surgery services directly to consumers.

Specifically, we are speaking to refractive surgery professionals who wish to be the leaders in their respective markets. They will get there by following the advice contained in this book. These professionals will invest in the right marketing tactics to target their markets and hire and train specialists to sell their services to consumers both on the telephone and at the point-of-sale.

The practice of refractive surgery is a synergy between the capabilities of current technology and the skills of a healthcare professional who uses the technology to perform a medical procedure. Only a good combination of both will result in both good patient outcomes and high levels of patient satisfaction. To create a patient experience that goes beyond the visual outcomes alone and extends to ideal patient emotional experiences, we provide recommendations in this book that will help you as a practice owner and help non-medical staff in your clinic support a surgical procedure with customer service.

Importantly, we should note that refractive surgeons reading this book still need to be competent and confident with refractive surgery. For those who want to market laser vision correction for patients with presbyopia in addition to their existing refractive surgery portfolio, you will also need to feel you can deliver excellent outcomes for your patients before you consider attracting more. While high competence in refractive surgery is not enough to be successful in refractive surgery, your skills remain an integral ingredient in the recipe that creates refractive surgery success. No quality or quantity of marketing will offset a lack of competence and confidence. Combine both, and you will have a recipe for success.

## What problems will this book solve for you?

Delivering effective sales and marketing results in a refractive surgery business is challenging. The majority of refractive surgery leaders are looking for more clarity, guidance, and tools that are industry-specific.

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You will benefit from this book if:

- You want to understand better your goals, your customers, your competition and what you can uniquely offer the marketplace.
- You want to know what works to generate quality leads for your refractive surgery business.
- You want to know how to convert more first calls into first appointments without being considered "pushy".
- You want to learn how to execute world-class first appointments that maximize patient service and close rates.
- You want to know how to set or raise your prices while competing against lower-priced, high-volume and down-market competitors.
- You want to improve your customer service and reap the rewards of more patient referrals.

The 5-Step Healthcare Marketing System will remove the uncertainty that is preventing high-quality refractive surgery leaders from realizing their full potential. It will give you the confidence first to diagnose, and then act upon, the most pressing refractive surgery business problems you face today.

Our book is unique in that it focuses on the business of selling healthcare in the business-to-consumer space, targeting business leaders, owners and sales and marketing managers. This market currently has no guidebook, and that's why you're reading the book in front of you!

## How we organized this book

We organized this book into nine chapters. In Chapter 1, we discuss the five most significant marketing challenges that refractive surgeons face. For each challenge, we tell you how to solve these problems and so you can transform your refractive surgery business. In Chapter 2, we help you lay down a firm foundation from which to take the five steps. We discuss the setting of objectives, understanding your customer, analyzing and positioning yourself against the competition, and identifying your unique selling proposition. In Chapter 3, we focus on the first of the five steps - lead generation. In this chapter, we break down the marketing tactics we have found to be most efficient in refractive surgery markets. In Chapter 4, we will dive into showing you the second of the five steps, how to convert the leads you generate. We will take you on a journey into the first telephone call, and show you how you can train your staff to leverage this crucial conversion point. In Chapter 5, we will talk about the third of the five steps, how you can perform world-class refractive surgery first appointments to convert more of the patients you see. You will learn how to involve your clinic staff into the highly choreographed staging of the first meeting with a new patient, which will result in increased bookings and better customer service ratings. In Chapter 6, we will turn to the fourth of the five steps, the thorny issue of pricing. Here we will show you how you can grow or at least maintain your price when competing against lower-priced competitors. In Chapter 7, we will focus mainly on the fifth and final step, generating more referrals for your clinic so that your conversion rates can grow even higher and you can reduce your marketing expenses. Lastly, in our Conclusion, we will focus on practical matters relating to enacting the five steps we have discussed in the other chapters. In this part, we will provide you with advice on executing each of the five steps we have taught you to take.

We are keen to get started, so let us begin.

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# Chapter 1 - The 5 refractive surgery marketing challenges - and how to solve them

## What you will learn in this chapter

In this chapter, you will learn:

1. The key performance indicators to track when assessing the health of your refractive marketing and sales.
2. The critical success factors to improve the efficiency of your refractive marketing and sales.
3. The 5 refractive surgery marketing challenges, why they occur, and the impacts they can have.
4. The 5-Step System of Healthcare Marketing and Sales and what tactics you can use to solve the 5 challenges of refractive surgery marketing.
5. How you can tackle your marketing and sales challenges yourself or with professional help.
6. Homework and action steps to figure out how your current practice is performing.

## Refractive surgery marketing is challenging

If you are like most refractive surgeons, you are doing a low volume of LASIK. US-based refractive surgery information supplier Market Scope says that 63.2 percent of US refractive surgeons perform fewer than 50 LASIK procedures annually. They further estimate that about 16 percent of refractive surgeons performed more than two-thirds of total US refractive procedures in 2014.

Whether you are a low volume or a busy refractive surgeon, introducing laser refractive solutions for people with presbyopia can have a dramatic effect on your business success by opening a new market that you might not have had access to before. If you are doing it right, marketing refractive surgery for presbyopic patients need not be dramatically different from marketing other types of refractive surgery. The main difference is in the market with whom you are communicating. Each market requires a different approach, which we will discuss specifically in Chapter 2. Penetrating another market does not mean throwing everything you already know out the window and starting from scratch. No, you merely adapt what you are doing to attract the different market. And, the added bonus is that as you do this, you also have the opportunity to strengthen your whole refractive surgery marketing system at the same time!

Regardless of the positive benefits, introducing a new core service into your clinic can be challenging. Questions we hear from surgeons when discussing services for patients with presbyopia include:

- Where can I find patients for it?
- How do I market it alongside conventional laser eye surgery?
- How do I deal with this group of patients on the phone?
- How will my consultation process need to change for these patients?
- How can I avoid cannibalizing my existing lens replacement or laser eye surgery business?
- How should I price this service?
- Can I introduce my former laser eye surgery patients to this service?

Correctly answering these questions can take years of trial and error. That is why we have included our 5-Step System of Healthcare Marketing and Sales in this book. Solving systemic business challenges requires much more than tips and tricks gained online or at conference talks. This system can help you solve the most common marketing challenges that we see clinics around the world face. A system like this is especially important when you are trying to add a new service, such as refractive services for patients with presbyopia, into your practice. To start this chapter, we will discuss how you can assess the health of your refractive surgery marketing system.

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## How to assess your refractive surgery marketing system

In many ways, marketing your business is like managing the physical health of your body. To assess the health of your body conditioning, you might watch body metrics like your body mass, your body fat percentage, and your body girth measurements. If these metrics do not reflect what experts consider to be "healthy and fit", then you might need to work on activities that will affect your body metrics. For example, you might want to decrease your caloric intake, increase your physical activity, and engage in resistance training. What you are aiming for by engaging in these activities is not only improved metrics, but an overall goal of improving your health. These goals might include a specific body mass measured 6 months after starting your training program, a specific body fat percentage by the end of the training program, or simply fitting better in your summer clothes.

Similarly to how people find it difficult to make healthy choices that will affect their body, it is sometimes difficult for doctors to see what is wrong in their refractive surgery marketing system. External experts can help you assess the health of your practice and guide you towards the activities that will put you on the track towards attaining your goals. Like people hire personal trainers, many doctors who want to serve more patients often leave the details to someone else to work out. With that said, there is a lot of information that can help you to help yourself or assess whether your expert advisors are guiding you correctly.

Whether you hire experts to help you or not, we recommend you remain conscious of three specific numbers in your business and review them every month:

1. What you must watch - Your **key performance indicators** (KPIs) - we will explain the specific KPIs to watch below.
2. What you can work on - Your **critical success factors** - we will explain what you can do to improve these metrics below.
3. What you can aim for - Your **annual and monthly sales objectives** - we will explain how you can set a SMART goal for this both below and in Chapter 2.

## What you must watch - Your key performance indicators

Like stepping on a weight scale to measure your body mass, the metrics below are your key performance indicators to see the progress of your refractive surgery marketing. Check these every month, and you will be better able to evaluate your marketing effectiveness:

- The number of new leads your practice receives every month
- The number of new first appointments your business sees every month
- The sales (treatment fees + assessment fees) per month
- Your progress towards your projected annual sales target every month

What should these numbers be? Like choosing a goal weight for your body, which is very much up to you. Similarly, these key performance indicators will depend on both quantitative and qualitative factors within and outside of your control. What you want these numbers to look like depends on your goals. The degree to which you can change these numbers from what they are to what you want them to be depends on understanding the factors that affect these numbers and leveraging these factors to transform your results.

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## What you can work on - Your critical success factors

Just like there are many ways to improve your physical fitness, there are many ways to grow your business with marketing. In elective healthcare, we have identified 5 critical success factors that tend to carry the most influence when aiming to improve your key performance indicators:

1. Growing your leads (increasing the number of new contacts)
2. Increasing your telephone conversion rate (increasing the percentage of leads that turn into first appointments)
3. Increasing your first appointment close rate (increasing the percentage of first appointments that turn into patients)
4. Increasing your average price per transaction (increasing your prices to maximize your profits while keeping your patient's interests and safety paramount)
5. Increasing your referrals from patients and health professionals

Mathematically, you can conceptualize these critical success factors using this equation:

**sales = (l*cr1*cr2*ap) + (l*cr1*cr2*ap*rcr)**

Where, l = leads
cr1 = conversion rate (from call to first appointment)
cr2 = close rate (from first appointment to treatment)
ap = average price
rcr = referral conversion rate

These are your critical success factors and the growth formula for success.

Every practice owner and manager face the challenge to grow their refractive surgery business by improving these critical success factors. When expressed as marketing challenges, these critical success factors are:

1. Not enough leads
2. Low telephone conversion rates
3. Low first appointment close rates
4. Under-pricing
5. Not enough referrals

**In this Chapter, we will discuss each of these marketing challenges and outline how you can solve them. For now, it is most important that you know that if you leave any one of these marketing challenges unmet, that can lead to knock-on effects on the other marketing challenges.**

## What you can aim for - Annual and monthly sales objectives

Your sales objective represents the projected level of core services that you want to sell in a year - expressed in money and patients served. It is essential that you first set your sales objective before you proceed with marketing and sales activity. Your sales objective determines what you need from your marketing plan - from deciding how much to spend per lead on marketing, to knowing how many people to hire to answer your phones, to evaluating your marketing programs' success or failure.

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Setting your annual sales objective is not just a matter of guessing or wishful thinking. A good sales objective needs to be challenging and attainable, time-specific, as well as measurable regarding money and persons served. We will delve into how to set your sales objective in the next chapter (Chapter 2). For now, let us look at how it all works together. Once you have set your annual sales objective, then you are ready to look at your critical success factors to determine which steps you need to take to grow.

Let us look at an example. Let us say we have annual sales of around 1.4 M€. You charge 1,500€ per eye, which means you need to perform surgery on one thousand eyes to meet your annual sales target. So, how do you grow? The first step is to split the annual objective into 12 months. Splitting 1.4 M€ into 12 months is 117,188€. Now, we recommend you break down your critical success factors and your key performance indicators such as we do in Table 1.1 (we have completed the table with fictitious numbers for the sake of creating a scenario to illustrate the dynamics we will discuss throughout the book).

**Table 1.1 Determining your key performance indicators**

| **Monthly Critical Success Factors** | **Monthly Key Performance Indicators** | **/month** |
|---|---|---|
| Leads (number of qualified contacts) | New first conversations (usually on the telephone) | 250 |
| Conversion rate percent (lead to first appointment) | | 25% |
| | New first appointments | 63 |
| Close rate percent (First appointment to sale) | | 50% |
| | New patients | 31 |
| Average price | | 1,500€ |
| No. of transactions per patient | | 2 |
| | Sales per month (before referrals) | 93,750€ |
| Referral conversion rate percent (patients to referrals) | | 25% |
| | Referral sales per month | 23,438€ |
| | **Total sales per month (after referrals)** | **117,188€** |
| | **Annual sales** | **1,406,250€** |

Breaking down your Monthly Critical Success Factors and Monthly Key Performance Indicators is an illuminating exercise. From Table 1.1, you can see that to achieve annual sales of 1.4 M€; you need to do enough marketing activity to generate 250 qualified leads per month. Not only that, but you will also need to convert 25 percent of them (or 1 of every four callers). You will need to see 63 first appointments per month and close half of them (50 percent) to a surgical appointment. You will need to perform surgery on 31 people at an average of 2 eyes per person. They will each need to pay 1,500€ per eye (including any discounts you might offer).

Doing this work can provide important planning insights, such as:

- How much will you need to invest in marketing?
- How many people will you need to answer your phone?
- How many people will you need to see at first appointments?
- How many surgical slots will you need in your diary?
- How many people will you need to see at post-operative appointments?
- How many consumable supplies will you need to serve your patients?

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At this stage, you might have two questions in your mind, which we'll discuss below:
1. How can I uncover these numbers?
2. Once I uncover them, how can I improve them?

## The 5 marketing challenges affecting your refractive practice

Let us now talk about how to uncover and affect your key performance indicators. To do so, we will introduce you to the 5 marketing challenges affecting your refractive surgery practice:
1. Not enough leads
2. Low telephone conversion rates
3. Low first appointment conversion rates
4. Underpricing
5. Not enough referrals

For each marketing challenge, we will briefly discuss
- How to define the challenge
- What causes the challenge
- The impacts the marketing challenge has on your business
- How to address the challenge

This part of the book is important because it forms the basis of the other chapters in the book. At the end of this chapter, we will give you an opportunity to put your own numbers into the growth formula for success.

Let us imagine you would like to increase your sales to over 2 M€. That is your sales objective. Table 1.2 shows you how you will need to **increase each critical success factor** to achieve this. We will refer back to this table at key points throughout this chapter (so you may want to bookmark this page).

**Table 1.2 Increasing each critical success factor**

| Monthly Critical Success Factors | Monthly Key Performance Indicators | Before | After |
|---|---|---|---|
| Leads (number of qualified contacts) | New first conversations (usually on the telephone) | 250 | 267 |
| Conversion rate percent (lead to first appointment) | | 25% | 28% |
| | New first appointments | 63 | 75 |
| Close rate percent (First appointment to sale) | | 50% | 54% |
| | New patients | 31 | 40 |
| Average price | | 1,500€ | 1,600€ |
| No. of transactions per patient | | 2 | 2 |
| | Sales per month (before referrals) | 93,750€ | 129,185€ |
| Referral conversion rate percent (patients to referrals) | | 25% | 34% |
| | Referral sales per month | 23,438€ | 43,923€ |
| | **Total sales per month (after referrals)** | **117,188€** | **173,108€** |
| | **Annual sales** | **1,406,250€** | **2,077,299€** |

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# Challenge 1: Not enough leads

## What is a lead?

A "lead" is a person that engages with the organization's call handling team to have a sales conversation. Some organizations further define leads as someone who has provided a minimum data set (e.g. name, contact number, lead source) or anyone that has engaged with a call handler for a minimum amount of time (e.g. 4 minutes). Everything starts with leads. Without leads, you have no calls to answer, no people to evaluate, no patients to treat and no one to refer you to their friends and family.

## What causes not enough leads?

Not having enough leads is a symptom of a broken marketing system. A broken marketing system results from one or more of the following conditions:

- You do not know your customers well enough to get their attention or speak to their needs
- Not enough people in your market need, want or understand what you offer
- Your competition is outcompeting you
- You lack quality marketing materials or consistently applied cost-effective marketing tactics
- You have low offer awareness
- You do not have enough relevant content to help prospects evaluate what you offer
- You have a low ability to convert those who become aware of what you offer into leads

When people call you for the first time at your clinic, do you take their information every time, even if they do **not** book the first appointment? If not, you are missing a significant opportunity that comes from simply counting leads. One of the most significant reasons that clinics are unable to manage lead flow is because they do not count them. Counting your leads (some people call them enquiries) is vital if you want to assess your healthcare marketing. Unfortunately, most surgeons we have encountered do not count their leads. Perhaps it is because of the lack of marketing tradition in healthcare. Maybe it is because many surgeons do not consider someone a potential patient until they schedule the first appointment with that person.

Whatever the reason for not counting your leads, it does not matter. Spending money on marketing without counting leads is like prescribing treatment without examining the effects of that treatment. How will you know if the treatment is working or not? You will not. Counting leads does not just help you evaluate whether your marketing is working or not. Keeping leads in a database will enable you to follow up with leads after the first contact.

## What are the impacts of not having enough leads?

Most practices start out with the problem of nobody calling or emailing them. Without leads, it is impossible to build a practice. Regardless of where they heard about you, you need to have potential patients enquiring with you if you are ever to treat any actual patients.

## How to address challenge 1: Get more leads to contact you

Lead generation is Step 1 in the 5-Step Healthcare Marketing System. Usually, the most cost-effective and predictable source of a consistent flow of new leads is online marketing. You can attract interested people to your website and

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then convert these website visitors with effective website design. To grow your leads, you need to understand which online marketing materials and tactics work best to raise awareness, what content to create to enable prospects to evaluate your offer, and what conversion mechanisms convert prospects into leads and make your telephones ring. Once you set up and utilize these materials and tactics, you need to analyze your results continuously. Finally, you need to test what works against what does not to improve your results over time. We will share more information about marketing tactics in Chapter 3.

It is important for you to understand how the key performance indicators of a business can change with solely the addition of more leads. For a refractive practice, one of the most important functions of marketing is to generate leads. Like we said already, not getting enough leads can severely damage your ability to achieve your goals. The good news is that there are several viable actions you can take to overcome having not enough leads.

The example we discussed back in Table 1.2 shows a practice that wants to increase their leads. Imagine that you are getting only 250 leads per month. With that lead volume you are falling short of your sales objective. To achieve your sales objective, you need at least 17 more leads (per month) than you are getting now, or 267. The solution is simply stated but less easily accomplished. To do this, you will need to increase your understanding of your customers. You will also need to identify which marketing tactics generate the most leads and then increase your marketing effort or your marketing efficiency with the materials and tactics we recommend. See Table 1.2 to see the impact that **increasing leads** can have on annual sales, when combined with the other critical success factors.

## Challenge 2 - Low telephone conversion rates

### What is a telephone conversion rate?

Almost without exception, every person who has ever had refractive surgery called the clinic before their first appointment. Therefore, your team's mastery of the telephone as a tool for booking first appointments is crucial to your growth (and survival) as a refractive surgery clinic. We suggest you measure your clinic's performance in this area with the lead-to-first appointment conversion rate (also known as your telephone conversion rate). We can express the telephone conversion rate as:

**The number of first appointments arising from new leads divided by the number of new leads that contact your clinic.**

For example, if you book 25 first appointments from 100 leads, your telephone conversion rate is 25 percent.

### What causes a low telephone conversion rate?

At the most basic level, not answering the phone results in low telephone conversion rates. People have little interest in waiting for you to return their call when they can easily call your competitor. Even if you answer your phone, a low telephone conversion rate can typically result from not having the right staff or not educating your staff to effectively handle enquiries from prospects. Another reason you might have low conversion rates at first contact is that you do not follow up with people who do not convert on the first call. Many people convert after someone has followed up with them. We'll discuss how you can increase your telephone conversion rate in Chapter 4.

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### What are the impacts of having a low telephone conversion rate?

A weak telephone conversion rate can have a significant negative impact on your refractive surgery business. The key negative impact of a reduced telephone conversion rate is the amount of wasted money spent on marketing. Let us say you spend 10,000€ in marketing to generate leads. As a result, you track that you get 100 leads. That is 100€ per lead. That is not bad. Depending on the market we see this amount can rise as high as 300€ per lead.

Now, let us say that your telephone team converted 25 of them into first appointments. That is not bad either, and it results in spending 400€ per first appointment. However, what if your conversion rate was 50 percent instead of 25 percent? Your cost per lead would be 200€ - 50 percent less than it would have been if you converted at 25 percent. This is the power of a good telephone conversion rate.

### How to address challenge 2: Get more conversions from phone calls and emails

The 2nd step of the healthcare marketing and sales system is increasing conversion rates. The most cost-effective tactics to increase your conversion rates at the point of first contact is to implement telephone sales training.

See Table 1.2 to see the impact that **increasing conversion rate** can have on annual sales, when combined with the other critical success factors. As you can see, a small percent change increase in conversion rate (from 25 percent to 28 percent) can result in getting more sales. Doing this will require a change in tactics (i.e. training staff to better convert leads to first appointments).

## Challenge 3 - Low first appointment close rates

### What is a first appointment close rate?

The first appointment is usually the first time a prospective patient will enter a refractive surgery clinic. The purpose of this first appointment is often to screen the prospective patient, to identify if they are suitable for refractive surgery, and sometimes to prepare a treatment plan for that prospective patient. By the time a prospective patient visits a clinic for a first appointment, they are likely more committed to undergoing a procedure than when they first called you. For this reason, first appointment close rates tend to be higher than telephone conversion rates. A first appointment close rate is:

**The number of surgical patients arising from first appointments divided by the number of first appointments held at your clinic.**

### What causes a low first appointment close rate?

The answer depends on several factors including lead sources, lead channel, price, staff experience and training. Many of these factors affect close rates at the first appointment in the same way they do telephone conversion rates. However, there are additional factors to consider, too. Because the prospective patient is now more serious about the surgery, they will often have more questions to ask. These issues will go beyond pricing and scheduling and will delve into areas where doctors are best suited to answer.

Other factors that can affect a prospective patient's decision to proceed to treatment include their first impressions of the clinic, staff and surgeon and whether you failed to meet, met, or exceeded their expectations at the first appointment. Sometimes, prospective patients will not offer any specific objection at all; preferring to say that they want to "think about it". A prospective patient's decision to proceed will come down to how much they trust you.

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That can be a challenge because there are many possible ways to lose someone's trust and it is difficult to regain once you lose it. We will spend a considerable amount of time in Chapter 5 discussing how to maximize close rates at the first appointment.

### What are the impacts of having a low first appointment close rate?

Since the commercialization of laser eye surgery, some clinics have offered free first appointments. Today, free first appointments are the norm. Whether you offer free first appointments or not, you pay for them in opportunity cost. First, your staff sees people who may not bring significant income to the clinic. Second, your staff could be utilizing their time seeing people who could bring significant income to the clinic.

Low first appointment close rates will have a direct impact on your volume. Worse, a low close rate at the first appointment may give you the impression that prospective patients are not serious enough to value a free first appointment, which may prompt you to start to charge for it. Charging for first appointments is not necessarily a bad idea, as long as you can provide the perceived value that warrants a paid first appointment. This is not always the case.

Like telephone calls, first appointments take time to conduct and cost money in staff and premises. A first appointment could take between 45 and 90 minutes in some cases, compared to 10-15 minutes for a telephone call. Further, the staff handling first appointments (e.g. optometrists and surgeons) cost significantly more per hour than the staff handling telephone calls. For these reasons, a failure to convert first appointments can have a big negative impact on your costs per lead, and your cost per the first appointment. These costs can make you less profitable, and that threatens the long-term health of your refractive surgery business and your ability to serve as many patients as possible.

### How to address challenge 3: Increase your appointment close rate

The 3rd step of the healthcare marketing and sales system is increasing appointment close rates. The most cost-effective tactics to increase your close rates at the first appointment is to implement first appointment training.

See Table 1.2 to see the impact that increasing close rates can have on annual sales, when combined with the other critical success factors. Doing this will require a change in tactics (i.e. improving clinic's ability to convert first appointments into treatment bookings), and we will get into that in Chapter 5.

## Challenge 4 - Under-pricing

### What is your average price per patient?

When we ask people to tell us their average price per sale, many people say, "it depends". That is another way of saying "I do not know." To determine the average, take your monthly receipts and divide by the number of treatments you performed. That is your average price, and in many cases it is lower than it should be.

### What causes a lower than necessary price?

Most clinics do not put enough thought into their pricing strategy. There is a lot of me-too pricing that goes on in the refractive market. The first instinct of most surgeons is to price the same or a bit lower than their competitors, especially when they are starting out. A price however, needs to be based on the perceived value and intended positioning of the practice, so that the practice can stand out from the competition around it.

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### What are the impacts of having too low of a price?

Pricing is a unique critical success factor because it affects the degree to which your other critical success factors operate. For example, if your price is very low in comparison to your competition, you might find lead generation easier, telephone conversion rates higher, and first appointment conversion rates higher. The drawback, of course, is that you will be doing a lot of work servicing a lot of people and your profits will be very low. You work harder, for less.

Alternatively, if your price is very high, you might find that lead generation, telephone conversion rates, and first appointment close rates must be very well executed in order to perform well. You will need to be able to communicate the justification for charging that higher price. If you can manage to keep your prices high while selling less, counterintuitively your profits will be higher. You work less, for more.

We will cover these issues in depth in Chapter 6, but the key takeaway for now is that increasing your prices can have a dramatically positive effect on profitability, even if your sales drop.

### How to address challenge 4: Charge what you are worth

The 4th step of the healthcare marketing and sales system is to set your prices appropriately and increase your average prices when there is a justifiable reason. We will show you how to do this in Chapter 6. One, often undervalued marketing tactic, which can help justify premium pricing is customer service training. See Table 1.2 to see the impact that increasing price can have on annual sales, when combined with the other critical success factors.

Of course, if it were easy to just increase your price and still get the same amount of patients, then everyone would do it! However, you might be surprised to learn that it is possible to increase your price while maintaining your patient volumes (and possibly even grow them), and we will show you how to do this in Chapter 6.

## Challenge 5 - Not enough referrals

### What is a referral?

A referral is a lead that a patient or a healthcare professional refers to you. Laser eye surgery is a business that depends on marketing, but marketing can be expensive. Laser eye surgery is also a business that can grow dramatically from word-of-mouth referrals which can be much less expensive. One of the most significant marketing challenges with refractive surgery as a core service is that it has minimal opportunity for backend services to market in its wake. Apart from aftercare visits or medically-indicated enhancement procedures, laser eye surgeons do not want to see their patients coming back for what should be a permanent solution.

### What causes not enough referrals?

The main cause of not enough referrals is substandard customer service. You are fortunate to operate in a field of medicine where you are often the giver of good news. Your outcomes are reliably good, and your patients are likely highly satisfied. Despite these advantages, some surgeons and clinics still fail to provide the level of customer service that many patients expect today. This substandard level of service may not necessarily result in complaints, but it also likely does not result in many referrals.

Another reason that some clinics do not receive the referrals they deserve (even if they are providing good customer service) is because they fail to ask their patients to refer their friends and family to them. According to the most ethical and statutorily rules for professional physicians, you may be allowed to ask for referrals if you observe your

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national laws and as long as the referrals are voluntarily provided and you offer no incentive. Often, patients are not aware of the value that referrals create for your practice. They may therefore not think of sharing your name when they tell their friends and family they had laser eye surgery. Furthermore, clinics that do not engage in social media are failing to give their happy patients an easy way to stay in touch and share content with their friends and family.

### What are the impacts of not having enough referrals?

Without a patient referral engine, your marketing costs per lead will be higher than they need to be. Furthermore, referrals tend to convert at a higher rate on the telephone and after the first appointment, heavily influencing your conversion rates for both factors. Referrals tend to be less price-conscious, and those who are on a tighter budget tend to be better prepared to afford your prices because they expect them. Patient referrals can come from patients, and they can come from professionals. A lack of referrals from either source will negatively affect every other critical success factor we have discussed.

### How to address challenge 5: Increase your referral conversion rate

The 5th step of the healthcare marketing and sales system is to convert your patients into more active referrers of new patients to your business. Your team will need to deliver not just good customer service (or even great), but remarkable customer service so that patients cannot help but talk glowingly about you to their friends and family.

Now, let us turn back to our scenario and observe the impact of increasing our referral conversion rate percent from 25 percent of patients referring to 34 percent of patients referring. See Table 1.2 to see the impact that increasing referral conversion rate can have on annual sales.

## Getting it done

Now that you have read this chapter, you might be wondering - this all sounds great for LASIK, but does all of this apply to marketing laser refractive surgery to patients with presbyopia too? Yes, it does, just like the whole 5-Step Healthcare Marketing and Sales System applies to the whole spectrum of refractive surgery. Remember, the key difference is not how you market but who you are marketing to, which we will discuss at length in the next chapter (Chapter 2). Some marketing materials and marketing tactics are better suited to, and must be customized for, the presbyopic market. With that said, the fundamentals of the growth formula for success remain the same.

### Combining steps to grow your refractive surgery practice

Review the steps we recommend and observe what might happen if you were to apply all of the 5 steps in the scenario in Table 1.2.

1. Step 1 - Increase your leads
2. Step 2 - Increase your conversion rate
3. Step 3 - Increase your close rate
4. Step 4 - Increase your average price
5. Step 5 - Increase your referral conversion rate

Taking all of the steps at once would be a challenge, but possible. When you combine at least two steps you are likely to see a dramatic increase in your business key performance indicators that far exceeds what one step

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change would accomplish alone. The effects are synergistic. The remaining chapters of this book will teach you the fundamental approaches you need to know to take every step we describe in this chapter.

## Can you take these steps yourself or must you hire external practice development consultants?

At this point, you may be wondering if you can take one or more of the 5 steps yourself or if you need assistance from experts. Nothing we describe in this book is beyond the ability of any surgeon, so long as they have:

- The skills to create the necessary marketing materials and employ the marketing tactics we suggest,
- The knowledge and experience to adapt and apply the marketing materials and marketing tactics we recommend to their unique situation,
- The time to create the marketing materials and execute the marketing tactics on a consistent basis,

or,

- The budget to hire qualified and knowledgeable marketing staff or a practice development consultant to do it for you.

It is also not all-or-nothing. There may be some steps you are able to take yourself and there may be other steps you can take with the assistance of an external practice development consultant. There may also be some tactics and materials within steps that you might be able to do yourself or delegate. We cannot know your current level of marketing skills, knowledge, and experience. Similarly, we cannot know how much time you can devote to taking these steps, in addition to your clinical and other practice management responsibilities. We can, however, tell you what you need to do, whether you do it yourself, or hire a practice development consultant to do it for you. Now, you have an opportunity to take what you have learned and apply it.

## Action steps for this chapter

| | | |
|---|---|---|
| Count the number of new leads (new first conversations - usually on the telephone) your practice receives every month and add it to the cell to the right | Example: 100 | Your figures: |
| Count the number of first appointments your business sees every month and add it to the cell to the right | 20 | |
| Divide the number of first appointments / the number of new leads to determine your telephone conversion rate (express this number as a percentage) and add it to the cell to the right | 20% | |
| Count the number of new patients you typically book every month and add it to the cell to the right | 10 | |
| Divide the number of new patients you typically book every month / the number of first appointments (express this number as a percentage) and add it to the cell to the right | 50% | |
| Count the number of eyes patients have treated (on average) and multiply that number by the number of patients you booked and add it to the cell to the right | 2 | |
| Figure out your average price and add it to the cell to the right (if your prices are highly variable, you may want to repeat this table for each differently priced procedure) | 1,500€ | |
| Multiply the average price and the number of eyes you treated (e.g. 40) and add it to the cell to the right (add any exam fees, per patient, to this number) - this is your monthly sales (express in currency) | 60,000€ | |
| Identify the percentage of patients that refer at least one new patient to you | 30% | |
| Repeat the steps above every month to track seasonal differences and get an average | | |

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Now that you have your key performance indicators enter them into this formula:

**sales = (l*cr1*cr2*ap) + (l*cr1*cr2*ap*rcr)**

Where, l = leads
cr1 = conversion rate (from call to first appointment)
cr2 = close rate (from first appointment to treatment)
ap = average price
rcr = referral conversion rate

These are your critical success factors and the growth formula for success.

____ leads * ____ % conversion rate * ____ % close rate * ____ average price

Plus

____ leads * ____ % conversion rate * ____ % close rate * ____ average price * ____ % referral conversion rate

= _____ monthly sales.

Multiply the figure above by 12 to get your annual sales figure.

Now that we have explained the 5 marketing challenges and the 5 steps you can take to solve them, in the next chapter let us turn our attention to establishing a firm foundation regarding what you are aiming for and who you should be targeting with your marketing.

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# Chapter 2 - Establishing a firm foundation

## What you will learn in this chapter

In this chapter, you will:

1. Learn what to consider when setting your sales objectives for the next three years.
2. Understand your target market by understanding the differences among the primary refractive surgery markets.
3. Imagine your ideal patient by creating Customer Avatars.
4. Identify how your service matches your market with Before and After Grids.
5. Write your Statements of Value using the format we recommend.
6. Analyze your Competition by listing your competitors and rating them and yourself on the four most important patient priorities.
7. Plot your Market Positioning to visualize how you stack up on each priority against the prices you charge.
8. Choose one Market Positioning and show your evidence.
9. Write your Unique Selling Proposition in the format we suggest.

We are sure you are ready to take the 5-Steps of Healthcare Marketing and Sales as quickly as possible. However, before you take any marketing actions, you must prepare your marketing foundation. We have built all of the other chapters in this book upon this foundation. We advise you to read this chapter and work out what you want to achieve, who your patients are and what they want, what your business truly offers them (it might not be what you think!) and how to best compete in your marketplace.

In Chapter 1, you will recall that we discussed what you must watch (your key performance indicators), what you can work on (your critical success factors) and what you can aim for (your annual and monthly sales objectives). In the last chapter, we described the first two and in this chapter we describe the third.

We will begin with some guidance you may find helpful to define your sales objectives. Then, we will discuss how to describe your target market and empathize with your target patients. We will then turn our attention to how you can analyze your competition so that you can position yourself in the marketplace for effective marketing. Finally, we will help you take everything you have learned about your patients, your competitors and yourself so you can confidently communicate your statement of value and your unique selling proposition.

## Setting your sales objectives

How can you know what steps to take if you do not know where you are going? As we explained in Chapter 1, you must set sales objectives before you can take any of the steps in the 5-Step Healthcare Marketing and Sales model. In this chapter, we will define what an appropriate sales objective looks like and describe what to consider when setting your sales objective.

## How to set SMART sales objectives

You have probably heard of SMART, a mnemonic acronym that provides criteria to guide when setting goals. You can also use this guidance when setting sales objectives. Your sales objectives should be:

- Specific - state them as an annual and monthly sales figure
- Measurable - measure sales and number of patients treated

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- Achievable - consider your marketing budget, the market, the competition, and macroeconomic factors (like consumer confidence and discretionary income)
- Relevant - consider why you want to achieve this goal (e.g. how will it improve your business? What will you do with the revenue?)
- Time-related - note when you will reach the result (e.g. month and year)

### Set specific sales objectives

- "I want to make more money" is not a specific sales objective. How much more?
- "I want to be profitable" is not a specific sales objective. How profitable?
- "I want to serve more patients than I did last year" is not a specific sales objective. How many more?

You get the idea. Your sales objectives need to be numerical so that you can accurately estimate the effort and investment that you will need to achieve them. More specific sales objectives look like this:

- "I want to make 100,000€ more this year from laser eye surgery treatments than I did last year."
- "I want to increase my gross profit by 25 percent this year."
- "I want to serve 20 percent more laser eye surgery patients next year."

### Set measurable sales objectives

Numerous quantitative and qualitative factors affect your sales objective. Some quantitative factors you can consider, include:

- Market sales (volume of procedures done in your market as a whole)
- Company versus market sales (what percent of the market do you think you can get?)
- Market share trends (where is your market share going over time?)
- The discretionary income of your target market (how much can your target market freely spend?)
- Budgets, profits, and pricing considerations (how much are you willing to spend? What is your objective, and what is your pricing strategy?)
- Potential competitors (clinics entering the market)
- New regulatory approvals (e.g. FDA approvals)

Qualitative factors you can consider, include:

- Economic considerations
- Competition
- Fad volume (If something is a fad, how long will it produce increased sales?)
- Your service's lifecycle
- Experience and success rates for treatments
- The mission and personality of your organization
- Marketing plan expectation

When setting your sales objective, consider not only your ambition. You will want to consider many other factors too, like:

- The population in the market area in which you operate
- The proportion of the generation you are targeting that lives in your market area
- The average incomes of the members of that generation in your market area
- The competitive challenges presented by rivals
- The laser eye surgery penetration
- Marketing costs per eye

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- Per-procedure licensing fees
- The cost of consumables
- Staffing and overhead costs
- Average prices and where you want to position your pricing
- The number of procedures you can do
- The price you can charge
- Local market conditions

### Set achievable sales objectives

We have spoken to many refractive surgeons who dream of doing thousands of procedures a year. What may come as a surprise to many of them is that only 6.27 percent of refractive surgeons (219) in the US are likely to do 1000 eyes or more per year. The most significant proportion of refractive surgeons (63.25 percent) only perform around 35 cases per year.

If you set your sales objective too high, you may incur marketing expenses that are too high (especially if you set your marketing budget as a percentage of expected sales revenue). That may erode your profit. If you set your sales objective too low, you might underestimate the capacity or resources you require to serve more patients than you expect.

It is essential to keep your sales objectives realistic. Look at what you have already accomplished and use that on which to base future expectations. There is little sense in setting goals that only serve to frustrate you due to their unattainability. Growing a practice takes years, not months.

### Set relevant sales objectives

Often overlooked, relevance is one of the most critical aspects of setting a sales objective. Unfortunately, no external data will provide insight with regards to relevance - you must decide for yourself if you have a good enough reason to achieve the sales objective.

Ask yourself - "Why do I want to do this?". Then, when you have answered that question, ask yourself - "Why is that important to me?". Finally, "Why do I care about that?"

If you can honestly answer these questions for yourself and still want to invest the time, energy, risk, and money into realizing your sales objective, then you likely have a good enough reason to go through the effort. Do not skip this step. It is important. After years of working with many refractive surgeons, we have noticed that what often makes the difference between success, stagnation and failure is mindset.

### Set time-related sales objectives

You can set your sales objective on a calendar basis or a fiscal year basis. We suggest you set it on a fiscal year basis so that you can measure your attainment of the sales objective against your annual accounts.

## Describe your target market

A target market is the specific kinds of patients you wish to treat. It defines their demographic qualities (e.g., their age, sex, income, etc.), psychographic qualities (e.g., their interests, values, pains, and objections, etc.) and their precise wants and needs as they relate to the services you offer. Let us begin exploring your broad target market by comparing presbyopes with typical laser eye surgery patients.

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## How patients with presbyopia differ from typical laser eye surgery patients

Analyzing your specific target market is beyond the scope of this publication, but we can tell you what you should be looking for when you, your team, or your practice development consultant perform this vital work. To determine whether you can successfully launch a service for presbyopes in your area, you should measure your local demographics (within a 100 km radius) against the following demographic parameters:

**Table 2.1 Comparing and contrasting laser eye surgery markets.**

| Parameter | Typical LASIK laser eye surgery patient | Presbyopic laser eye surgery patient |
|---|---|---|
| Age | The average age of LASIK patients is 37.1 years of age. However, patients come from all age groups, with 61 percent of patients falling between 21 and 40. | A practice offering both conventional LASIK and eye surgery for presbyopic patients will have an average patient age of around 42 years of age[1].<br><br>The average age of presbyopes is, obviously, higher. |
| Generational mix | Millennials, late Generation X, some myopic Baby Boomers | Early Generation X, Baby Boomers, pre-cataract Traditionalists |
| Sex | Females 59.3% / Males 40.7% | Females still outnumber males, but less dramatically |
| Marital status | Millennials will be less likely to be married or have children | Typically married with one or two children |
| Home ownership | Millennials will be less likely to be homeowners (and therefore less successful in accessing credit) | 69.2% are homeowners |
| Household income | Millennials are less likely to have higher incomes | Household income is significantly higher than average |
| Occupation | Knowledge workers, professionals working in fields with higher than average incomes | A wider variety of occupations but mostly highly skilled or management workers, semi-retired and retired |
| Education | Tend to be exceptionally well educated. 60% of LASIK patients in the US had a post-secondary education. Only 0.6 percent had less than high school. | Tend to be well educated, but many will be successful in their careers despite lower levels of education |
| Interests | Fashion, music, sports, ensuring that life remains convenient while doing hobbies, focusing mainly on distance vision and being free of glasses and contact lenses. | Ensuring that hobbies and interests remain convenient, easily alternating between tasks requiring near and distance focus without multiple pairs of glasses, maintaining attractiveness with age, not wishing to look older than they feel. |

To select a catchment area, you can safely assume that people will travel up to 100 km to visit a refractive surgery clinic (with that distance increasing for country dwellers, if the clinic is particularly distinctive or if there is a low density of clinics in the area).

## How to identify and communicate with your target patients

First, you will need to clearly define your core services for your target patients. For each core service they consider buying, prospective patients will (often silently) wonder:

- What does the service do?
- What are the service's features?
- What do I get after I buy the service (what are the service's benefits)?
- How will the service affect my day-to-day life?

In the context of laser eye surgery for prospective patients with presbyopia, you might answer these questions like this:

[1] Figures we have observed in the clinics we work with, however, we note that this figure can differ in other clinics depending on how the clinics is marketing and to whom they are flagging with their messaging.

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**"What does the service do?"**

Laser eye surgery for patients with presbyopia reduces a patient's need for reading glasses, bifocals and varifocals enabling the patient to become less dependent on them to see objects that are up-close, at distance and the space in between.

**"What are the service's features?"**

Laser eye surgery for patients with presbyopia is the same surgical procedure as conventional LASIK. In other words:

- Depending on location, clinical staff conduct pre-operative tests used to provide all the measurements needed for treatment planning as well as for screening out patients who would not be suitable for this procedure.
- A surgeon reshapes the patient's cornea with a laser (and sometimes they use more than one laser).
- Clinical staff and surgeons conduct post-operative assessments so the clinic can evaluate outcomes (and in some cases, recommend retreatments).

However, with laser eye surgery for patients with presbyopia, clinics perform:

- additional tests before the procedure (e.g. dominance testing, laser blended vision tolerance assessment) and
- additional patient counselling (about immediate healing, short-term healing, and adaptation recovery phases that follow the treatment)

**"What do I get after I buy the service?"**

As a result of undergoing this treatment, the patient can compensate for the loss of accommodation while still having their intermediate and distance vision without loss of contrast sensitivity or loss of stereo vision.

Is that all? No, those are merely the vision-specific results that patients can expect. Much more importantly, there are deeper benefits (which we refer to in this book as "Dominant Buying Motives") that living without visual aids (e.g. reading glasses and bifocals) may provide:

- More convenience - saving the patient time and effort - when looking for lost glasses, acquiring new glasses, or taking their contact lenses in and out.
- A greater sense of control and independence (avoiding a dependency on spectacles in certain situations).
- Many positive effects on their lifestyle (i.e. a sense of freedom from needing to know where their glasses are at all times).
- An improved perception of attractiveness (arising from feeling younger without reading glasses).
- Savings in the cost of glasses and contact lenses.
- A renewed sense of vitality and youthfulness arising from looking as young as they feel.
- Improved confidence when speaking to others without a barrier that separates them from others or in situations where good near vision is important (like ordering food from a menu in a dim lit restaurant or reading important instructions on pill bottles or reading important text messages without their glasses on).
- Increased self-esteem arising from a feeling of having all of their senses sharp and able.
- An increased perception of safety, especially if laser eye surgery for patients with presbyopia also corrects their distance vision problems.
- A feeling of improved health.
- A sense of enjoyment of activities that the patient did not experience before (like reading, gardening, needlework, and any other hobby that requires good visual acuity at a near distance).
- Improved job performance, especially if their jobs involved near work, or much switching back and forth between computer screens and social interactions.
- Improved sports performance, especially if the sports they enjoy require the participant to have good focal acuity at a near distance, or much switching back and forth between distance and near focal points.
- New experiences with using technology to stay in contact with family and friends.

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**"How will the service change my life?"**

What the patient most wants from an important decision like undergoing laser eye surgery is the positive impact it will have on their life. "What will my daily life be like after I have laser eye surgery?" is an important question that people considering laser eye surgery want to be answered. "How will I feel about myself and how will others feel about me after I have laser eye surgery?" is another important question that relates to their status before and after surgery. Now, let us attempt to translate these general interests into more specific customer avatars who desire this transformation.

## Creating customer avatars

Customer avatars (also called buyer personas) are helpful when making tactical marketing decisions, including:

- Choosing the traffic sources from where you will generate leads
- Planning your SEO strategy
- Designing your website
- Planning your digital assets
- Managing your paid traffic campaigns
- Planning your content strategy
- Planning your email marketing tactics
- Pricing your services

We recommend you develop three or more customer avatars, which reflect the typical patient types you wish to treat, so that you can speak to their interests and address their pain points and challenges. You should have at least one avatar for every core service you offer. Follow our example below to describe and animate your avatar into someone you (and your team) can better relate to.

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## Customer avatar examples

**Figure 2.1 - Customer Avatar example: Generation X Gerry**

Gerry is a customer avatar that represents a certain type of Generation X-er:

### Customer Avatar "Gerry"

**Goals and values**

**Goals**

- Intends to establish his own tourism side-business within the next 12 months
- Wants to visit 50 countries by his 50th birthday

**Values**

- Staying fit and healthy
- Traveling
- Supporting his wife's charity program
- Spending time with his kids and building a strong bond between then while working full-time

Age: 50
Gender: Male
Marital status: Married
Age of Children: 2 (Age 12 and 14)
Location: London, England

**Challenge & pain points**

**Challenges**

- Wearing glasses or contact lenses affects Gerry's work and hobbies, especially international travel

**Pain Points**

- Gerry notices that his near vision is not as crisp as he remembers

**Sources of information**

Books:

Magazines:

Blogs/Websites: Patient blogs he might find on Google, YouTube videos, Trustpilot.com, Facebook, Google review

Conferences:

Gurus:

Other:

Quote: "I like to broaden my horizons regarding different cultures"

Occupation: Education

Job Title: Head teacher

Annual Income: £116,000

Level of Education: University Graduate

Other:

**Objections & role in the purchase process**

**Objections to the sale:**

- Possible side effects could affect his travel, and his work
- Concerns of needing too much down-time

**Role in the purchase process:**

- Gerry will likely involve his spouse in decision making before getting the treatment

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**Figure 2.2 - Customer Avatar example: Baby Boomer Barbara**

Barbara is a customer avatar that represents a certain type of Baby Boomer:

## Customer Avatar "Barbara"

**Goals and values**

**Goals**

- Write 12 articles for a dental industry magazine this year.
- Invest in new properties with her husband
- Feeling more confident and staying fit

**Values**

- Being healthy
- Seeing her grandchildren grow up
- Working to contribute to her profession of dentistry even after retirement

Age: 60
Gender: Female
Marital status: Married
Age of Children: 2 (Age 34 and 36)
Location: Nottingham, England

**Challenge & pain points**

**Challenges**

- She doesn't enjoy her everyday life anymore because of her eye condition. She wants to read again without reading glasses

**Pain Points**

- Barbara isn't able to wear contact lenses as she is allergic to the disinfecting fluid

**Sources of information**

Books:

Magazines: Saga Magazine

Blogs/Websites: privatehealthcare.co.uk, lasik-eyes.co.uk, which.co.uk

Conferences:

Gurus: Dr. Hilary Jones

Other:

Quote: "I enjoy spending my time reading and learning new things"

Occupation: Dentist (retired)

Job Title: Writer

Annual Income: £150,000

Level of Education: University Post Graduate

Other:

**Objections & role in the purchase process**

**Objections to the sale:**

- Possible side effects
- Expectation of result could be better than the actual result
- Worried results may wear off

**Role in the purchase process:**

- Barbara will involve her husband in decision making

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Your customer avatars should be men and women from different age groups - Barbara represents Baby Boomers while Gerry represents Generation X-ers in the UK. You are welcome to use these customer avatars in your marketing plan if you wish. We encourage you to create more customer avatars so they are more appropriate to your local market.

When do you need a new customer avatar? If the "after state" they want is different from another avatar, create a new avatar with that specific "after state" in mind. We will now get into greater detail about how to conceptualize "before states" and "after states".

## Identifying a service/market fit

Being able to identify your target patients more clearly will help you both pinpoint your marketing (to get a higher return on investment) and better 'speak the language' of prospective patients with effective copywriting. Good marketing goes far beyond attracting those who have presbyopia, would like to enjoy the benefits of correcting its symptoms, and can afford to pay for treatment. Instead, good marketing gets someone to take action by articulating the transformation from a patient's before state to their desired after state. People do not buy important products or services for their features or benefits alone. People purchase transformation. How will your target prospective patient transform after you treat them? You can help them transform:

- What they have
- How they feel
- Their average day
- Their status
- How they imagine their role in the broader drama of life.

To illustrate what we mean, let us show you how to plot before and after states for Gerry, our Generation X customer avatar, using a Before and After Grid.[2]

**Table 2.2 - Gerry's before and after states**

| | **Before laser eye surgery for patients with presbyopia** | **After laser eye surgery for patients with presbyopia** |
|---|---|---|
| What does Gerry have? | Gerry has short-sightedness and Presbyopia. He has had a long time to get used to his several pairs of glasses - they are now a part of him. | Gerry is now almost wholly free from specs and only needs to wear reading glasses in the dimmest lighting conditions. |
| What does Gerry feel? | He feels disappointed with himself that he has not found the courage to correct his vision for good.<br><br>Gerry feels old at times, especially because he is surrounded by children. | He feels victorious, and little bit relieved that he made the right decision and now only wishes he had done it sooner.<br><br>He feels like he has gained a level of confidence that he did not know he had lost.<br><br>Being spectacle free makes him feel young again and revitalizes his energy. |

[2] Please note that this is simply a useful tool that you can use to put yourself more closely in the patient's shoes. Gerry cannot represent every patient's experience, but his avatar gives you a better idea about what your potential patients are going through, which will allow you to connect better with them.

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| | | |
|---|---|---|
| What is Gerry's average day like? | He is not overly frustrated but does feel somewhat limited by having always to consider his eyesight when planning trips abroad.<br><br>He is often reminded of his growing need for reading glasses in addition to his distance specs and this makes him feel older than his years. | He feels an easing sense of freedom and convenience. He is no longer anxious about how his vision might impact his travel plans and he feels younger than before his surgery. |
| What is Gerry's status? | Gerry is enjoying his life but his friends see him as a typical middle-aged person who feels the signs of getting older every day. | Gerry has now done something that few of his friends have done, and now see him as brave, modern and up-to-date by the people in his life. He feels considerably more able to accomplish his goals and even set more challenging ones in the future. |
| Gerry's role in the broader drama of life | "You've got to accept your lot in life." | "I can shape my life the way I want it." |

Now, let us look at an example of Barbara's before and after states.

**Table 2.3 - Barbara's before and after states**

| | **Before laser eye surgery for patients with presbyopia** | **After laser eye surgery for patients with presbyopia** |
|---|---|---|
| What does Barbara have? | Barbara has presbyopia which gets in the way of many things she enjoys. Yes, reading spectacles help but they are annoying little appendages that she constantly loses and must consistently clean to see clearly. | Barbara is free from her reading specs and can now see a full range of distances in most lighting conditions. |
| What does Barbara feel? | She feels annoyed, frustrated, anxious and limited. She feels that despite her education and intellectual capabilities, that her life seems to be slowly shrinking. | She feels liberated, open-minded, and free from headaches she did not realize were a result of visual problems. She is amazed by the detail she was not seeing and is now much more interested in her hobbies. |
| What is Barbara's average day like? | Reading and writing, one of Barbara's loves, is becoming a tiring chore. | Barbara now looks forward to her writing pursuits, although they are not competing with her newfound interest to be outdoors as much as possible - just absorbing everything she can see. |
| What is Barbara's status? | Barbara's friends see her as someone who is taking ageing gracefully on the chin, just like everyone else. | Barbara's friends now see her as rejuvenated and highly youthful for her years. They wonder where she has got her new lease on life. Barbara now feels and acts like age is only a number and that she is now entering one of the best stages of her life. |
| Barbara's role in the broader drama of life | "I'm a victim of the traditional model of ageing" (e.g. decline and decrepitude). | "I'm a shining example of how one is not defined by one's age" (e.g. active and resilient). |

As you read the words above for Gerry and Barbara, can you see images of them in your head? That is good! That is how these Before and After Grids can inspire the imagery you use, the copywriting you write, and most importantly, the message you send with every single piece of marketing communications.

Feel free to use our examples. We also recommend you complete some Before and After Grids for your specific customer avatars.

1. Make a grid like the one above for each customer avatar
2. Involve your team - project it on a wall and add sticky notes as ideas arise
3. Use them whenever it is time to compose marketing materials or write marketing messages

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### Writing statements of value

A statement of value is a phrase to keep in mind whenever you are communicating with your patients in any medium. From the thinking involved in conceptualizing our customer avatars and how the market fits the service (illustrated in the Before and After Grids above), we might arrive at the following statements of value for these fictitious customer avatars:

Laser eye surgery for patients with presbyopia gives **Gerry** the confidence and courage to bravely achieve his goals and take action to become the version of himself he most wants to be.

Laser eye surgery for patients with presbyopia provides **Barbara** with a new lease on life enabling her to feel more optimistic and confident that she is living the best life she can live.

First, the above statements of value are not hard and fast generalizations that will apply to every patient. Secondly, it is important to note that the above statements of value are not promises you can make to your prospective patients. These are ideal value propositions you should keep internal to focus your thinking on what some patients may desire from your services. Your marketing communications should paint a more realistic picture to be both believable and honest. The FDA LASIK Quality of Life Collaboration Project reports that 95% of participants were satisfied with their vision following LASIK surgery. Many patient testimonials suggest that many patients say that laser eye surgery changed their life in areas like freedom in sports, their occupation or feeling more confident and attractive in everyday life.

## Analyzing your competition and positioning yourself in the market

Market positioning refers to the place that a brand occupies in the mind of the prospect and how they distinguish it from other products and other competitors. To position your brand, it helps to understand what places your competitors occupy in the mind of your prospects.

### List your competitors

Your first task is to list your competitors and identify the target market they attract. For a competitor to get on this list, they have to vie for patients in your geographic region (i.e. same city and up to 100 km radius). Here's an example we have drafted that lists some classic competitor prototypes:

**Table 2.4 - Listing your competitors**

| Key competitors | Key target market they attract |
|---|---|
| Competitor 1 | Aims for the down-market patient seeking the lowest-cost alternative. |
| Competitor 2 | Aims for the mid-market patient seeking a middle-of-the-road solution and value for money. |
| Competitor 3 | Aims for an up-market patient seeking the "best" option even if they must pay more for it. |

### Rate your competitors and yourself on relevant patient priorities and supporting evidence

Next, as objectively as possible, rate your competitors on these most relevant customer priorities:

1. Quality/Ability - To gauge quality and ability, you will have to consider how your patients view quality and ability objectively.

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a. Do they see it as a safety record? If the competitor does not publish safety data, then it is likely patients will not be aware of it. If they do, does it appear better than others?
b. Do they judge it on technology? Remember, just because you do not value a particular technology highly does not mean that patients in the market do not. It is all about perception.
c. Do they assess it on the specialization of the surgeon? Does the surgeon have any evidence they publicly share that suggests they focus mainly on this sub-speciality? This can give patients a sense of reassurance that the surgeon is committed to depth in this type of treatment in which they are interested.
d. Do they base it on the number of procedures the surgeon has completed? Does the surgeon publish this data? Can you find out what it is if you mystery call the clinic?
e. Do they evaluate it by looking at patient results? Most patients are not experienced with interpreting statistical data. They will often infer results from outcome statistics, testimonials, and endorsements (and often value celebrity endorsements more than testimonials). Do the competitors have numerous testimonials? What do their customer reviews on Google say? What does their score on TrustPilot or other patient review sites say? You may or may not agree, but what matters to the patient is what they see and believe.

2. Convenience/Availability - To assess convenience and availability, you can consider:
a. How many locations do they offer?
b. How convenient is it to get to the locations?
c. Do the locations offer (free) parking?
d. How is the public transit access to their location?
e. How long are the open hours?
f. Does anyone offer appointments out of typical business hours? On weekends?
g. How available are the primary surgeons?
h. Is there a waiting list?
i. Do they offer alternative ways of educating prospects before surgery? (seminars and patient information evenings, webinars, Skype appointments, free screenings)
j. Do they offer flexible aftercare appointments outside the regimen? (includes lifetime aftercare)
k. Do patients get access to the surgeon's mobile phone after surgery?
l. Do they offer flexible payment (e.g. financing)

3. Service/Affability - To determine service and affability, you can call and have appointments with your competitors. When you do this:
a. Consider the soft-skills that surgeons and their staff exhibit (either on the phone, in person, or in videos they publish). You can often glean these values from personal experience interacting with them, the reputation of their bedside manner, and the reviews they get online that you can see.
b. Consider staff to patient ratio. Often, the more staff per patient, the better the service.

4. Breadth of offering - To assess the breadth of offering, examine the clinic's website which should show everything they offer, for example:
a. if a clinic offers only LASIK or PRK for myopes, hyperopes and astigmatic patients, then they might rate average on this chart because that is standard.
b. On the other hand, if the competitor also offers SMILE and PRESBYOND, their rating might increase.
c. Furthermore, if the clinic offers these and also refractive lens replacement procedures, then it might increase even further.
d. A clinic that offers the broadest range of treatments for the broadest range of conditions will score the highest.
e. If the clinic seems to be at the cutting edge of introducing new services, they get extra points.

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Again, remember that it does not matter whether you think these additional offerings are valuable or not. What matters most in marketing is what the patient perceives.

Importantly, you need to step in the shoes of your prospective patients here. Don't make the mistake of rating your competitors based on what you think about them. You may know much more about your competitors than your prospective patients do. For this exercise, you will need to put that 'insider' knowledge aside and consider your competitors as if you only knew as much about them as what they portray publicly and what their patients say about them.

Now, rate yourself and your competitors (from 0 to 10; use 0 if the information is not available) and then add up your scores as we show in the example below for the Quality/Ability priority:

**Table 2.5 - Quality/Ability Ratings**

| Quality/Ability | Competitor 1 | Competitor 2 | Competitor 3 | You |
|---|---|---|---|---|
| Safety record | 0 | 6 | 8 | 7 |
| Technology | 5 | 6 | 8 | 9 |
| Expertise | 4 | 8 | 9 | 5 |
| Experience | 7 | 6 | 5 | 5 |
| Results | 6 | 8 | 9 | 7 |
| **Perceived Q/A score** | **22** | **34** | **39** | **33** |
| **Best possible score** | 50 | 50 | 50 | 50 |
| **Percent** | **44%** | **68%** | **78%** | **66%** |

Using the scores you calculated above for each criterion, you are now ready to plot them against the price/eye you and each competitor charges for the procedure you are offer. You can typically find these prices on the competitor's website or you can call them to give it to you. For this hypothetical exercise, we have set the prices like this:

- Competitor 1 - 1,000€/eye
- Competitor 2 - 1,250€/eye
- Competitor 3 - 2,000€/eye
- You - 1,000€/eye

Plot these prices as your horizontal axis and you are ready to create your charts.

## Plot your market positioning

Now that you have quantified how you and your competitors score on the above table, you can plot these values visually, so you can better conceptualize your market positioning. We will include one scatter plot below to show you what we mean. Remember, the competitor prices are on the horizontal axis. We plotted the criteria scores for quality/ability (expressed as percentages) on the vertical axis. In the example below, you are high relative quality, but not the best. This exercise is, of course, subjective while using objective considerations. The horizontal axis is average price/eye.

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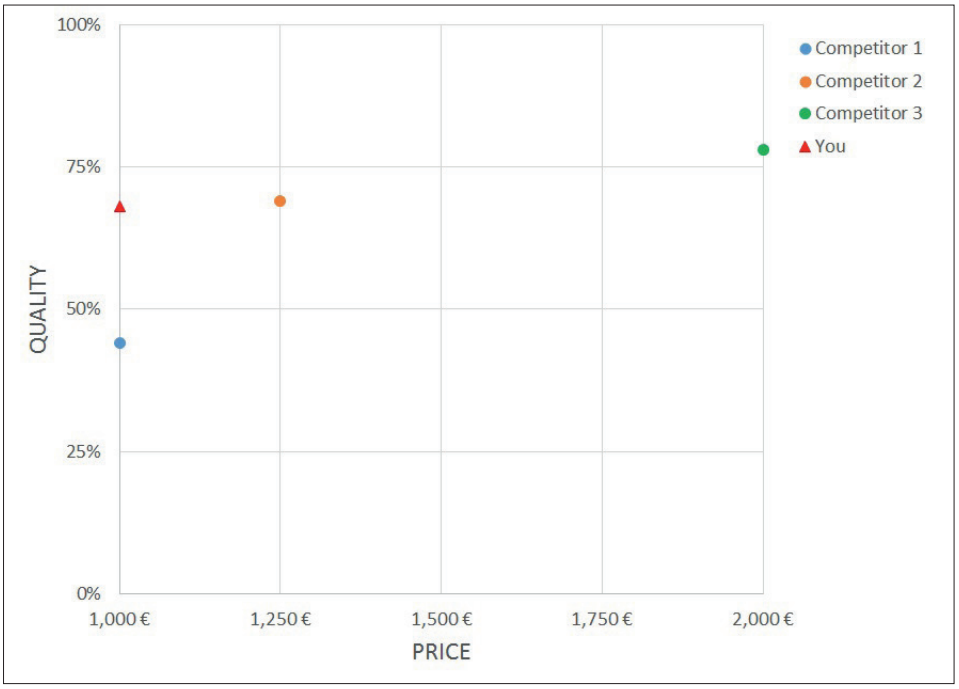
**Figure 2.3 - Customer Priority 1 = Quality/Ability**




Source: LiveseySolar - Own research

After you have plotted all four data tables you can then look for gaps in the marketplace that you can justifiably occupy.

## Choose one market position and show your evidence

You can choose more than one position, however, your customer has limited scope for linking more than one priority to each brand. Watering down your focused market positioning by occupying too many positions might not be a sufficiently focused strategy. Once you have objectively defined where you win against your competitors in these charts, it is time to justify your assertions with evidence. List your evidence points for why you should position on each priority. When you do, you will find where your best market position is. What does evidence look like? Have another look at the evidence we reviewed under each of the priorities that are most important to refractive surgery patients. Every single evidentiary point on which you can evaluate yourself, and your competitors, is a possible exhibit of evidence you can publicly share at every appropriate opportunity.

## Write your Unique Selling Proposition (USP) with your marketing positioning at its heart

You may be wondering how your USP relates to the Statement of Value you wrote earlier in this chapter. Your Statement of Value relates more to how you relate to your customers. You can use it most when you communicate with your customers about the value you offer them and making decisions about marketing tactics. Your Unique Selling Proposition, in contrast, relates more to how you relate to your competitors in your customers minds. You can use this statement when making decisions about marketing strategy. When you have identified where you stand against competitors in the mind of the customer, we suggest your USP follow this formula below.

Note: You will notice that we sometimes include superlatives in the USPs above. You must take care with your marketing messages, and particularly with the use of superlatives, to ensure that you can justify them. For example, you might be able to justify “first” and “only” if you have legitimate evidence that proves you were first or are the only, but it can be considerably more difficult to defend “best” or other subjective adjectives.

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**[Practice] is the [superlative] practice that helps [prospects] solve [specific problem] by [main unique promise or benefit].**

Below we list an example of a practitioner USP. Relative to their competition, this London laser vision clinic's USP might emphasize their Quality/Ability:

London laser clinic was the **first** practice to help **discerning presbyopic patients from around the world** rid themselves of reading glasses by treating them with **a revolutionary procedure so that they can dramatically improve their lives.**

When you have your USP, you can use it along with your statement of value, to drive copy messages that explain how your service uniquely solves your prospect's needs or wishes. Importantly, make no claims for which you do not have evidence or supporting data, otherwise your statements could misinterpreted as misleading.

## Getting it done

Now that you have completed this chapter, we recommend you take the actions below to establish a firm foundation from which to take the 5 steps. If you are introducing laser eye surgery for patients with presbyopia, then this chapter will be instrumental in helping you define the big picture on how to do so. The information we share in this chapter should also help you with your general refractive practice as well. By the end of this chapter, you should know your destination. The rest of the book will show you how to get to where you want to go.

### Can you prepare the foundation yourself or must you hire external practice development consultants?

Everything we advise in this chapter is doable by any surgeon as long as they have:

- The skills to establish their sales objectives,
- The knowledge and experience to create their customer avatars, before and after grids, write statements of value, objectively rate their competitors and themselves, visualize their market positioning, choose a position and source/display the evidence to justify it
- The time to do all of the above (we estimate 40 hours of work)

Or

- The budget to hire an accountant to assist with the financial aspects (e.g. defining your sales objective) and a qualified and knowledgeable practice development consultant or marketing manager to do the Customer Avatars, Before and After Grids, Statements of Value, Competitor Analysis, Market Positioning and Unique Selling Proposition foundation work for you.

Apart from analyzing financial data (which is purely objective), it is easy for surgeons who are too close to their practices to lean towards subjectivity and bias. Do you feel that you could use a 'second pair of eyes' to review what you have produced? If so, hire a practice development consultant who will be honest with you about your evaluations and assumptions. This is not the time or place for someone who agrees with you to curry your favor. You must get this right or the steps you take next may be in the wrong direction and will waste your time and money.

For now, we encourage you to try to do as much of the foundational work yourself by following the action steps below.

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## Action steps from this chapter

1. Set your sales objectives using the guidance we provide.
2. Understand your target market by understanding the differences among the primary laser eye surgery markets.
3. Describe your ideal patients by creating Customer Avatars.
4. Identify how your core service matches your market with Before and After Grids.
5. Write your Statements of Value using the format we recommend.
6. Analyze your Competition by listing your competitors and rating them and yourself on the four most important patient priorities.
7. Plot your Market Positioning to visualize how you stack up on each priority against the prices you charge.
8. Choose one Market Positioning and show your evidence.
9. Write your Unique Selling Proposition in the format we suggest.

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# Chapter 3 - Step 1 - How to increase your leads

## What you will learn in this chapter

In this chapter, you will learn:

1. How the process of marketing is akin to the stages of human relationships.
2. The AIDA model and how to apply it to the marketing funnel.
3. How to choose the best marketing tactics to generate leads.
4. How to get attention and traffic to your website.
5. How to do search and social marketing.
6. How to use paid traffic sources.
7. How to interest your traffic when they arrive on your website.
8. How to build desire in your website traffic with a lead magnet.
9. How to stimulate action from your website traffic with tripwires.
10. How to count your leads as a method to evaluate your return on marketing investment.

## How does the information in this chapter fit into the 5 steps?

In this chapter, we provide you with an overview of the most important marketing tactics to help you take the first step of the 5-Step Healthcare Marketing and Sales Process. Specifically, we now focus on how you can increase your leads. To start, let us again look at the fictitious example clinic we shared in Chapter 1. Everything else remaining equal, increasing leads increases treatment sales and grows a clinic's revenues. This result is not just about making more money. More volume often means improved skill, more exposure to case variety, and most importantly, more people benefiting from your services.

**Table 3.1 - How increasing leads affects sales**

| Monthly Critical Success Factors | Monthly Key Performance Indicators | Before | After |
|---|---|---|---|
| Leads (number of qualified contacts) | New first conversations (usually on the telephone) | 250 | 267 |
| Conversion rate percent (lead to first appointment) | | 25% | 25% |
| | New first appointments | 63 | 67 |
| Close rate percent (First appointment to sale) | | 50% | 50% |
| | New patients | 31 | 33 |
| Average price | | 1,500€ | 1,500€ |
| Number of transactions per patient | | 2 | 2 |
| | Sales per month (before referrals) | 93,750€ | 100,125€ |
| Referral conversion rate percent (patients to referrals) | | 25% | 25% |
| | Referral sales per month | 23,438€ | 25,031€ |
| | **Total sales per month (after referrals)** | **117,188€** | **125,156€** |
| | **Annual sales** | **1,406,250€** | **1,501,875€** |

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The number one reason refractive surgeons seek the help of practice development consultants is to get more leads. The reason why so many clinics have difficulty with getting leads is that it requires an intimate understanding of the buying process. Fortunately, as long as you understand the typical stages of human relationships, you can understand the buying process.

## The stages of human relationships

As we all know, a typical human relationship takes time and would not progress from the first date to marriage in the span of a couple of days. Staging is a critical aspect of any serious relationship, and it applies also to marketing high investment services like refractive surgery. Similarly to how most relationships evolve - in stages - patients who consider a potentially life-changing decision like laser refractive surgery must feel like they are ascending comfortably from stranger to acquaintance, to friend, and to finally, to partner. It would be extraordinary for a patient to trust you with their eyes before you get their attention, build their interest, stoke their desire, and stimulate them to take action. Next, we will further explain these key stages and how they relate to generating leads for refractive surgery.

### AIDA - Attention, Interest, Desire and Action

The stages of relationships closely follow the acronym known throughout the business world as AIDA. As a model, AIDA is not without its limitations and there are many useful alternative models. AIDA is, however, an easily understood model we can use to describe the stages that exist from when a consumer first becomes aware of a product/service (or brand) through to when the consumer trials that product/service and makes a purchase decision. We will not spend too much time on the theoretical background of AIDA, but we will apply the AIDA model to lead generation for your customer avatars with presbyopia.

To summarize, your primary tasks in lead generation are to:
1. Get your prospect's **Attention**.
2. Keep their attention by appealing to their **Interest**.
3. Stoke their **Desire**.
4. Stimulate them to take **Action**.

Another way of conceptualizing these stages is to picture your marketing system like a funnel. At the Top of the Funnel (which we refer to as TOFU) are prospects that become aware of what you offer. You have their attention. In the Middle of the Funnel (i.e. MOFU) are prospects that are evaluating what you offer. You have their interest. If you can speak to your prospect's deeper wants and needs (what we introduced as Dominant Buying Motives in the previous chapter), their interest might evolve into a desire for what you offer. At the Bottom of the Funnel (i.e. BOFU) are prospects that have the sufficient desire to act. Depending on the intensity of their desire, they will make varying commitments you place before them. These commitments may take the form of gated content that satisfies their contextual wants and needs (like completing a form on your website to receive a lead magnet) or a trial of your service (in the form of a phone call or booking a free initial screening). We will refer to these funnel parts (TOFU, MOFU, and BOFU) as we proceed to enhance your understanding of how to appeal to prospects wherever they stand in the sales funnel. Let us now apply AIDA to the customer avatars we introduced in Chapter 2.

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**Table 3.2 - Mapping customer avatar experiences on AIDA and the Sales Funnel**

| AIDA Stage | Gerry | Barbara | Funnel Stage |
|---|---|---|---|
| Attention | Gerry becomes aware of laser vision correction when he is seeking laser eye treatment for his short-sightedness.<br><br>His attention is piqued when he learns on **a friend's Facebook post** that laser eye surgery can address symptoms of presbyopia as well as correct short-sightedness. | Barbara becomes aware of laser treatments for presbyopia symptoms when she is reading an article in Saga Magazine featuring a laser eye surgeon responding to an **interview**.<br><br>She then goes to **Google** to learn more about this new procedure (we will explore her journey in detail in this chapter). | TOFU |
| Interest | Gerry follows a link on his friend's Facebook post and looks at a **Clinic's Facebook Page**. | Barbara conducts several searches over the course of days using multiple search hubs (e.g. Google, Facebook) and screens (i.e. mobile phone, iPad, laptop). | MOFU |
| Desire | Soon, Gerry finds customer reviews on the **Facebook Page** and begins evaluating them.<br><br>Later, Gerry sees a Facebook Sponsored Post that offers a list of questions to ask a surgeon when considering laser vision correction (**a lead magnet**). | On one of the **websites that** Barbara visits, she finds a free but gated document that helps answer a specific question she has about the specific procedure (**a lead magnet**).<br><br>She exchanges her contact information for the document. | MOFU |
| Action | The **Lead Magnet** invites him to call the Clinic to speak with a refractive coordinator (**a tripwire**), and he does. | Barbara receives **e-mail** from the clinic over the next few days which compels her to call the clinic to book a free initial screening (**a tripwire**). | BOFU |

Next, we will delve deeper into 'Attention', which is the first A in AIDA. We will spend a considerable amount of time on the first A, because it both the most important step and the toughest one to achieve.

## The first A in AIDA: To get the attention of your prospects, become a content producer

The first stage of the AIDA model is Attention. Some use the word "awareness"; the meaning is similar. Many clinics we encounter rely mainly on word of mouth to generate leads. Word of mouth is an excellent and relatively inexpensive channel to generate leads. We devote a whole chapter to it in this book. To grow beyond the limits of what word of mouth can fuel, however, you need to attract the attention of prospects who do not yet know who you are and what you offer.

Consider one of the customer avatars we presented in Chapter 2 or a customer avatar you created yourself. Do you think she or he is aware of laser vision correction that can address symptoms of presbyopia? Some prospects will already be aware of laser vision correction, but far more will not. Gerry, for instance, is a prospect that is not aware of laser vision correction. At best, he might not be aware that a laser eye treatment that addresses presbyopia symptoms exists. At worst, he might imagine that laser eye surgery cannot explicitly treat presbyopia symptoms.

When attempting to generate leads, you will need to get the attention of prospects like Gerry that have presbyopia and want laser eye surgery address their symptoms. Getting attention first requires identifying where people like Gerry congregate and then getting his attention while he is there. Will broadcast media advertising work? Unless your budget is very large, Gerry is far too busy and his attention is far too fragmented by the thousands of

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advertisements he sees daily to easily notice yours. Gerry does not want to read your advertisements. He has learned to ignore ads whenever he can. When Gerry is scrolling through Facebook, for example, he cares about what his friends are doing or sharing - he skips most of the ads. When one of his friends says she had laser vision correction, Gerry takes notice, because he has similar problems to his friend. Once you get Gerry's attention, your job is to keep Gerry's interest while appealing to his desire to fix his problems with your help. You can do that with good content.

Today every refractive surgeon must also be in the media publishing business. Why? As the reach of mass media declines, and its audience continues to fragment into smaller and smaller pieces, your ability to capture attention using these traditional channels diminishes. The good news however, is that by becoming a content producer, you begin to create your own channel. But where do you get traffic for your channels? Like almost every supplier of goods and services who came before you, you need to go to where the traffic is.

## Going to the traffic store

When marketing laser vision correction, you must remember that your job is not to tell the world that this procedure exists in the hopes that someone will want it. That is the broadcast approach. Very few businesses today have the resources to educate the marketplace about new products and services. Instead, your job is to go where the traffic that is most likely to want laser vision correction is and get their interest. We call this the narrowcast approach, where you aim your content at those who have already 'raised their hand' by responding to your requests for attention. In a sense, you have to go to the right traffic store.

## Should you earn your traffic or pay for traffic?

You can choose one or both fundamental pathways to get the attention of traffic. There is the organic and the paid route. Neither approach is necessarily better than the other. Instead, it depends on your goal. To illustrate, we now list the advantages and disadvantages of each approach:

1. Organic Traffic. Organic traffic is search engine traffic that you do not pay for. You earn organic traffic with smart marketing, good targeting, quality content and time. Organic traffic is like owning your traffic source.
   a. Advantages:
      - You build an asset that will continue to return results over time.
      - If you do not have the time to do it, you can hire experts to do it for you
      - Traffic tends to have higher conversion rates.
      - You can take short breaks without seeing a dramatic decline in traffic.
   b. Disadvantages:
      - It takes longer to get results.
      - You must have a clear strategy and execute consistently to successfully generate leads. Haphazard and overly-tactical SEO is all too common.
      - Due to its complexity, you will likely want to pay experts to, at a minimum, devise a strategy for you. Ideally, experts should manage your entire organic traffic campaign.

2. Paid Traffic. As the name implies, you pay money for this type of traffic, but you also require smart marketing, good targeting, and quality content. Paid traffic is like renting your traffic source.
   a. Advantages:
      - You can get traffic very fast.
      - You can target traffic more specifically than with organic efforts (sometimes down to specific demographics and interests).

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- You can target traffic at every stage of the funnel to stimulate areas of your funnel that need more traffic.
- You only pay for the traffic you get.
- You can use paid traffic to level out seasonal lows.

b. Disadvantages

- Paid traffic is not an asset. Once you stop paying for it, paid traffic stops.
- You must manage costs carefully or you might waste money.
- Paid traffic costs can (and often do) increase with high inflation.
- Due to its complexity and risk, you will likely want to pay experts to manage it.

As you can see, both organic and paid traffic have compelling advantages and some significant drawbacks. Which should you choose? We often recommend a clinic engage in both, however the recommendation depends on:

1. Timing. How soon do you want leads? If you can wait and your budget is modest, then starting with an organic approach makes the most sense. If you want leads tomorrow, then a paid approach is necessary.
2. Cost. How accessible will the chosen approach be for you? The most significant difference between the paid and organic is time and money. If you have more time than money, organic may be the easier (and therefore sustainable) choice. If you have more money than time, you may wish to hit the ground running with paid traffic.
3. Impact. What kind of impact will success in the chosen approach have?
4. Confidence. How confident are you that you can implement? Do you have the resources and skills to compete in the chosen approach?

## Organic search traffic and social marketing - different channels and approaches

Now we will break down what works in the most popular approaches to organic marketing - search and social, beginning with Google. Google is the world's most famous search engine and the most significant source of traffic for most businesses that use narrowcast marketing methods to generate leads. Most of what we suggest for Google also applies to its closest rival, Bing.

## Search today versus search yesterday

You have probably heard of Search Engine Optimization (i.e. SEO). Perhaps you have tried SEO, with mixed results. You may have even heard that SEO is becoming less important than it was in the past. That is wrong. SEO remains a vital discipline, but it has changed. Furthermore, it is possible that poor results from SEO today are in large part rooted in a failure to recognize these changes.

As a result, search today is very different to what it was several years ago. Do keywords still matter? Yes, but they are no longer the single most important factor for ranking. Today, searcher intent, context, and usability - in other words, user experience - all play primary roles alongside keywords. Today, Google rewards 'White Hat' SEO that plays by the rules and serves Google's interests. Furthermore, search today is more:

- Mobile. With the emergence of mobile as a platform of choice for many consumers, Google now rewards content that loads fast and quickly adapts to mobile devices.
- Structural. Google no longer only rewards keyword optimization. The search engines now recognize customer intent and context.
- Technical. To reward sites with the best user experience, Google now rewards content that has low or no technical barriers between it and users.

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We will weave in these trends throughout our discussion of search. Now, let us consider the three players in search and what they want. Doing so will help guide most of your decisions when implementing search marketing tactics.

**The three players in search**

Understanding who the key players in search are will help you understand how to satisfy each which in turn will yield better results:

1. The searcher wants relevant results on anything they are looking for right now.
2. The search engine wants revenue and achieves this by serving relevant results, popular results, and results that keep searchers on properties they own.
3. The marketer wants rankings, traffic/impressions, leads and sales.

Every search dynamic acts this way, including dynamics within properties that you might not have realized were search engines - like YouTube, Pinterest, iTunes or review sites like Google Maps, Trustpilot, Yelp and Facebook.

**Search queries are central**

Despite the move away from focusing on keywords, understanding search queries remain central to your success with search marketing. What is a search query? A search query looks like this:

"I want to get laser eye surgery because I want to reduce my dependency on reading glasses."
And
"I want to find [X] Clinic reviews because I want to find the best laser eye surgeon in London."

There are two main categories of search query:

- Discoverable. Can searchers discover you when looking for what they seek? Discoverable search queries are non-branded queries. These are the queries searchers use when they are not looking for you. They are the most numerous queries and consequently have the highest competition.
- Available. Can searchers find you when they are looking for you? Available queries are branded queries. These are queries searchers use when they are specifically looking for you. These queries are less in number and variety. They have limited competition and the highest conversion rates.

Each search query carries two components:

- Intent. Intent is what the searcher is searching for. For example: "I want to X..."
- Context. Context is why the searcher is searching for it. For example: "because I want to Y..."

Let us look at the above queries again, this time we will italicize the intent and context in the search query:

"I want to get laser eye surgery **(Intent)** because I want to reduce my dependency on reading glasses. **(Context)**"
And
"I want to find [X] reviews **(Intent)** because I want to find the best laser eye surgeon in London **(Context)**"

We will come back to the topic of intent and context several times in this chapter. For now, you should know that the italicized phrases above are keyword phrases that any searcher may type into a search engine. The higher you rank for these terms, the more likely you will get search impressions and clicks.

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### Search marketing metrics

When it comes to metrics, the search marketer is spoiled for choice. Using a combination of free reporting tools like Google Analytics and Google Search Console, we recommend you track these statistics on a monthly basis:

| Recommended statistics from Google Analytics | Recommended statistics from Google Search Console |
|---|---|
| ■ Acquisitions by channel | ■ Total impressions (of your organic search results by query) |
| ■ Sessions (the number of times users visited your site) | ■ Total clicks (on your organic search results by query) |
| ■ Unique users (of your website) | ■ Click-through-rate (CTR of your organic results from your website) |
| ■ Pageviews | ■ Total links (pointing at your website) |
| ■ Pages per session | ■ Total indexed pages (in Google's index) |
| ■ Average session duration | |

We also recommend you track these statistics every month (from your website):

- The number of blog posts you publish.
- The type of blog post you publish (e.g. text, video, infographic, event, slideshow, etc).
- The average words per post you publish.

Recording the above statistics will enable you to compare your results to your publishing output.

As we discuss best practice in search marketing, however, stay focused on leads as the most important metric to evaluate. You need rankings, impressions, and traffic to get leads, but you can better use these metrics for decision-making. Leads are the best sign a search campaign is effective.

Many SEOs will focus on metrics like ranking, impressions and traffic, but they are not the whole story. It is not difficult to generate impressive metrics for these parameters if you know how. While search reports might look rosy, the results you truly seek fall short. For example, you are probably on the first page of Google for your name without even trying. Unfortunately, unless you are famous already, it is unlikely that enough searchers query your name for this result to meaningfully translate into leads. In search marketing, the most relevant keyword phrases for you to rank for are the phrases that result in the most leads, not the highest rankings, greatest impressions or the most traffic. Keyword phrases that result in leads are likely unbranded, as opposed to branded. The latter may satisfy your ego, but the former will most likely pay your bills. Furthermore, most search engine marketers agree that earned media and link building are now just as important as optimizing your site for keyword phrases.

### User Experience Optimization (UXO) and Robot Experience Optimization (RXO)

Every website that seeks to rank in search engines must serve two masters - users and robots. Users are the searchers who visit your site. Robots are programs that search engines use to visit your site, crawl and index it. While we want to always optimize the user experience (UXO) over the robot experience (RXO), you need to remove brick walls and speed bumps for both.

### Intent-based search optimization (IBSO)

Think about searchers like bloodhounds; if they lose the scent of their query, they will go back to the search engine hub and try another option that better suits what they are looking for. A good intent based search optimization program needs to understand specifically what each customer avatar wants, and then capture their attention and stimulate interest by demonstrating this understanding.

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Each time someone searches for something they are asking a question. Questions reflect the intent of your users, so you should create content that addresses the core questions of your customers. Position your content around the needs of your customer avatars. Here are a few examples to get you started:

1. "Information about presbyopia treatment" might mean 'I am starting on my journey towards figuring out how to deal with my presbyopia. I want to figure out all my options and then make a decision based on more information.'
2. "Treatment to cure reading glasses" might mean 'I don't like my glasses, I'd like to find a way to see without them.'
3. "Best presbyopia treatment" might means 'I am over 40 and have done some reading about options already. I am willing to pay to find the most trusted surgeon for me.'

After the users above have clicked through to you website, it is up to that website to do its job and turn desire into action. We will address these stages later. The lesson for now is - people continuously refine their search queries by making them more and more specific when looking for what they want. The reason they make them more and more specific, is that they often don't find what they need by typing in a generic term (like "laser eye surgery").

This insight provides excellent opportunities for smart search marketers, which we will now explore in the next section.

**The long tail of search**

Let us say you aim to get people to book first appointments with you to determine their suitability for laser vision correction. Which queries would you target?

1. "I want to get reading glasses treatment because I want to *look younger*."
2. "I want to get reading glasses treatment because I want to *save money on glasses*."
3. "I want to get reading glasses treatment because I want to *read without glasses*."
4. "I want to get reading glasses treatment because I want to *be glasses free*."
5. "I want to get reading glasses treatment because I want to *enjoy gardening again*."

You might find that there are more people searching for some of these queries than others. For example, search query popularity might be in descending order like this:

1. Look younger.
2. Save money on glasses.
3. Read without glasses.
4. Be glasses free.
5. Enjoy gardening again.

Why not target all of them? Importantly, when targeting such searcher contexts, you can allude to these interests, and decide how best to address them. For example, if you know that the surgery will not deliver on the searcher's expectation, to "be glasses free", then you can supply that information in a content asset. For example, you can create an asset that explains how no laser correction surgery will offer permanent freedom from glasses, and then explain what it can do instead (i.e. provide temporary freedom). You can create as many assets as you wish on your website, one responding to just the right context for every query. A better question might be - on which queries should you focus? Let us turn this hypothetical set of search queries on their side. What you have is a curve, and it looks like this:

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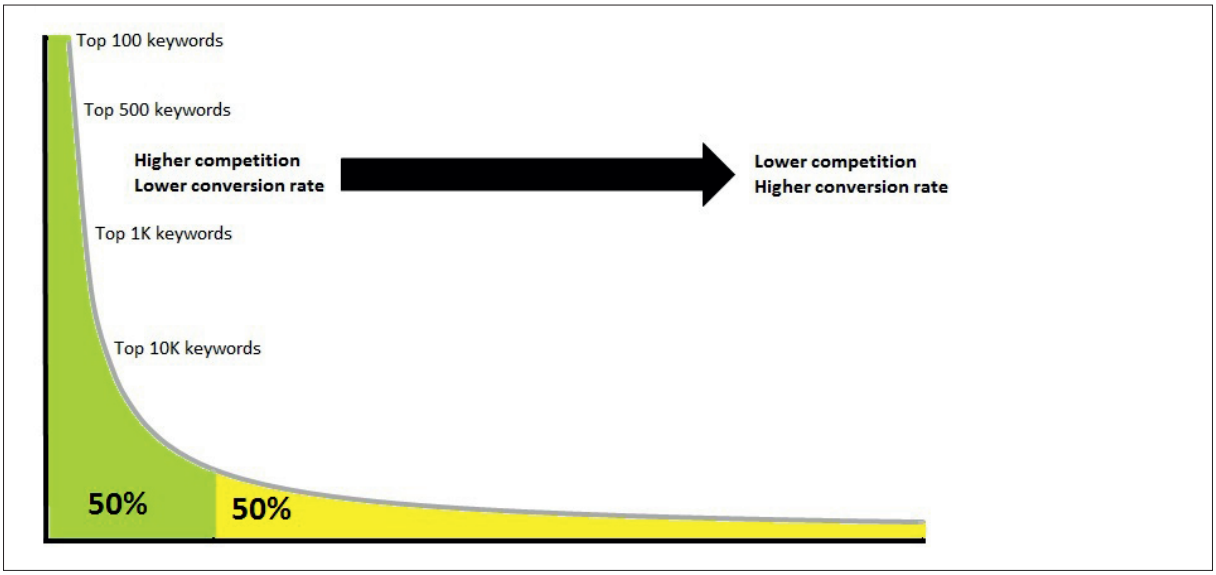
**Figure 3.1 - The long tail of search**




Source: LiveseySolar

The search demand curve shows how query popularity interacts with competition and conversion. The color differences in the curve designate the how many search queries are in the top half and in the bottom half. What animal does the search demand curve resemble?

If you guessed a dinosaur, you would be right. On the left-hand side of the curve, we have the dinosaur's head - we call this the fat head of the search demand curve. Here you have the top 100 keywords queried. The fat head alone accounts for 18.5 percent of all queries. The middle of the curve is the body or chunky middle. Along the curve, you might have the top 500 keywords. Then the top one-thousand keywords, and finally the top ten-thousand keywords. The body accounts for 11.5 percent of all queries. As the curve inexorably moves rightward, we have what marketers refer to as the long tail of search. The long tail accounts for an astounding 70 percent of all search queries. Now you have a theoretically infinite combination of keywords that together far exceed the number of search queries that are more popular.

Long tail searches are low volume, but they do have redeeming qualities. The further up the head the query, the higher the competition and the lower the conversion rates. The further down the long tail the query the lower the competition and the higher the conversion rates. How big is the long tail? Google reports that 1 out of 5 queries have never been typed in the search engine before. That is a remarkably long tail! So, should you focus your efforts along the long tail only? We recommend you target intent and context and build assets across the entire demand curve, particularly the long tail. Now, let us further explore intent based keyword research so that you can learn what assets to develop for your best search queries.

### Intent Based Keyword Research

Let us say you are a refractive surgeon who wants to treat more patients with presbyopia. By now you might be realizing that you need to follow a sequence that involves getting awareness at the Top of the Funnel, asking people to get something of value in the Middle of the Funnel and then finally converting them into leads at the Bottom of the Funnel.

Look at this query. At what stage (TOFU, MOFU, or BOFU) is this searcher?

- "I want to *learn about laser eye surgery for presbyopia* because I'm always *losing my reading glasses*."

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That is a TOFU query. The searcher is just becoming aware she has a problem.

Let us look at another query:
- "I want to find out *if presbyopia eye surgery is for me* because *I am very busy*."

That is a MOFU query. The searcher is evaluating options and wants to know if they should spend valuable time investigating this option, or not.

Now, look at this query. At what stage is the searcher?
- "I want *reviews of [a surgeon's name]* because I'm thinking about *getting laser vision correction*."

That is a BOFU query. The searcher is ready to convert.

You need to consider intent and context at each of these stages and identify the assets that serve those queries.

There are keywords in these searchers' statements, did you see them?
- "Learn about laser eye surgery for presbyopia"
- "Losing my reading glasses"
- "Is presbyopia eye surgery for me"
- "Reviews of [a surgeon's name]"
- "Getting laser vision correction"

Find the intent and context of your intent based customer avatars and you will find the keywords to optimize on your website. If you did not make a customer avatar after reading Chapter 2, go back and familiarize yourself with one or both of the sample avatars we created as examples to help you with the next section.

**Intent-based Avatars**

Now it is time to build Intent-based avatars. Using one of the customer avatars you created, or our samples from Chapter 2, create several intent-based avatars using this formula:

"I want _____ (intent - usually what you offer) because I want to _____ (context - usually the benefit)"

Barbara's Intent-based avatars:
- "I want to *learn about laser vision correction* because I want *freedom from reading glasses* and more convenience."
- "I want to *get rid of my glasses* because I want to *feel more confident in dim lighting conditions*."
- "I want to have *presbyopia laser eye surgery* because I want to *look as young as I feel*"
- "I want to *ditch my reading specs* because I want *relief from headaches caused by reading glasses*."
- "I want to know if I'm *suitable for presbyopia laser eye surgery* because I am *concerned I may be too old*."
- "I want to know *presbyopia eye surgery prices* because I want to see if I can *afford laser eye surgery*."
- "I want to find *laser eye surgery reviews* because I want to choose the *best laser eye surgery in London*."

There are essential keywords in the intent and context we italicized in the above intent-based avatars. They are equally important but different. Make as many of these as make sense (using input from your sales/customer service staff and your common sense). Once you have done so, you are ready to use some keyword tools to get some alternative keyword suggestions.

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**Keyword research tools**

The "keyword-is-king" is an outdated approach that we advise you avoid. Either do the SEO yourself, choose an SEO expert that intimately understands the refractive surgery market (what your prospects want and why they want it) or choose an SEO expert that is ready to put their old habits aside and focus on intent and context, only using keyword research tools as a secondary resource. Let us return to Barbara's search scenario that we introduced earlier in the chapter to see how keyword tools often fail to do better than your common-sense choices. Here is Barbara's query: "I want to *learn about laser vision correction* because I want *freedom from reading glasses* and more convenience."

The context is *"freedom from glasses"*. How does Google see that context expressed? Use the Google AdWords tool. The tool is free to use whether you are an AdWords user or not - you only need to register an account. When we checked, Google did not show any searches queries for the keyword phrase "freedom from reading glasses". It further suggested other (fat head) keyword phrases for which it does have search query data. But common sense tells us that "freedom from reading glasses' would be a term that people searching for laser vision correction might type into Google.

Looking at another intent-context: "I want to find laser eye surgery reviews because I want to choose the best laser eye surgery in London". The contextual search query is "best laser eye surgery in London". What does Google show us for this term? Google AdWords Keyword Planner shows more average monthly searches, which serves to provide some objective validation behind this choice of keyword phrase. We will get into assets soon, but for now, know that you do not need to claim you offer the "best laser eye surgery in London" to rank for this query. Instead, you could write a blog post or illustrate an infographic titled "How to find the best laser eye surgery in London for you". The asset could be a series of questions you suggest a patient ask any clinic before choosing a surgeon.

Keyword tools offer some value, but they should not be the one-stop-shop when identifying keyword phrases. Use the keyword tools to find the best keyword phrase for your prospect's intent. There is a lot of data in keyword tools; resist the temptation to override your common sense with their suggestions.

**Choosing assets**

Now, for every query, ask yourself - do I have an asset that specifically answers this query? If you have one, optimize it for that keyword. If you do not have one, make it. What is an asset? An asset is any piece of content that specifically answers the prospects search query. What follows is a list of different types of assets you can develop depending on the stage of the funnel you determine the query fits into. You can make a new column in your spreadsheet and add the asset you have to optimize or need to make.

**Table 3.3 - Asset types by funnel stage**

| TOFU asset types | MOFU asset types | BOFU asset types |
|---|---|---|
| Blog post | Educational resource | Free screening |
| Social media update | Software download or calculator | Patient story |
| Infographic | Quiz | Comparison sheet |
| Photographs | Survey | Specifications sheet |
| Digital booklet or guide | Webinar | Webinar |
| Audio podcast | Live event | Live event |
| Video | | Mini-class |
| Video podcast | | Testimonials |
| Primary research | | Service detail page |

Source: LiveseySolar, adapted from Digital Marketer Search Mastery Course

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**Determining the right traffic channel for your assets**

We define a traffic channel as a place where you can publish your content assets to draw traffic to your website or blog. Google and Bing are vital traffic sources, but they are not technically channels. Search engines refer search traffic to channels, including channels you own:

- Your website
- Your blog

Search engines can also direct traffic to channels that you do not own but can publish to with content you own:

- YouTube
- Facebook
- Twitter
- Instagram
- Pinterest
- iTunes
- Review sites like Google My Business (containing Google Reviews), TrustPilot, Yelp, and specific-category review sites

Based on user statistics we derived from Sprout, GS Statcounter, Statistica, and ComScore we recommend Google, YouTube, Facebook, and Review sites as channels for generating the 40+ market.

**Optimizing your assets for ascension**

Asset optimization is about more than just search engines and rankings and traffic. As we alluded to before, while these things are necessary to generate traffic, you need to focus your attention on optimization that converts traffic into leads.

When taking a funnel-based and relationship building approach in marketing you aim to move your:

- Searchers into prospects
- Prospects into leads.
- Leads into people who book first appointments.
- People at appointments to patients.

Marketers refer to this process as ascension, with means the action of rising to an important position or a higher level than before. When planning your assets, you must also consider the relevant ascension offer so that you always have a next step available to the prospect that will lead them further down the funnel. For example, capturing Barbara's attention with a compelling headline and offer on a paid search ad ascends her to visit your website. She goes from being a searcher to a prospect. Offering Barbara some gated content (like a free guide) from a blog post that she finds on Google after querying "Laser eye surgery information" is a TOFU intent with a relevant ascension offer. Offering a free appointment on a pricing page that Barbara finds on Google after querying "Laser eye surgery pricing" is a BOFU intent with a relevant ascension offer. Go back to your keyword planner sheet and add another column titled "Ascension offer" and plan what offers you will make on each asset you have or plan to make. We will talk more about Ascension offers, in the form of lead magnets and tripwires later in the chapter. Next, we will explain the best practices involved in channel optimization, beginning with the most common, your web pages.

## Channel optimization

Your website is by far your most valuable channel, so let us start our best practice instruction by showing how we suggest you optimize your web pages and blog posts.

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**Optimizing your web pages and blog posts**

There are six crucial aspects you should optimize on every web page on your website. They are (in order of importance) the web page's:

1. Title tag
2. Meta Description
3. Heading 1 Tag/Title
4. URL
5. Body copy
6. Image alt tags

These 6 elements are standard SEO factors that an expert can help you with, or there are thousands of online help articles to guide you through the process of optimization.

**Optimize blog posts for ascension**

You can optimize blog posts for ascension by asking visitors to:

- Consume more content (a related blog post or a related page - with links or call to action tiles) with a goal of more brand touch points.
- Opt-in for a gated offer with a goal of getting more leads (e.g. a lead magnet).
- Offer your free trial (e.g. a free initial screening) with a goal of initial customer acquisition.
- Offer your high-ticket offer (your treatment and their prices) with the goal of increasing offer awareness.

**Google My Business Optimization**

See Review Sites below.

**YouTube Optimization**

Today, video marketing is a must. You need to be filming videos of yourself and posting them on your own YouTube channel. After you publish them, there are four main optimization factors for YouTube videos:

- Optimize your thumbnails
- Ask for engagement (shares, views, comments)
- Optimize your content (title description, tags, script, file name)
- Optimize your video for ascension. You can ascend viewers to:
    - gated content with a video card (supplied by YouTube)
    - subscribe at the end of the video
    - watch a related video

**Facebook Page Optimization**

See the section on Review sites - the advice is the same.

**Review Site Optimization - TrustPilot, Yelp, Google Maps, Facebook and local review sites**

The emergence of review sites is one of the most exciting developments for traffic and lead generation. Review sites aggregate customer feedback and ratings so that your prospective patients can get unbiased information from their peers about your strengths and weaknesses. Getting listed on review sites is easy, getting positive reviews is essential.

- Get legitimate reviews:
    - Do not attempt to game reviews. Instead, operationalize reviews - go to work on the quality of your service.
    - Use tools to increase the number of reviews you get from patients (e.g. Ceatus Review Manager).

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- Ask for unbiased reviews from your patients within a week after treatment[3].
- Reply to reviews, both positive and negative, within 12 hours. If negative, always attempt to continue the conversation off of the review site and in a private channel within 24 hours.

- Aim for high review scores:
  - Review score trumps review volume. Make sure your customer service is as good as possible, even if your volume is low.
- Optimize your profile:
  - Claim and verify your profile.
  - Flesh out your profile as much as possible. Complete every field available.
- Aim for 100% accuracy:
  - Include all the contact information, hours, and addresses in the same way you do in every review property - any deviations or inaccuracies will confuse search engines.
  - Use keywords where they naturally fit (do not stuff the profile with keywords that do not read well).
  - Use categorization appropriately to be as relevant as possible. If the review site thinks your profile is inaccurate, they will remove you from search rankings. Remember, relevancy is of paramount importance to search engines and review sites are no exception.
- Optimize for ascension:
  - Use follow up tools where available.
  - Get your staff to encourage your patients to leave honest reviews on the major review sites.

# Paid search traffic generation including Facebook and Google AdWords

## What do we mean by "Paid Traffic"?

There are unpaid and paid traffic sources. In the section above, we discussed unpaid, organic, traffic sources that you can drive to your website. Organic traffic, although unpaid, takes time to develop. In this section we will look at how you can turn on traffic much like you can turn on a water fountain. You can have a 'traffic fountain' by paying to send immediate traffic to your website. Paying for traffic allows you to better control the lead levels you need at each stage of your sales funnel.

Paid traffic, when you use it correctly, is a highly useful marketing tool that allows you to create an automated system to generate leads, sales, and patients. This marketing tactic is misunderstood, misused and oftentimes budget-wasting. Many people think of paid traffic as simply opening up a Google AdWords account, adding a few keywords, and paying the bill at the end of the month. That approach is short-sighted.

Traffic is another way to say "visitors to a website". These visitors are important because, as we discussed in earlier parts of this chapter, one primary marketing goal of a laser vision correction clinic is to drive traffic to your website, so that prospective patients might see your message and then convert from 'traffic' into a lead. Paid traffic then is the process of gaining website traffic by purchasing ads on both search engines and social networks. Some also use the terms Search Engine Marketing (SEM) and Pay Per Click Advertising (PPC) for Paid Traffic. In this section, we will answer some common questions we get about setting up and running paid traffic campaigns to generate laser vision correction leads:

[3] Under most ethical and statutorily rules for professional physicians, no financial incentive is allowed for generating referrals, just a kind reminder, like "If you was satisfied, recommend us to your friends and family" is allowed.

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- "Should I use both Facebook and Google AdWords?"
- "Which channel should I use first?"
- "What are the advantages and disadvantages of each channel?
- "How can I manage paid traffic so I don't waste money?
- "What happens if I stop paying for traffic?
- "Do I need an expert to help me?"
- "Where do I go to set it paid traffic campaigns?"
- "What should be in my ads?"
- "Where should my ads click through to?"
- "What metrics should I be watching every month?"
- "How will I know if paid traffic is worth the money?"

## Getting started with paid traffic advertising

**Know who are you talking to**

Warning: Complete at least one customer avatar before you start buying paid traffic.

Just like all marketing tactics, paid traffic success begins by being exceptionally clear about who's attention you are trying to get. Your customer avatar is the foundation for making the right decisions regarding paid traffic variables. Until you know the person you are writing the ad for, what they care about, what kinds of keywords they might type into Google, and where they spend time online, you will not be able to create an effective paid traffic campaign. Consequently, you will likely waste your advertising budget.

**Determine which sales stage(s) your avatar(s) are in and create separate campaigns for each avatar and each sales stage**

You generate paid traffic with advertising campaigns. You can specifically direct these campaigns to get the attention of your specific customer avatars, for example:

1. Generation X-ers like Gerry, who is just starting to get presbyopia symptoms
2. Baby Boomers like Barbara, who is well accustomed to presbyopia symptoms, or
3. Millennials, who have common refractive errors and are potential candidates for SMILE

You can also target campaigns to get the attention of the same customer avatars, however, targeted to different needs at specific stages of their AIDA journey. For example:

1. Baby Boomers who are unaware of laser vision correction, or
2. Baby Boomers who have already visited your laser vision correction website page, but have not yet taken a 'next step', (i.e. signed up to get to your lead magnet or booked a first appointment).

**Know what you are going to offer in your paid traffic ads**

**Cold traffic and warm traffic: Deciding how to communicate based on sales stage temperature**

Let us recall the typical human relationships that we discussed earlier in this chapter. At the beginning of your AIDA sales stages, your prospects are 'cold' - they are strangers. Just like you would approach a person you just met, you need to approach people online not first with offers of surgery (this is too much, too soon). Instead, you must approach them in a way that they can get to know and trust you gradually. To decide what kind of offers and materials to include in your advertising, consider the temperature of the prospect that you are approaching.

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Campaigns usually have two specific objectives:

1. **To introduce** your clinic to people in your target market who have never heard of you before (Cold Traffic - i.e. a stranger). Using our examples above, this would be:
   a. Baby Boomers who are unaware of laser vision correction.
2. **To convert** a website visitor (Warm Traffic - i.e. an acquaintance) into a lead. Using our examples above, this would be:
   a. Baby Boomers who have already visited your laser vision correction website page, but have not yet taken a 'next step', i.e. signed up to your lead magnet or booked a first appointment.

After a prospect visits your website, they become "warm", more like an acquaintance than a stranger. At this stage, you can follow up with these warm leads using paid traffic remarketing. To remarket, you add a piece of code, called a pixel, to your website's header, which allows you to advertise to them at a future time. This pixel specifically shows only 'warm' ads to these visitors over subsequent days that aim to get them to return to your website and take the next step of your sales journey. Advertisers use pixels to create ads that seem to follow you around the web.

### Cold traffic goals and offers

The job of cold traffic ads is to introduce your brand so you can generate attention and awareness about your clinic. You can get your clinic's brand in front of your key target markets, offer them free value on your website, and establish yourself as an authority they can trust. Once the prospect is on your website you can 'pixel' them, which means you can then follow up with these now "warm" leads over the next few weeks, to increase your conversions.

Good offers to run in your cold traffic ads are:
1. Blog posts.
2. Content videos.
3. Quizzes and surveys.
4. Lead magnets.

### Warm traffic goals and offers

With warm traffic you have already established a relationship with the prospect. They have shown interest by clicking through to your website. You have introduced yourself to them so they are now familiar with your clinic's brand and what you offer. So far, however, they have not shown sufficient interest to take the next step. You need to create more interest to convince them.

Good offers to run in your warm traffic ads are:
1. Lead magnets (e-mail opt-in).
2. Quizzes and surveys (e-mail opt-in).
3. Webinars (e-mail opt-in).
4. Events (e-mail opt-in).
5. Video walkthroughs (demo) of the initial consultation (e-mail opt-in).
6. A free initial screening.

Remember, warm offers remind your warm prospects that they showed an interest in reducing their dependence on reading glasses. You know they are busy, and you know they just have not gotten around to taking the next step. You are giving them a chance to get something of value (either a lead magnet, a webinar, a first consultation, etc.) in exchange for their e-mail address (or other contact details).

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## Choosing a traffic source and getting set up

**We buy paid traffic at "The Traffic Store"**

The strategy and paid traffic system we discuss in this section will work on any traffic channel. The major online channels, including Facebook, Google, YouTube, Twitter, LinkedIn, and Pinterest, have traffic that you can buy and send to your website.

When you need some traffic, you can go to one of these traffic stores and buy some. The main thing that you need to concern yourself with when choosing a traffic store is whether your customer avatars (e.g. Barbara and Gerry) spend their time on any of these traffic sources. The reason this is important is that even if you created the perfect message in your ad copy, if you fail to put that message in front of the right audience, your campaign will fail. Imagine putting the most perfect cataract ad in front of a 25-year-old LASIK candidate. It is never going to work. So, you must first carefully consider where your audience is spending time online. For attracting paid traffic to offers related to laser vision correction, we recommend you use these two traffic stores: Facebook and Google AdWords.

**Getting started with Facebook advertising**

If you are brand new to paid traffic advertising, then we recommend you start with Facebook. The Facebook Business ad platform is easy to use. You have the ability to get extremely targeted (they have more interest-based data than anyone in the world) and you will be able to use much of the material in your customer avatar profile to target your market. Furthermore, as of the fourth quarter of 2017, Facebook had 2.2 monthly active users worldwide, which means it is exceedingly likely that you will have a large population in your local area that you can target.

To get started, do a Google search for "Facebook Advertising" and click on the Facebook Business page. Once you are there, you can select "Create an Ad" and the tool will walk you through the process of creating a Facebook Ad.

Note, there are hundreds of free online tutorials offering instruction about using Facebook for Business[4]. You can watch videos and read content to help you handle this part of the set-up process. Our aim with this section is to provide you with the right strategy when using this tactical tool.

### Targeting your prospects

- Targeting in Facebook is set up at the Ad set level. The key to success with targeting is specificity. Interest-based targeting allows you to select movies, books, events, associations your prospects belong to, authority figures they admire, hobbies and other interests of your customer avatars to hone in on your ideal patient type.
- A metric you can look at to see if you are setting up your target group correctly is the size of the target audience you are creating when you type in all of the interests of your audience (above). You want to mirror the reality of your offline target audience with presbyopia that is in a 100 km radius around your practice. If you are typing interest after interest into Facebook, you may end up with a target group number that is larger than the size of your actual market. In this case, it is important to be more specific with your interests.
- Custom audiences can be set up to leverage data you already have. You can import enquiry lists and match e-mail addresses with people that have already enquired with you, but have not yet had an initial appointment. You can create 'lookalike' audiences, which is useful in finding prospects that are similar to people you know are good customers for laser vision correction. Someone could, for example, upload a list of their best patient e-mail addresses, and Facebook will use that as a model to find other people that are similar to their customer list. After you set up these audiences, you can then specifically run ads to these people.

[4] Check your local regulations before using social media for medical businesses.

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**Getting started with Google AdWords**

Google is a great platform to catch potential buyers at the precise moment they are searching for a solution to their problem. For example, your prospects go online to research what they can do about their reading glasses problem. When they type keywords into Google, you have the opportunity to show your ad in Google's search query results page.

When you have many people directly searching for a brand, or a solution, then Google Adwords is a great way to find qualified leads. Unlike Facebook, which is not a search engine, Google is useful because we know what our prospects are interested in. We can target our ad very specifically to their situation and if your lead magnet can solve their problem, there is a good chance they might take you up on your offer. Keywords can be very expensive, so it is critical you select a mix of high- (fat head) and low-cost (long-tail) keywords. The better you understand your customer avatar and what they are searching for online, the better your keyword selection will be.

## Ad copy and ad creative

When developing ad copy for paid traffic, you need to go back to your customer avatar again. Remember, the more you know about your target prospects, the better your ad will connect with them. To write and design a great ad for paid search, consider:

1. The AIDA sales stages. Remember what stage you are at in your relationship with your prospects (Is your offer cold or warm? What do you want them to do next?)
2. The offer. Your offer is essential to getting paid traffic marketing right. Your ads must clearly articulate a specific offer to help your customer avatar solve a problem they have. In this case, you must be clear that laser vision correction can help people with presbyopia symptoms to read again without glasses.
3. The language. You must speak like your target market enjoys being spoken to (formal, informal, etc.).
4. Design. Facebook benefits from a more visual ad design and Google Adword designs benefit from some text based optimizations. The design of your ad needs to reflect the design of the landing page on your website where you intend to send the ad traffic. You want your ad to feel the same as your web site feels. You want the two to match up on the elements below:
    a. Color scheme. Select a color scheme (if using) that matches your logo and website colors.
    b. Imagery. The imagery (if using) should be eye catching and it should help illustrate your headline. When marketing to people with presbyopia symptoms, use images of people who are older than typical LASIK patients, and specifically choose images that feature people over 45-50 who are performing close-work activities without glasses on.
    c. Headline of both the ad and your landing page should match
    d. Call to action. Reiterate your prospect's pain and explain how you can solve it, then add a strong call-to-action like:
        i. "Find out how to free yourself from reading glasses"
        ii. "Take the first step towards living glasses-free"
        iii. "Discover how you can read again without glasses"
5. Ad copy. We have covered copyrighting above in this chapter, and you can base good paid traffic ad copy upon these principles. Your ad headline must clearly articulate your offer's benefit, and in most platforms you can add descriptive sentences to backup your main headline idea. Use every available character that you are allowed to use, in order to create more attention with your ad copy.
2. Ad structure. Each platform is slightly different - look at the help section of a specific platform to see specific instructions for ad structure.

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### Creating a Google AdWords ad

There is a significant difference between ad copy you write for Facebook and the copy you write for Google AdWords. In Facebook, ad copy must interrupt someone while they are doing something unrelated to searching for your service (e.g. scrolling down their Facebook feed). In contrast, in Google AdWords, the searcher has just typed exactly what they want to know about into Google. Thus, in Google AdWords, your ad copy must:

1. Be direct! Get to the point and answer the search query with your solution. You do not have to convince someone they have a problem, they have just searched for it on Google.
2. Tell the prospect exactly what you want them to do. Remember, this is called a "call-to-action". You need to tell the prospect to call now, or download your free report, or book a free appointment.
3. Include the keywords that the searcher is looking for. This helps with your "Quality Score", which is a method that Google AdWords uses to determine what you pay for a click. Furthermore, the keywords the searcher typed also show up in the ad in a bold font which helps your ad stand out.
4. Ask a question. Not all of your ads need to ask a question, but it is useful to test ads that ask questions like: "Use reading glasses?" or "Over-40 reading hassles?" or "Problems seeing small print?" or "Still wearing your reading glasses?" - These questions can often capture someone's attention more than a statement might.
5. Reference holidays and local events. This helps you appear more timely and relevant to searchers.
6. Use numbers. When you use numbers like percentages, prices, and discounts, etc., they break up the words and help your ad stand out visually. Additionally adding specificity to an ad increases your credibility.
7. Use emotional language about your avatar's pain. Remember why the person was searching on Google in the first place. Remember that people respond to the emotional side of why they want a solution.
8. Focus on benefits. Do not list features and technical specifications in an ad. Your prospects want to know how laser vision correction will make their lives better. Focus on the possible emotional aspects of feeling younger, restoring vitality, adding freedom, and removing hassle, etc.

## Retargeting to maximize results

Most clinics advertising for paid traffic fail to fully capitalize on their opportunities because they do not follow up with prospective patients after they visit their website for the first time. Typically, only 2 percent of web visitors convert on the first visit. Retargeting is a way to help clinics communicate with the 98 percent of web traffic users who do not immediately convert.

Retargeting uses cookie technology that reads a simple code to anonymously follow your website audience all over the web. Retargeting is platform independent. You can tell a platform like Facebook or Google AdWords that you want to create a unique group of people, based on pages that they have visited on your website. You then can follow up with these people in the future.

Considerations for your retargeting ads include:

1. Keep your ad design consistent with the ad design that you originally ran to "warm up" this traffic. Make a slight variation on the original but keep the same imagery style, font style, and feeling of the original ad.
2. Use a variation of this type of ad copy for all your retargeting ads: "Did life get in the way? You forgot to take advantage of this X" (getting your free laser vision correction guide, or booking a free consultation, etc.). The purpose of this follow up ad is to remind them that they originally had an interest, and that there is a valuable next step they could take to solve the problem that they were trying to solve. We know that they likely were interrupted or were not quite ready the last time they were searching, but that many of the prospects will be ready now to move to the next step.

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3. Try video retargeting and use content like laser vision correction patient testimonials and laser vision correction patients talking about how they overcame their objections[5]. You could target previous visitors to your website with ad copy above a video (of your customer avatar Barbara) that says:
   a. "Today, I no longer need reading glasses"
      > Like Barbara, get laser vision correction here: [your website link]
      Image: Video (with a play button)

## Evaluating paid traffic results

We meet surgeons every day who tell us that they have "tried paid traffic" with varying results. Paid traffic is not something that either "works" or "does not work". Most clinics start to acquire leads using paid traffic methods, and can then set themselves a target to slowly optimize their cost per lead downwards over time.

As we discussed, there are many things you must execute correctly for paid traffic to be successful, including

- the ad copy,
- keyword selection,
- keyword organization,
- bidding strategy, ad offer,
- landing page (the website page that the ad links to),
- landing page offer and the choice of traffic store to purchase traffic from.

You can optimize all of these things and doing so will improve your cost per lead as you learn and can improve your campaigns.

Using a combination of free reporting tools including Google Analytics, we recommend you track these statistics below on a monthly basis.

**Table 3.4 - Recommended statistics to track and where to find them**

| Recommended monthly statistics from Google Analytics | Recommended formulas to derive from your statistics |
|---|---|
| ■ Clicks (numbers)<br>■ Cost (in your local currency)<br>■ Number of lead forms completed<br>■ Number of telephone calls received from your campaigns (this is a goal you can setup using call tracking software) | ■ Cost per click (CPC) - Divide your total cost by the number of clicks<br>■ Total conversions generated (Add up your number of lead forms and your telephone calls)<br>■ Cost per conversion (in your local currency) - Divide your total cost by the total conversions generated that month |

Source: LiveseySolar

## Putting it all together: paid traffic summary

Let us say you decide to buy some Paid Traffic. Here are the steps you will need to take to run an efficient paid traffic campaign:

1. You define your customer avatars, like Barbara and Gerry.
2. You run a cold traffic ad offer on Facebook to introduce yourself to new prospects. The ad sends prospects to a blog page providing highly valuable and engaging content about presbyopia treatment problems and solutions.

[5] If this is allowed in your market area.

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3. You run a warm traffic ad offer on both Facebook and Google AdWords to convert warmer prospects into leads. Once people click through from the cold traffic ad, you track them online using a pixel, and then run a second campaign ad that is a warm traffic offer of a lead magnet
4. You run another warm traffic ad offer to convert even warmer prospects into consultation bookings. Once people have clicked through and requested your lead magnet, you track them online using a pixel, and then run a third campaign ad that is a warm traffic offer of a free appointment
5. You track all of the campaigns that you run in both Facebook and Google AdWords to monitor them for total number lead magnets and tripwires generated over total cost, so that you can get a cost per lead figure that you can optimize against month on month.

## The I in AIDA: Creating interest among your prospects

The second stage of the AIDA model is Interest.

To figure out how to generate interest in the minds of your prospects, go back to your customer avatar and consider their goals and values and their challenges and pain points. These are the things that they want to move towards (goals and values) and the things they want to move away from (challenges and pain points).

Also, review your customer avatar's Before and After Grids. What do they have and what do they lack? What do they feel now and what do they want to feel instead? What is their daily life like and what would they prefer it to be like? What is their status now and what would they wish their status to be? These are the crucial answers that will fuel your ability to create interest among your prospects.

You will need to interest your customer avatars everywhere you share your content. Most importantly, you will need to offer relevant content of interest to keep your prospects engaged with your website. Your goal on channels you do not own (search engines and social media) is to get prospects' attention so that you can funnel them to properties you do own (your website). Your website acts as a home base, a hub at the center of many different spokes. It is an information resource and your brand representative. It is a repository of the assets that must serve your prospect's different intentions and contexts. Most importantly, your website must act as a conversion machine that generates action.

Your website must overcome many barriers function to achieve its ultimate goal - conversion. Technology itself erects barriers to discovery, and we will discuss how to spot these and address them. We will also touch upon barriers to information, by sharing advice on how to best design your website. Barriers to conversion are mostly rooted in poor copywriting, which we will also briefly discuss. Finally, we will talk about barriers to action, which are often the result of failures to optimize your website for conversion.

At the end of this section, we will tell you how you can go the extra mile. How you can funnel your prospects with landing and squeeze pages. How you can use exit offers to regain attention when you lose it. How you can use retargeting to follow your prospects around the internet. How you can use automated e-mail follow up to respond to prospect interest. Finally, we will discuss how you can use regular e-mail follow up to stay in constant contact with your prospects until they convert or unsubscribe.

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**Overall copywriting pearls**

1. Focus most of your time on your headlines.
2. Write using the inverse pyramid method - get to the point as early as you can.
3. Write everything as you talk. Use contractions. Keep the language informal, but appropriate to the age and probable education of your prospect.[6]
4. Spell out everything - do not assume anyone knows how anything works.
5. Make sure the last sentence of your copy compels the prospect to act.
6. Tell your prospect exactly what to do and leave no doubt.
7. Keep your sentences simple. Use only one idea per sentence.
8. Use the active voice. Avoid the passive voice.
9. Get to the point as quickly as you can.
10. Make sure you copy is readable.
11. Make the ascension process as simple as possible.
12. Avoid jargon.
13. Use conversational connections.
14. Link paragraphs together with transition phrases to make the copy flow.
15. Answer the five W´s (Who, What, Where, When, and Why) and the H (How).
16. Do not educate. Aim to persuade.
17. Let the subheads tell the story for scanners.
18. Use numbers like 1 and 2 instead of one and two.
19. Favor towards solving the problem instead of explaining the condition.
20. Use one benefit per testimonial.
21. Do not sell. Solve instead.
22. Speak directly to the prospect using “we” and “you”, and not “the patient”.
23. Appeal to emotions and justify with logic.

## The D in AIDA: Stoking desire in your prospects

The third stage of the AIDA model is Desire. To illustrate how we use desire at this stage of the funnel, we will revisit Gerry, one of the customer avatars we created for you in Chapter 2.

When do you know Gerry desires what you offer? You will see that Gerry’s desire is sufficient when you have created enough interest in your content to get him to enter into an exchange of value. Remember, the majority of prospects that visit your website or your Facebook Page are not yet ready to call you or come in for a first appointment. They might be, however, prepared to trade their contact information for your gated content.

What is ungated and gated content? Ungated content is content that resides on your social media channels and your website and does not require someone to provide their email address or other data to access it. It usually takes the form of social media posts, web pages and blog posts. You might also have some ungated content on YouTube, in video format.

Gated content is content that you place behind a wall. Gerry must “pay” to get it. He can spend money or he can exchange his contact information for the content (the latter is most common when marketing laser vision correction).

[6] You may notice that we use more formal business language in this book (e.g. we do not use contractions and avoid colloquialisms and writing like we would normally talk.) This tone was an editorial decision. Do not follow our example in this book for your patient-facing copywriting.

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The form of the gated content is not important. It must however, be of higher quality than your ungated content which you offer for free. Gated content must also be hyper-specific, aiming to solve a specific problem or answer a specific question that Gerry wants answered.

We call this gated content a lead magnet, and we will spend this section discussing what a lead magnet is and what it is not. We will also explain different types of lead magnets. Finally, we will share some examples of strong lead magnets.

## Getting more leads with a lead magnet

**What a lead magnet is and what a lead magnet is not**

We have talked a lot about lead magnets in this book so far. But, what is a lead magnet?

A lead magnet is a small 'chunk' of value that solves a specific problem for a specific market that you can offer in exchange for an opt-in (i.e. a prospect provides you with their email address and agrees to receive emails from you).

"Subscribe to our newsletter" is not a lead magnet because that does not offer to solve a specific problem. Instead, you can:

1. Make a specific promise - for example, a free information document with the promise: "Learn how people can read again without reading glasses in 3 easy steps."
2. Give a specific example - for example, a case study entitled: "How we helped 10,000 people over 40 ditch their reading glasses."
3. Offer a specific shortcut - for example, an infographic called: "Save countless hours with the Ultimate Laser Eye Surgery Decision Tree."
4. Answer a specific question - for example, a free report named: "How to find out if you can benefit from laser vision correction."

The key to all of the above lead magnets is finding the hook. How do you find a good hook? For the specific promise, ask yourself - if you had two minutes to impress Gerry with laser vision correction, what would you say, show, or give him that would stoke his desire? For a specific example, ask yourself - what is an interesting story or example I can show or tell Gerry that proves laser vision correction works like I say it works? For a specific shortcut, ask yourself - what is the one tool I would give Gerry to help them save time when going through the laser vision correction buying process? For a specific question, ask yourself - what is the one thing, more than anything else, that Gerry wants to know? Once you create a lead magnet, you will want to draw Gerry to a website 'landing page' that is written using all of the copywriting advice we provide above, and:

- Speaks directly to him with recognizable images and vocabulary - he should see himself as the hero of the action.
- Is clear and concise and makes a single offer (e.g. the lead magnet).
- Is easily understood by Gerry. Gerry should know what the page is about in 5 seconds or less.
- Has a compelling headline that grabs Gerry's attention and tells him he has come to the right place.
- Offers Gerry a call-to-action high up on the page (above the fold, without requiring him to scroll down).
- Includes a button for Gerry to click that he can easily see because it has a contrasting color to the background
- Has custom button text that appeals to Gerry's desire (not "Submit", but instead "Get your free report now").
- Has limited navigation - the most important link is the call-to-action and you do not want to distract Gerry from his goal.
- Uses visual cues to draw Gerry's eye to the call-to-action area.
- Includes a hero shot - typically an image of someone like Gerry consuming the lead magnet

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- Has limited form fields that only ask for what you need Gerry to give you so you can fulfil the lead magnet (e.g. First name, e-mail address, and a 'consent to be e-mailed' checkbox)
- Has source congruence - meaning the ad that drew Gerry to the landing page should have similar imagery and text as the landing page on which he lands.
- Contains a visible privacy policy and terms of service that Gerry can accept.
- Contains a comment that aligns with GDPR policy rules regarding e-mail marketing.

Ideally, the button should lead Gerry to a thank you page that offers him the lead magnet immediately. You should also send Gerry an auto response e-mail with the lead magnet attached or linked. Finally, you should store Gerry's e-mail and contact information in a secure database and follow up with him with an automated e-mail sequence over a short period. Gerry should be able to unsubscribe from your communications at any time.

## The last A in AIDA: Stimulating action among your prospects

The fourth stage of AIDA is Action.

Barbara acted when she clicked on a paid ad on Google that got her attention. She acted when she read your copy and found the information she wanted by clicking on the links on your website. She acted when she exchanged her contact information for your irresistible lead magnet. These are all micro-actions of escalating importance, but they all ideally result in the main action you seek from your marketing efforts - that Barbara calls you and books a first appointment.

We call these action stimulators tripwires. What is a tripwire? A tripwire is an irresistible low-ticket offer that builds upon Barbara's desire and allows her to take a step towards becoming a patient. It has a low barrier to adoption and changes the relationship between her and you. By acting on a tripwire, Barbara becomes a patient, even though at this stage, she is not paying with money, she is paying in terms of her time commitment. Her relationship with you ascends to a new level and she is now more likely to become a paying patient.

In the refractive surgery context, the very best example of a tripwire is a free initial screening. We will discuss how to best offer a free initial screening on your website and social media channels. We will further discuss how to offer an initial screening at length in the next chapter on handling patients on the telephone.

There are other tripwires you can also set. In this section, we will discuss other examples of tripwires that act as free trials, like patient seminars, webinars, screenings and private Question and Answer sessions.

### How to create action on your website with tripwires

As we just discussed, a tripwire is an irresistible, low-ticket offer that exists to convert prospects into patients. With a tripwire, you intend to change a relationship from prospect to patient. Tripwires show Barbara's commitment, which comes in two types:

- Financial commitment (Barbara is prepared to get something of great value for a very low-ticket price)
- Time commitment (Barbara is prepared to schedule some of her time to attend a webinar, a seminar, or a free first appointment)

Tripwires come in several types, some of which may or may not be appropriate to your specific market. In the context of laser vision correction, a tripwire could be:

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1. A phone call with a refractive coordinator - You could invite Barbara to call you to discuss laser vision correction, or invite her to complete a short form to receive a callback.
2. A patient seminar or webinar - You could host an event that Barbara can attend - either physically or digitally - so that you can introduce laser vision correction to her and others like her at the same time.
3. A private online question and answer session with the surgeon or optometrist - You could offer Barbara a 15-minute Skype appointment with a clinician to answer up to 5 questions she has about laser vision correction.
4. A free initial screening - You could offer Barbara a short, free appointment with an optometrist that assesses her suitability for laser vision correction (to a 95-99% confidence level), pending a dilated exam and a subsequent examination with the surgeon for a fee.

The tripwire's effectiveness rests in great part on your ability to offer hope to Barbara, that she can eliminate or dramatically reduce her problems. We strongly believe that the best tripwire to achieve this goal is to offer a free initial screening that enables someone like Barbara to see what it feels like to have laser vision correction. You want her to see for herself what she will simultaneously see up close and in the distance. You want her to feel like you will guide her through this process and she will become a part of a family of patients who took matters into their hands and acted on their desires.

As a checklist, a tripwire should:
- Give Barbara a low barrier to entry (a small fee or short-time commitment she can agree to with minimal risk).
- Easy for Barbara to understand and for you to explain.
- Reduces any of Barbara's initial fears or reservations about the clinic and makes her comfortable enough to seriously consider the next steps (a paid examination).
- Be useful but incomplete - she cannot know for sure that she is suitable until she sees the surgeon.
- Has a high perceived value.
- Has a high actual value.

You can offer Barbara a tripwire in the same way that you offer a lead magnet. By drawing her attention to the tripwire with an ad that leads her to a landing page. The same landing page guidelines we shared above apply for tripwires.

As we noted, the best tripwire to offer visitors on your website and social media channels is a free initial screening. A free initial screening:
- Is an opportunity for the prospective patient to try your service at minimal risk and only the cost of time.
- Gives the prospect hope that she may benefit from the procedure and confidence that she will go through with it.
- Is shorter than a comprehensive examination.
- Is typically conducted by an optometrist and a refractive coordinator.
- Includes most, but not all, of the tests required to approve the patient for refractive surgery.

The ascension offer during a free initial screening occurs when the optometrist offers the prospective patient the choice to proceed with a comprehensive exam (immediately or at a later date) that likely includes a cyclopedic refraction and retinal examination. We will revisit the idea of offering an initial screening in the next chapter on handling patients on the telephone. We will also address how to transition from a free screening to a comprehensive examination in the chapter on handling prospective patients at the appointment. You should definitely consider offering this type of tripwire on your website - as a frequent call-to-action. Furthermore, we advise you advertise the initial free screening in ads and landing pages. Furthermore, you can use a similar automated e-mail sequence following a successful lead magnet conversion to ascend your prospects to adopt a tripwire. You can also offer your prospect a tripwire as a down-sell on the phone, if she declines an invitation to a comprehensive examination for treatment.

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## Count your leads to measure your return on marketing investment

It should now be obvious that if you are going to invest money in marketing, you must measure return on investment. You can measure return on investment by counting leads. From this chapter, you have learned that leads can come in two primary types:

1. Lead magnet leads
2. Tripwire leads

You can measure the value of these leads by analyzing the proportion of them that convert into patients.

For example (see table 3.5), let us say you spend 10,000€ to generate leads using your lead magnets. Let us further assume that you got 100 people to exchange their contact information for your lead magnet for that cost. If 10 percent of lead magnet leads convert into patients, and if one patient's value is 3,000€ (1,500€ per eye), then a lead magnet lead is worth 300€.

Let us assume the same spend on getting tripwire leads. Let us further assume that you got ten people to say yes to your tripwire. If 50 percent of your tripwire leads convert into patients, then a tripwire lead is worth 1,500€ to you.

One way you can measure the effectiveness of your marketing is by dividing the cost of your marketing investment by the number of lead magnet and tripwire leads it generated. In the above example, your Return on Investment (ROI) on your Lead Magnet efforts was 150 to 1. Your ROI on your Tripwire efforts was 75 to 1.[7] Both are excellent returns.

**Table 3.5 - Calculating return on marketing investment**

| | **Lead Magnets** | **Tripwires** |
|---|---|---|
| Marketing Investment | 10,000€ | 10,000€ |
| Number of Leads | 100 | 10 |
| Conversion Rate of Leads | 10% | 50% |
| Average price | 3,000€ | 3,000€ |
| Estimated value of Leads | 30,000€ | 15,000€ |
| Net profit percentage | 50% | 50% |
| Net profit on procedures | 15,000€ | 7,500€ |
| Return on marketing investment[7] | 150€ | 75€ |

Many clinics and practices have a database that they can add entries to whenever someone books the first appointment. You can use that same database to add entries whenever someone provides you with the minimum data set by phone or e-mail and becomes a lead magnet or tripwire lead.

Include people who book a first appointment and people who do not schedule the first appointment in your database. All you have to do is categorize (or tag) leads who do not book first appointments differently from leads who do book first appointments.

You can track and count leads in many ways.

- You could create e-mail databases (using e-mail marketing software like MailChimp and AWeber) - as long as you stay within GDPR guidelines. Make separate lists for your different Lead Magnet and Tripwire offers.

[7] ROI Formula: ROI = Net Profit / Investment * 100

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- You could send the leads directly to your e-mail address when someone completes a form on your website. Ensure the offer they want is apparent in the e-mail submission if you use this method.
- In more involved cases, you could install and configure simple Customer Relationship Management (CRM) systems, like vCita, or purchase other more complex systems to manage your marketing and sales (like ActiveCampaign and InfusionSoft). With these systems you can tag your different prospects with the offers for which they have converted.

Choosing a CRM can be a time-consuming and challenging process. Whatever you do, do not let that decision-making process delay you from adding leads to a list and counting them as soon as you can. In the interim, to count the number of new leads in your practice, you can:

- Count the number of new contacts entered into your database (if you have a database where you store new lead information) over a few months and find an average number over slow and busy months
- Ask everyone answering your phone to count the number of calls they receive from new inquiries. Get them all using a lead counting spreadsheet so they can easily capture this data as your leads call over a month.

## Action steps for this chapter

Now that you have read this chapter, you should have a good understanding of advanced methods for generating leads using digital marketing approaches.

This chapter is heavy with action items. To prioritize, we suggest you

- Audit your website for UXO and RXO.
- Create your intent-based avatars.
- Plan your keywords, assets, and choose your channels.
- Rewrite your website using the copywriting advice we provide.
- Start a Facebook ad campaign.
- Start a Google ad campaign.
- Create a lead magnet and offer it on your website.
- Define your initial screening and offer it as a tripwire.
- Start counting your leads to evaluate your return on marketing investment.

### Can you take action on these items yourself or must you hire external practice development consultants?

At this point, you may be wondering if you can action these items yourself or if you need assistance from experts. Nothing we describe in this book is beyond the ability of any surgeon, so long as they have:

- The skills to carry out all of the action steps we suggest,
- The knowledge and experience to adapt what we recommend to their unique situation,
- The time to carry out the action items on a consistent basis,

or,

- The budget to hire qualified and knowledgeable marketing staff or a practice development consultant to do it for you.

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# Chapter 4 - Step 2 - How to convert more leads into first appointments

## What you will learn in this chapter

In this chapter, you will learn

1. How increasing the call conversion rate of your first call leads can improve your clinic's performance.
2. How your bias against selling may hinder your ability to increase your conversion rate.
3. The different types of salespeople that will not help you and the one type that can.
4. The three goals of the first call.
5. The three acts of the first call and an example of how to handle a prospective patient with presbyopia that enquires about your laser vision correction solutions.
6. How to implement the ideal first telephone call process in your clinic.
7. Answers to frequently asked questions about improving your team's skills.
8. How to remove environmental barriers to increasing telephone conversion rates.
9. How to follow up with callers who did not book first appointments on their first phone call.

## How does the information in this chapter fit into the 5 steps?

In this chapter, we explain how to increase your conversion rate from lead to first appointment. This is Step 2 of the 5 Steps of Healthcare Marketing and Sales.

Telephone enquiries are worth more to your practice than you might imagine. Everything else remaining equal, increasing your telephone conversion rate percent, by itself, will increase your sales and grow your clinic. Note how this relatively modest increase in annual sales we show in Table 4.1 would easily pay for several dedicated Refractive Surgery Coordinators (RSCs) answering first telephone calls. For example:

**Table 4.1 - Increasing your conversion rate**

| Monthly Critical Success Factors | Monthly Key Performance Indicators | Before | After |
|---|---|---|---|
| Leads (number of qualified contacts) | New first conversations (usually on the telephone) | 250 | 250 |
| Conversion rate percent (lead to first appointment) | | 25% | 28% |
| | New first appointments | 63 | 70 |
| Close rate percent (First appointment to sale) | | 50% | 50% |
| | New patients | 31 | 35 |
| Average price | | 1,500€ | 1,500€ |
| No. of transactions per patient | | 2 | 2 |
| | Sales per month (before referrals) | 93,750€ | 105,000€ |
| Referral conversion rate percent (patients to referrals) | | 25% | 25% |
| | Referral sales per month | 23,438€ | 26,250€ |
| | **Total sales per month (after referrals)** | **117,188€** | **131,250€** |
| | **Annual sales** | **1,406,250€** | **1,575,000€** |

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Taking this step as part of a coordinated 5 Step Healthcare Marketing and Sales System results in even greater improvements to your total monthly sales. Furthermore, if you are marketing laser vision correction for presbyopic patients (e.g. PRESBYOND), interpersonal interactions are a significant factor influencing a Baby Boomer's buying decisions. Therefore, getting this step right is critical. Do you recall in Chapter 3 that we likened the patient's buying process to the stages of human relationships? Well, the first telephone call is often the first real-time interaction between the prospective patient and the refractive surgeon's clinic. It is a crucial moment. How much is a first call worth? Let us revisit the table we shared with you at the end of the last chapter, replacing first calls for tripwires:

**Table 4.2 - How much is a first call worth?**

| | **First calls** |
|---|---|
| Marketing Investment | 10,000€ |
| No. of Leads | 100 |
| Conversion Rate of Leads | 50% |
| Average price | 3,000€ |
| Estimated value of Leads | 150,000€ |
| Net profit percentage | 50% |
| Net profit on procedures for that convert | 75,000€ |
| Return on marketing investment | 750€ |

In the scenario we show above, every first call is worth 1,500€ if your conversion rate is 50% and your price is 3,000€. Considering the value that this first call has to your clinic, does it make sense to have a reliably effective process to handle such calls? Of course it does. Is it possible to convert callers without such a process? Yes, sometimes conversions will happen, however they will not happen as often as they might if you had a reliable call handling process. When you invest money in generating phone calls, as all clinics do when they spend money on marketing, we advise you to plan appropriately to best convert those marketing leads into first appointments. Otherwise, you partially waste your marketing investment.

## Telephone calls follow a process - whether formal or informal

Everyone who answers first calls in your clinic conducts a process. The main differences between higher converting RSCs and lower converting RSCs is the efficiency of the process they use to answer the phone. You might have thought that high performance was based on the inherent quality of your staff. The quality of your people plays a part and we will spend some time discussing what makes an effective refractive surgery coordinator (RSC). Our experience, however, shows that you can teach almost anyone to follow an efficient call handling process, and they will convert more than they did without one. That is good news, because you may wish train someone who is currently in another role to assume the role of an RSC. Or, you may wish to simply help the one you have do better than they currently do.

In this chapter, we describe the process we recommend in detail. In addition to an efficient process, your RSC needs to have a supportive environment in which they can succeed. We will discuss barriers to success in a clinic environment including: Tools, Space and Time.

The ideal telephone sales process is not complicated. However, many fail to adopt it even after they learn it. The primary reason is bias. Nearly everyone has some anxiety around selling. The first thing to realize is that you are not alone in your feelings of resistance. Second, people associated with the medical profession have an even stronger

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bias against selling. They might feel that selling is pushy, undignified, and even unprofessional. This bias stops many clinics from growing to match their potential. Therefore, let us explore that bias before we begin.

## Identifying your bias

"Our goal is to sell more procedures, but our team is afraid of being too pushy". This is something we hear regularly. However, there is a big difference between what most of us imagine salespeople do, and what the good ones actually do. If you really understood the value that salespeople bring to not only your bottom line but your patient's well-being, you might more easily overcome this bias.

We often start conversations with people by saying, "Sell and sale are not 4 letter words." It is easy to appreciate that nearly everyone is resistant to selling. In the sales training that we do, we start things off by asking people to share words they associate with the word "sell". Invariably, people share negatively-charged words. To some people, words associated with sales include "necessary", "negotiation", "transactions", and "customers. To many others, the word sales is frequently associated with words like "pushy", "high-pressure", "manipulative", "deceitful", "unethical", "untrustworthy", "sleazy" and "rip-off". One participant summed up a typical trainee mindset: "I came very skeptical. You helped me clarify some main concerns I have with sales and ethics."

After 'outing' these initial objections about the concept of sales and enabling participants to see both sides of the argument, we can get into the practice of professional selling, with considerably more open minds in front of us. We would like to now do the same with you.

### "I am not a salesperson!" - Cognitive dissonance and selling

In psychology, cognitive dissonance is the excessive mental stress and discomfort experienced by an individual who holds two or more contradictory beliefs, ideas, and/or values at the same time. This stress and discomfort may also arise within an individual who holds a belief and performs a contradictory action. Many underperforming sales professionals experience cognitive dissonance because few aspired to land a job in sales.

Many RSCs are in a tough spot. It might sound cliché, but in the cold light of day, who can you really hold responsible for your poor results, but yourself? One of the biggest challenges we encounter as sales and customer service trainers is the innate cognitive dissonance in individuals who find themselves in a position where selling is required, but are unable to embrace this role in their hearts and minds.

It is clear that many people would prefer not to sell. Unfortunately, when the selling of products, ideas, other people, or even ourselves, plays such an important part in a diverse range of job roles, avoidance is not the answer. So, how can RSCs overcome this internal conflict and perform to the best of their ability?

To answer that question, let us first consider the types of RSCs you might already employ. Most likely, your RSC may not know how to sell. That is the best-case scenario, because you can train them using the examples we share in this chapter. Less likely, your RSC may not want to sell, despite knowing how. That is not a great scenario, but there might be hope if you can address their motivation. It is however possible that by reading this chapter, they may feel inspired to do what is best for prospective patients. Least likely, your RSC may think they know how to sell, but erroneously believes they need to push prospects into agreeing to have a first appointment or a surgical procedure. This person is rare, but needs a re-education and will have the challenge of unlearning old habits and replacing them with new, more productive ones. Share this chapter with them too. If they can see the light, they might be open to change.

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## How to succeed in refractive sales despite fear of selling

What is the difference between experiencing anxiety and succeeding in sales, versus experiencing that same anxiety and failing? Here is the secret: Those who succeed in sales often feel just as much anxiety around selling than those who fail. The difference is that those who succeed feel the fear, learn new skills, and then act, despite their fear. Those who fail, on the other hand, fail to act, and hope the fear will go away.

People that are successful in sales are not born with magical selling skills. They bring all sorts of talents to the table, some that you would least expect would be associated with a 'typical salesperson'. While some have it easier than others, it is not what they bring that makes the most difference. The biggest difference is what they actually do with the talents they have been given.

What successful people do is make a commitment to learn the skills required to sell professionally, and then they get on and do it! We know - it is easy to say but hard to do. This chapter, however, will show you and your team the way past the fear of selling, towards a highly customer service-oriented clinic sales culture where both your salespeople's needs, and the prospective patient's needs, are equally valuable and important.

## Meet Sandra - the ideal Refractive Surgery Coordinator

Sandra is the ideal RSC. Her role is to answer the (sales) phone. Beyond answering calls from prospective patients, Sandra also answers e-mail and web-based form enquiries. She follows up with both digital and telephone leads with the aim of scheduling a first appointment.

Sandra has an interest and background in sales and customer service. She did not have work experience in a medical or clinical environment before joining her clinic. While studying for her degree, Sandra worked as a server in restaurants, a Starbucks barista, and a brief stint working overseas in a luxury resort and spa. She is no stranger to dealing with customers of all types and is not easily intimidated by people more than twice her age, who make a much higher income than she does.

Sandra earned a bachelor university degree. Her degree (in psychology) is not directly related to her job as an RSC, but she has an aptitude for basic science and social science. An interest in science, technology, engineering or mathematics is an asset, because RSCs need to be able to speak confidently about basic anatomy and physiology of the eye, and how laser eye surgery treatments work.

Sandra's technical skill set includes interpersonal skills, advanced communication skills - both verbally and in writing - and computer skills. She is comfortable with the use of medical terminology, but finds she does not use it as much as her softer skills. Most importantly, Sandra seems to be able to start a conversation with virtually anyone. She shows persistence in the face of obstacles and enjoys the challenge of meeting new people and getting them to like her.

Sandra's customer service or sales experience is useful, but her training for this job began from scratch on day one.

Sandra's personality traits and openness to learning new skills help her most in her role, more than her experience. The traits below are what you need to look for to find a Sandra-type employee. Someone like Sandra is:

- An excellent rapport builder. She can talk to anyone and builds trust easily.
- Positive, persistent and flexible. When faced with what looks like a negative outcome, she regroups, find a new way, and tries, and tries again. She displays this trait when finding another telephone number to track a previously unreachable contact, or dexterously manage a diary slot to fit in a patient who must be seen by Friday.

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- A born communicator. She likes to explain concepts, describe possible outcomes, and speak to people on their level. She listens very well and shows people she understands and empathizes with their feelings.

For clinics that hire people like Sandra, we do not advise asking Sandra to also manage aftercare appointments; an administrator or diary controller should do that. In small practices with low volumes, you can merge the roles. In many practices, the RSC can also greet patients after they have arrived at their first appointment. They should conduct a first appointment according to the process we describe in Chapter 5.

An RSC's role can be specialized in handling prospective patients on the telephone, handling patients at the first appointment, or a hybrid of both. Before recruiting one, you should set out specific activity and sales goals and (if possible) set out a compensation package that takes performance against these goals into account. Now that you have met Sandra, let us discuss the call handling process that she will be responsible for in order to convert more first time callers into initial appointments.

## The three goals of the first call

The three biggest mistakes RSCs make when answering first calls are, they do not:

1. Get lead data.
2. Ask the right questions and listen intently to the answers that callers are very happy to provide.
3. Ask for an appointment.

To address these errors, we have created a process that gives RSCs three goals to achieve on every call:

1. Give the caller a reason to feel more positive about you and your clinic than they were before they called, while getting their contact information.
2. Get to know the caller's motives and what they feel is important.
3. Get a commitment from the caller (e.g. get permission to follow-up at another time or get a booking for an initial screening or first appointment). If you do not get a commitment, identify the real objection as to why the caller chose not to proceed.

Hence, we structured the call process into three acts, which we call:

1. Act 1: Greeting and qualification
2. Act 2: Opening
3. Act 3: Closing and handling non-medical objections

One significant difference between the calls held by most RSCs and the calls held by well-trained RSCs is the length of each phone call. Time can act as a barrier that gets in the way of effective first call handling.

**Table 4.3 - First call process timelines**

| Stage | Time required |
|---|---|
| Act 1: Greeting and qualifying the lead | 1 – 2 minutes |
| Act 2: Opening the lead | 5 – 7 minutes |
| Act 3: Closing the lead | 2 – 3 minutes (handling non-medical objections could add another 2 - 12 minutes) |
| Total | 10 – 25 minutes |

If you listen to the calls between leads and your RSCs, you might find these time ranges to be longer than what to what you are accustomed. As we explained, the first call is valuable to you. Relationship-building takes time. Your

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RSCs must take the time to build relationships with your callers when they first call. Your practice growth depends on it. Next, we will discuss each Act of the telephone call in detail and demonstrate how to conduct your telephone calls at a world-class level.

# Act 1 - Greeting and qualifying the lead

## Respecting the lead

If you are spending money on marketing, your leads cost you money. They, and the opportunity they provide as prospective patients, are the fruit of your investment. You need to respect that investment. Not respecting the lead is letting your coordinators:

- Answer the phone and not be accountable. You must hold anyone answering your first calls accountable for their results. You can do that by evaluating their performance (e.g. their conversion rate) over time. Measuring performance alone sometimes improves results.
- Ask your leads to call you back later. Do not make your leads work. They have so many options. They will most likely call your competitor and book with them.
- Take your lead's details and NOT calling them back later. This error is self-explanatory.
- Take your lead's details and calling them back later. This is not as bad as the preceding error but is not as ideal as immediately handling callers when they call.
- Treat a lead like an interruption of their 'real work'. Answering first calls should be a priority in your clinic, not a side-of-the-desk job.
- Not know what a lead costs or what a lead is worth. Share your marketing costs with your RSCs answering first calls and connect the dots for them. Sometimes just knowing what things are worth makes people value them more.

The first step is answering the phone and answering it correctly. If your phones are ringing off the hook with enquiries; first, congratulations! Second, we suggest separating enquiry lines from existing patient lines, to avoid clogging up phone lines. Third, we suggest adding automated answering that informs callers about their wait time while providing them with interesting information about refractive surgery and the clinic while they wait. Ideally, you should not keep them waiting for longer than a minute.

## Answering the phone

Aim to answer the phone within 3 rings. When the RSC answers the phone, they should be prepared to convert the caller into a first appointment. We do not advise you use automated telephony to answer your first calls unless refractive coordinators are already busy with other calls. People (especially Baby Boomers) typically prefer to reach a person, not a machine. Furthermore, we advise you have a specific number that first calls go to. This ensures the person answering that phone is the right person for the job and reduces the likelihood of putting the caller on hold. The correct greeting should sound like this:

*"Good morning, [your clinic's name], Sandra speaking, how can I help?"*
The caller may say something like this:
Gerry: "Hello, I'm looking for information about laser eye surgery."

## Identifying the caller

Regardless of what the caller asks (e.g. as above, or "What is the price of laser eye surgery?", or "I want to book an appointment", or any other question or statement), the RSC's next question should be:

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*"I can help you with that. My name is Sandra, can I ask you for your name, please?"*
Gerry: "My name is Gerry"
*"Thank you, Gerry. Is that Gerry with a J or G?*
Gerry: "With a G"
*"Great, and what is your last name, Gerry?"*
Gerry: "MacDonald."
*Is that M-A-C or M-C, Gerry?*
Gerry: "M-A-C, thanks for asking, at least half the people get that wrong."
*"No problem, Gerry. And can I get the best telephone number to reach you on, please?"*
Gerry: "Sure, my number is 555 555 5555"
*"Thank you, Gerry - that's 5-5-5… 5-5-5… 5-5-5-5, is that correct?*
Gerry: "That's right."
*"And can I ask where did you hear about us?"*
Gerry: "I saw a friend talking about you on Facebook"
*"Facebook. Thanks again, Gerry."*

What has Sandra accomplished? She has acquired the caller's:

1. Name. Now she creates a record in the database for Gerry. She can also use Gerry's name throughout the phone call to strengthen her connection. She has also checked that her details are precisely correct; that is important to show Gerry that she is careful and attentive to detail.
2. Phone number. Should Sandra need to follow-up with Gerry later, she has his number. Note how she repeats it back to him using the exact phrasing that he used when he gave it to her.
3. Enquiry source. She can log this data point in Gerry's record so that the clinic can use it for marketing analysis later.

Sandra could also ask for the caller's e-mail address, but only if the clinic has a plan to use the address even for callers who do not book an appointment. If you do, then she can ask:
*"One more thing Gerry, can I get your e-mail address for my records, please?"*

You must decide what information you want at the beginning of the call (information the RSC can use during the call) and what information you want after you convert the caller with an appointment (information you need only for the appointment). We refer to the information required to identify the lead as a 'minimum data set'. Sandra will not proceed with a call until she has a minimum data set. For example, notice that she avoids asking for Gerry's:

- Date of birth
- Physical address
- Post code

Why? Because she does not need any of this information to begin the call.

## Introducing yourself to the lead

Sandra's next task is to introduce herself. To do this, she uses a standard three-part introduction. In one sentence, she introduces herself by name (again, because it is unlikely Gerry remembers after only hearing it once), clarifies her role and invites Gerry to book an appointment with a closed-ended question. It sounds like this:

*"Thank you for calling, Gerry. My name is Sandra. I am the refractive surgery coordinator here. Are you calling to ask some general questions only or did you also want to book an appointment with us?"*
Gerry: "I just have a few questions first, please."

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What Sandra accomplishes with this introduction is:

- She establishes herself as a person with a professional role that can help Gerry.
- She gives Gerry an opportunity to book an appointment immediately, if that is what he wishes to do.

Gerry is not yet ready to book an appointment. If he had said he wanted one, then Sandra would have booked him in after asking a few questions first. You may wish to have Sandra ask a different or shorter list of questions at this juncture. For example, you may wish that she only gets Gerry's prescription details so that she can book an appointment. We suggest that Sandra asks all the questions that follow in Act 2, regardless of whether the caller intends to book immediately or not. Every answer is useful data she or someone in the clinic may need to help Gerry get what he wants.

### Asking permission to open the lead

In this scenario, Gerry stated he is not yet ready to book an appointment. Now Sandra must initiate the Act 2 subroutine by asking Gerry if he agrees to answer her questions. She does this by asking the following question:

*"That's fine. Do you mind if I ask you a few questions so that I can understand your needs better?"*
Gerry: "Sure, that's fine"

Gerry has now agreed to answer Sandra's questions. This makes Gerry more amenable to spending time on the phone with Sandra. Why? Because, Sandra has made it clear that she wants to understand his needs. Gerry wants someone to understand his needs, so he is happy to cooperate. Do all callers agree like this? Yes, in our experience, 99 percent of callers agree to questioning, as long as the RSC confidently asks the question. Sandra can only be confident with routine, and every other thing you ask her to do, if she knows why she is doing it and if she has practice.

## Act 2 - Opening the lead

Now that Sandra has Gerry's permission to proceed, she can begin asking him questions that will help her understand what he needs. She can now open him up and through the process of having his needs understood, he will become more interested in booking an appointment with Sandra. Before Sandra can do this, however, she must understand why these questions work. She must understand patient motivation over time.

### Understanding patient motivation over time

Examine Figure 4.1. We explain it below.

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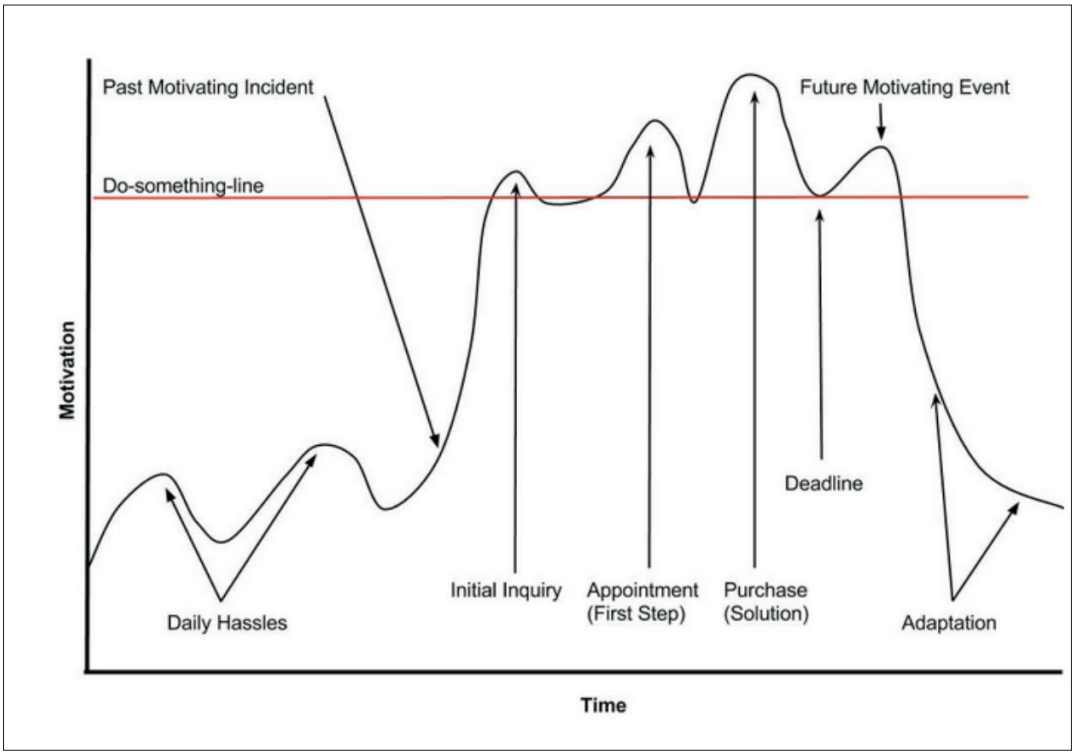
**Figure 4.1 - Understanding patient motivation over time**




Source: LiveseySolar

The first thing that should be evident is the red line we call the "Do-something-line". This is the line that every prospective patient must cross before they take action to solve their problem.

Before doing something, the prospective patient experiences what psychologists call daily hassles. Daily hassles are regular stimuli in the patient's environment that cause them stress. For Gerry, his daily hassles may include:

- Having trouble discerning which bottle is shampoo and which bottle is conditioner when taking his morning shower.
- Having difficulty reading labels on food packaging while making his breakfast.
- Sitting down to work at his computer at work and realizing he does not know where he left his reading glasses after his post-training shower.
- Experiencing eye strain or headaches after reading from his computer screen.
- Having to put on his glasses when he wants to look at what he is eating for lunch.

And it is only lunch time! Gerry will suffer through his daily hassles for as long as he can. Over time, however, they accumulate to compel him to do something. Sometimes, but not always, an incident will put him over the edge.

A past motivating incident (PMI) might occur in Gerry's life that pushes him over the 'do-something-line'. This incident will induce more acute stress than a daily hassle, but less stress than the accumulative stress created by the daily hassles. For example, Gerry might experience any of the following PMIs:

- An attractive coworker at the school he teaches at refers to his readers as "old-professor glasses".
- He forgets his reading glasses at home and has no time to get another pair, making him unable to complete important work before a deadline.
- His wife gets annoyed at him because he forgot to bring his glasses on a night out and he cannot use Google Maps on his phone to find directions to where they are going.

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To some, these might be meaningless stressors that they can shrug off as just another daily hassle associated with ageing. To Gerry, however, these are past motivating incidents that compel him to do something about his problem (i.e. making an enquiry by phone). At the time of the phone call, Gerry's motivation is high. It is the most opportune moment to help Gerry follow his initial action with subsequent action (e.g. booking an appointment) so that he can fix his problem. However, like most human beings, Gerry cannot sustain his motivation forever. We can help him maintain it for a while longer, if we can elicit his future motivating event and his deadline.

The future motivating event (FME) is the moment that Gerry wants to experience being free of his problem (e.g. his glasses). You may recall from Chapter 2 that Gerry is a traveler. He enjoys having adventures abroad. He wants his next trip to be to Morocco, where he plans to head into the Sahara Desert for a dune buggy adventure out of Marrakech in October during half-term. This is the event that motivates Gerry. If he can be free and clear of laser eye surgery recovery by this date, he will feel like he has achieved his goal.

However, Gerry does not know how long it will take him to recover. Perhaps his deadline to have laser eye surgery is a few months before his trip, or maybe it is a little less. He does not know, and that is one of the main questions he wants answered on this phone call. We will revisit these concepts as we proceed through the opening routine of the phone call, which we will resume now.

## Starting the opening - Getting the emotional dominant buying motives

You may recall that we listed a set of Dominant Buying Motives in Chapter 2. These are a list of deeper benefits that prospective patients like Gerry may desire. If you need to, go back to that list and remind yourself of what these Dominant Buying Motives look like. Next, we will show you how Sandra, the RSC, gets Gerry to reveal his Dominant Buying Motives. The conversation picks up precisely where we left off after Sandra asked Gerry for permission to ask him questions to get to know his needs better, and Gerry agreed.

**The Problem Questions**

*"Thanks, Gerry. Can you tell me about the problem that prompted you to call us today?"*

Gerry: "Yes. I have a friend that recently had surgery with your clinic. He said he got rid of his reading glasses, and I didn't know laser eye surgery could do that."

*"Yes, it can. Tell me, Gerry, do you wear reading glasses too?"*

Gerry: "Yes, I do. And I also have myopia."

*"I see. Do you know your glasses prescription, by chance, Gerry?"*

Gerry: "Yes, let me get it here… the right eye is SPH -1.5, CYL -0.75 and I have an ADD of +1.5. The left eye is similar. It is SPH -1.25, CYL -0.5 and I have an ADD of +1.5."

*"Ok, Gerry, that's fine. Thank you, I've recorded that. So how do you feel about having to wear glasses?"*

Gerry: "Oh, I've worn glasses for distance for a while now. While I've never liked them, I've tried, but don't tolerate contact lenses well. It's only been two or three years since I've needed the reading glasses."

*"I understand. And what kind of impact has that had on your daily life, Gerry?"*

Gerry: "It's been annoying, if I'm honest. I could handle the regular spectacles, but now these readers are just an added inconvenience that I don't like."

*"I see. Can you give me some examples?"*

Gerry: "Sure. Little things are a nuisance now - like reading labels on bottles or packaged foods. Was the type always this small? I don't know who can read that size of type, honestly. And I feel like the reading glasses make me look old."

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Note that Sandra is not solely asking to know about Gerry's prescription and leaving it at that. She wants to understand his objective and subjective view of the problem. She knows Gerry wears glasses, but is that enough for him to want to get rid of them? No, many people wear glasses that can cope. She wants to know how Gerry feels about his glasses. She wants to know how they impact his daily life. Most importantly, she wants Gerry to articulate these feelings and impacts so that he can remind himself of how much they annoy him and how much he wants to get rid of them.

**The Pain and Past Motivating Incident (PMI) Questions**

*"I understand that, Gerry. No one wants to look older than they feel. Tell me, is there anything that you experienced recently that prompted you to call us now?"*

Gerry thinks for a moment: "Yes. Funny you should ask. Just last night, my wife became annoyed with me because I forgot to bring my glasses on a night out. The problem arose when I couldn't use Google Maps on my phone to find directions to where we were going."

*"Oh, how frustrating. Did you eventually find the place in the end?"*

Gerry: "Yes, we finally had to flag a cab after about 10 minutes standing in freezing cold winds."

*"Oh, that sounds terrible."*

Gerry: "She was not happy, I can tell you!"

*"I can appreciate that!"*

Sandra is aiming to find the trigger for Gerry's desire to fix his problem, or 'the straw that broke the camel's back'. This was one of the specific events that motivated him to cross the 'do-something' line. Combined with the daily hassles that Gerry also cited, he is now feeling even more motivated to get this fixed.

**The Solution Questions**

*"Ok, it's clear you don't like those glasses. So tell me, Gerry, what are you hoping to experience by getting rid of them? What would daily life be like then?"*

Gerry: "I can imagine much better! (he laughs). But seriously, what I really want is to be glasses free. I figure that if I can lose the regular glasses for short-sightedness and the reading glasses too, then I can imagine I would be much happier…"

*"That's interesting. And why would not wearing glasses anymore make you happier?"*

Gerry pauses for a moment before he answers: "To be honest, I feel like I'm too young for them. I am active. I train at the gym. I have a job I enjoy, and I love to go on trips abroad. I feel much younger than I thought I would at this age. These glasses make me feel older than I am."

*"I see. So being free of both pairs of glasses would make you feel younger than you are?"*

Gerry: "Yes, very much."

Note that Sandra wants to understand exactly what success means to Gerry. She wants him to paint a picture of what future success looks and feels like to him. Notice too that Sandra does not sell at any moment here. She only asks questions, lets Gerry talk, and responds by reiterating his words.

**The Gain and Future Motivating Event (FME) Questions**

*"I understand. Is there anything coming up in the near future that's motivating you to call us now, Gerry?"*

Gerry: "Well, I don't know if it's too late, but I am keen to book a trip to Morocco in the autumn. Would I be able to go without glasses?"

*"Morocco! That sounds wonderful! What do you plan to do there, Gerry?"*

Gerry: "Well, first I'd like to spend some time in Marrakech with my wife. She likes spas and shopping, so I'd like to treat her to that. And, then, I'd like us to go out into the desert and do a dune buggy tour."

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*"Oh my, that sounds like an adventurous trip! I'm sure she will love it. It may be possible for you to go on that trip without glasses, but we'd need to examine you first... but tell me, when do you want to go?"*
Gerry: "October, that would be the best time for us."
*"I'll keep that in mind, thank you."*

Note that Sandra aims to find a date for when the solution should be in place before the deadline. Specific events and dates work best. Now she has discovered that Gerry's decision is time sensitive and she can refer to this later in the conversation. Sandra has now completed the first part of the opening. She has had an enlightening conversation with Gerry about:

- His problem and most importantly how he feels about his problem.
- If there's anything he has experienced recently to prompt him to call now (his PMI).
- How Gerry sees success after he solves his problem (his solution).
- If there is anything in the future that is motivating him to solve this problem now (his FME).

She now has the ingredients of Gerry's dominant buying motive: Gerry is tired of the daily hassles of wearing his glasses and finds his glasses make him feel older than he is. His wife recently became upset with him for forgetting his glasses on an evening out. He wants to get rid of his daily hassles and look as young as he feels in other areas of his life. He is keen to enjoy his trip to Morocco with his wife without having to deal with glasses. This is the emotional motivation behind Gerry's interest in getting rid of his reading glasses. Of course, Sandra has made copious notes throughout the phone call so far. Now she is ready to complete the opening by providing Gerry with the logical scaffolding to support his emotional decision-making.

## Completing the opening - supporting the emotions with logic

**The Problem Questions**
*"Tell me, Gerry, have you ever been to an ophthalmologist about your eyes in the past?"*
Gerry: "Yes, actually. Several years ago I went to see one of the chains for a laser eye surgery consultation."
*"That's interesting. Who was that with?*
Gerry: "That was with [competitor's name]."
*"I see, and why did you not go ahead then?"*
Gerry "Well, I was mainly concerned about taking time off then. It was a much busier time. Also, I didn't feel they took the time to evaluate me carefully enough. They didn't seem confident with their recommendation, and so, neither was I."
*"I see. And now you feel you have more time?"*
Gerry: "Well yes, and it's more important to me now. And, I've only recently learned that I could get rid of reading glasses, too."
*"I understand."*

Note that Sandra wants to know how Gerry has attempted to solve his problem in the past. This question enables her to understand where he has been before, to probe into possible disqualifying information saving her time and see how serious he is. She also wants to know if he has visited with your competition, and why he might have rejected those options.

**The Priorities Questions**
Here, Sandra aims to understand Gerry's priority words that Gerry is using to evaluate both your clinic and your competitors. These are Gerry's 'need-to-have' things, they are non-negotiable priorities that he must have in a

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solution provider. She will be able to use these priorities later when overcoming objections, if the objections are service or company related. He gave his priorities before she asked (in the last question), so she uses these answers and goes straight into confirming his priorities. This illustrates an important recommendation: do not ask a question if you have just been given the answer to it. If Gerry had not shared his priorities before, she would have asked:
*"What are the most important priorities for you when choosing someone to correct your vision?"*
Instead, she confirms Gerry's earlier stated priorities:
*"So, am I right in assuming that convenience and the clinic taking the time to evaluate you properly is important to you?"*
Gerry: "Yes, very much so."
*"And a confident recommendation after a thorough assessment is also important?"*
Gerry: "Definitely."
*"And most importantly, you want to go to someone who can also help you reduce your need for reading glasses in addition to your regular specs, am I right?"*
Gerry: "Yes, that's right."

**The Criteria Questions**
These criteria questions provide Sandra with the criteria words that Gerry will respond to when she makes her proposal. Criteria is similar to priorities, but they are 'nice-to-have' elements and are more negotiable if the priorities can be met. Gerry will likely have the treatment if his priorities are met, even if he cannot do it before his trip to Morocco. Sandra will be able to use these criteria when overcoming objections, if Gerry remains undecided and just needs a little additional reminder that the solution she offers suits what he is looking for.
*"I understand. Tell me, Gerry, is there anything else that's important to you when choosing someone to correct your vision?"*
Gerry: "Well… of course, I'd like to be able to afford it comfortably. And I would like it to be done before I go to Morocco."
*"That's understandable, thanks Gerry. We'll see what we can do after we examine your eyes."*

**The Decision-Maker Questions**
*"Is there anyone else involved in making the choice to have laser eye surgery?"*
Gerry: "Hmm, yes. I would like my wife to be with me during the process, if that's ok?"
*"It's absolutely ok, Gerry. I'd encourage you to bring her to the first appointment if you decide to book one too."*

This question provides Sandra with the name and relationship of any other decision makers so that she can prepare herself for the potential objection of Gerry needing to seek approval from another party. Furthermore, Sandra tells Gerry that his wife is welcome to join him on the journey so that she can be present at the first appointment to make the decision to proceed with treatment.

**The Deadline Questions**
*"Considering you'd like to travel to Morocco in October, when do you think is the right time to start the process of having laser eye surgery, Gerry?"*
Gerry: "Well, how long does the process take from start to finish?"
*"Great question! So, the typical process goes like this: First we need to see you for an appointment to see if you're suitable for the procedure. If all goes well, then we usually give patients a week to think it over before we see them for treatment. Does that make sense?"*
Gerry: "Yes, I like that."

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*"Good. After surgery, we need to see you for up to three months after the procedure, just to ensure everything is going as planned. So, if you were to have surgery in early July, that would give you ample time to see if you're ready to go away in October. How does that sound?*
Gerry: "That sounds good to me."

Because Sandra understands when the benefits of this solution need to be in place (i.e. in time for Gerry's trip to Morocco), she is working backwards to identify a good date for him to have surgery. Consequently, she now has a good idea when she will offer Gerry an appointment. Note too that she is asking Gerry for agreement throughout this process, helping him make the decisions as she guides him.

**The Timing Questions**
"Right, so it sounds like early July would be the best time for an initial appointment. When would you like to take that step, Gerry?"
Gerry: "I suppose early July would work."

Gerry's answer to this question provides Sandra with his timing for the next step (e.g. the first appointment) in the buying process. This next step must come before the solution is in place (i.e. the Deadline). Like everything else she has learned from Gerry, she has taken a note of this in her database that other staff in the clinic can later access when they need to (e.g. during the appointment). Now, Sandra is ready to make a proposal to Gerry with the aim of converting him to book an appointment. Before we discuss the steps she takes in the subroutine, let us review the process Sandra followed to arrive at this point.

## The LiveseySolar Motivation Tree

Figure 4.2 illustrates the process Sandra took to get to the point where she is ready to convert Gerry.

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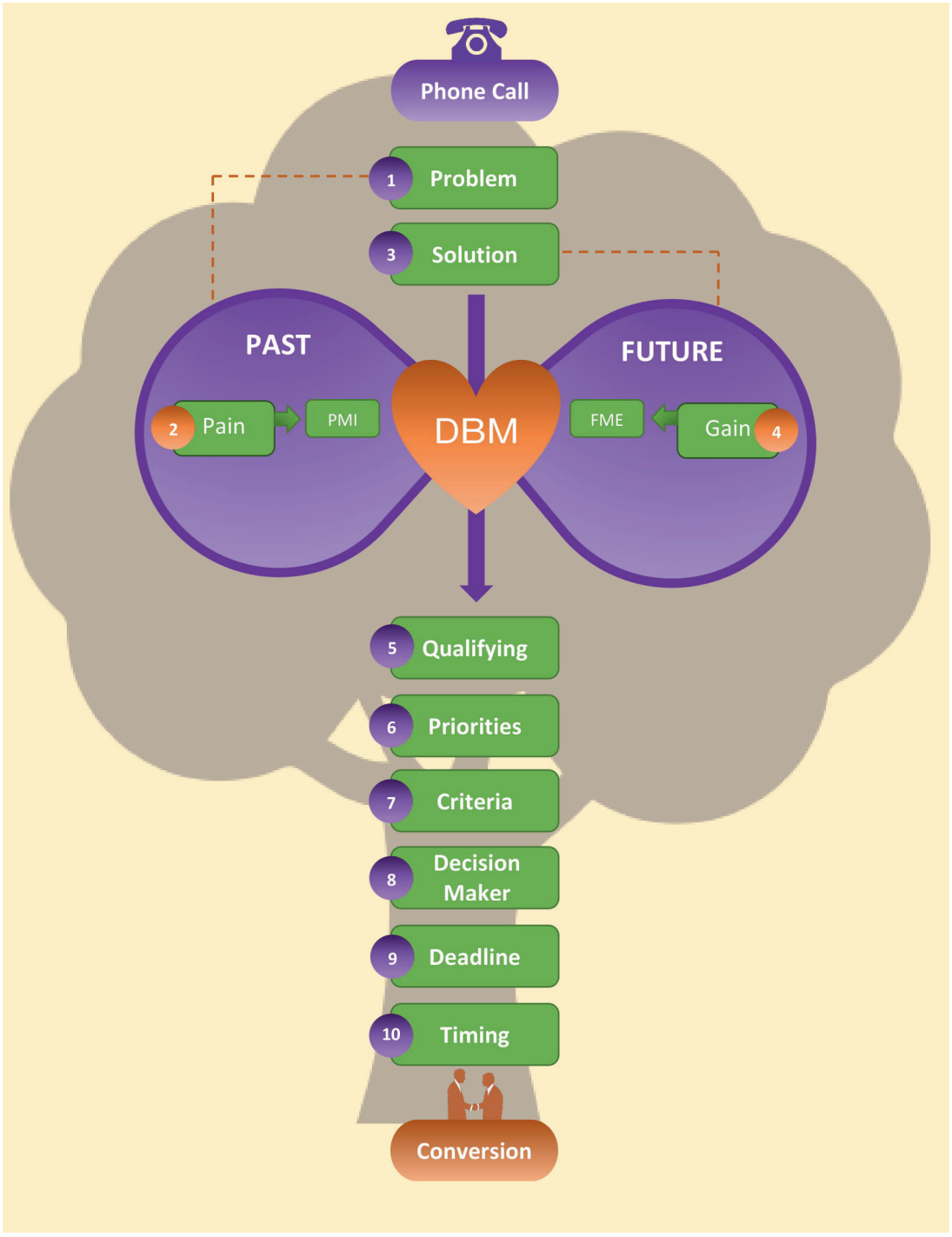
**Figure 4.2 - Understanding patient motivation over time**




Source: LiveseySolar

As you can see, we represent the process like a tree. The bushy parts of the tree are the emotional factors. The trunk of the tree that supports the emotional factors are the logical factors. Logic always must support emotion. Why? Because when Gerry converts, he may need to explain the rationale behind his decision to his wife, or to anyone who may have influence over him. Without the logical rationale, Gerry could lose the support under his emotional decisions. This loss of support results in second thoughts and cancellations.

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## Closing the lead

The dialog we share with you is not atypical. This is how first calls can proceed if you have someone like Sandra guiding the prospect through the process as we present it. As you consider what Sandra and Gerry discussed so far, also consider what they have not done. At no point so far have Sandra and Gerry discussed:

- The causes or the specifics of his condition (myopia, astigmatism and presbyopia).
- The treatments.
- Whether Gerry is suitable for the treatment or not.
- The specific features of the treatment.
- The surgeon, the clinical team, or their credentials.
- Anything that Gerry did not show he had a specific interest in (e.g. safety, technology, expertise, experience, or results).
- The questions he called in with (that is about to come).

But what if Gerry asked a question that would require Sandra to go into these areas? She would have responded the same way she did when Gerry asked this question in response to Sandra asking him if he is looking forward to a future event after he has had the treatment:

Gerry: "Well, I don't know if it's too late, but I am keen to book a trip to Morocco in the autumn. **Would I be able to go without glasses?**

*"Morocco! That sounds wonderful! What do you plan to do there, Gerry?"*

Gerry: "Well, first I'd like to spend some time in Marrakech with my wife. She likes spas and shopping, so I'd like to treat her to that. And, then, I'd like us to go out into the desert and do a dune buggy tour."

"Oh my, that sounds like an adventurous trip! I'm sure she will love it. **It may be possible for you to go on that trip without glasses, but we'd need to examine you first**... but tell me, when do you want to go?

Note how Sandra always refers to the appointment instead of answering the question directly? Why does she do that? Because Sandra's job is not to tell Gerry if he can go to Morocco in the autumn after surgery. She does not even know if Gerry is suitable for the procedure yet! Consider this other example that occurs later in the conversation:

*"Considering you'd like to travel to Morocco in October, when do you think is the right time to start the process of having laser eye surgery, Gerry?"*

Gerry: **"Well, how long does the process take from start to finish?"**

*"Great question! So, the typical process goes like this: First we need to see you for an appointment to see if you're suitable for the procedure. If all goes well, then we usually give patients a week to think it over before we see them for treatment. Does that make sense?"*

Notice that Sandra always refers to the appointment when answering almost any question. She is clear that her job is to sell the appointment, not to conduct the appointment. Sandra knows that her job is not to sell laser eye surgery on the phone. That would be pointless because Gerry cannot buy either over the phone. Instead, Sandra focuses entirely on understanding Gerry's needs to guide him to the next step in the process only - an appointment. Let us see how she accomplishes that next.

## Making a proposal

*"Well, Gerry. Thanks so much for answering my questions. You said you had some questions when you first called in - can you tell me what they are?"*

Gerry: "Oh right, thanks for the reminder. I was going to ask how much time I would need to take off work."

*"Good question! The answer depends on which procedure we recommend, Gerry. At the appointment, we will be certain, and then we can give you an idea about what to expect. With that said though, most people can be back at work the next day."*

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Gerry: "Oh, that's reasonable."
*"Yes. Did you have any other questions that I could help answer?"*
Gerry: "I did, but I think you've already answered them!"
*"Great! Ok, Gerry, based on the information you have provided me so far: You really don't like either of your glasses because they're creating hassles for you and making you look older than you are. You are keen to get out of all of your pairs of glasses for the foreseeable future. You want to be free and clear of any post-operative appointments to be ready to ride dune buggies in the Sahara Desert by mid-October… Does that all sound right to you?"*
Gerry: "Yes, that's perfect."
*"Great, well here is what I recommend: I suggest we schedule you a comprehensive screening appointment to see if you can get what you're looking for. Which works better for you, the first week of July or the second week of July?"*

This section illustrates the most significant differences between how most people answer refractive surgery calls and how Sandra performs her calls. Note that Sandra has been in control of the whole interaction. She:
- Acquired Gerry's details first.
- Asked if Gerry wanted to get information or wanted to book an appointment immediately.
- Got his agreement to follow her agenda (her asking him questions).
- Answered all of Gerry's questions by alluding to the appointment.
- Decided when to answer Gerry's questions (after she finished asking her questions).
- Responded to his original questions by again alluding to the appointment.
- She approved Gerry for an appointment (note she did not ask if he wanted one or not, she assumed that this was the logical next step) and limited his choices to when he wanted the appointment.

When closing, Sandra takes the 'assumed-close' approach and offers broad to narrow options. She has already narrowed the month Gerry wants an appointment. She now only needs to narrow in to a date. The process looks like this:
Gerry: "Probably the first week."
*"That works. I have appointments early in the week or later in the week, which suits you best?"*
Gerry: "Early is best for me, I'd like to get it over with."
*"Ok, Monday or Tuesday?"*
Gerry: "Hmm, let me see my calendar… Monday suits."
*"Perfect. Monday morning or afternoon, I have an appointment slot at 2 PM and one starting at 4 PM, which one suits your schedule best?"*
Gerry: "4 PM is ideal."

**Dates and times first**

Now Sandra has a date. Once she gets the dates and times, she then raises the issue of payment.
*"Excellent. I have you booked for Monday, the 2nd of July at 4 PM. The fee for this appointment is 1,500€, which is due now. Would you like to put that on your credit card or debit card, Gerry?"*

Notice how Sandra asks open-ended choice questions throughout the close. She does not at any time ask a close-ended question, like:
- "Would you like to book an appointment?"
- "Do you want to look at some dates?

Close-ended questions are unproductive and regressive. Open-ended choice questions progress Gerry through a logical series of choices, each dependent on the one he made before.

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**Transactions follow commitments**

Again, once Sandra gets the date and time nailed down, she then can ask for the transaction. She can do this in any number of ways, for example:

- "The fee for this appointment is X, which is due now, would you like to put that on your credit card or debit card?"
- "The fee for this appointment is X, which I need to take now, would you like your receipt in the post or via e-mail?"
- "To hold this appointment for you, I need to take an X consultation fee over the phone – would you like to handle that with a credit or debit card?"

Why does Sandra ask for payment on the phone?

Gerry has psychologically purchased the appointment. It is clear to Sandra, from the conversation they had, that Gerry is ready for it. Now, she wants to seal Gerry's commitment with a transaction. The transaction can even be refundable (i.e. if Gerry changes his mind he can cancel and get his money back). We know, however, that Gerry is much more likely to follow-through with his appointment if he has paid for it. He will value it more.

## Down-selling appointments and handling objections

Sandra has asked Gerry for payment in exchange for the appointment she offers him. Now there are two possible outcomes:

1. Gerry will book the comprehensive appointment Sandra offered.
2. Gerry will object.

Let us discuss the two options in turn.

**1. Gerry books the comprehensive appointment**

Now, Sandra must collect all the necessary information to book the appointment. That may include Gerry's:

- Payment information.
- Physical address.
- Date of birth.
- Detailed information that might help you at the appointment (e.g. previous prescriptions, glasses, etc.).
- Provided information they need to know only for the appointment (e.g. removing contact lenses if necessary, arranging transport afterwards).

**2. Gerry objects to the comprehensive appointment**

If Gerry offers an objection, Sandra follows the objection handling subroutine. Without getting stressed or bothered, Sandra:

- Clarifies Gerry's objection.
- Empathizes with Gerry's objection.
- Isolates Gerry's objection.
- Lists Gerry's objections if more than one exists.
- Overcomes each of Gerry's objections in turn.

How does she do this? Let us consider each step of the subroutine in turn:

### Step 1: Clarify the objection

- Sandra knows to not answer every objection or question immediately
- Instead, she asks a clarifying question to ensure she addresses the correct concern

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Let us imagine that Gerry responds with an objection to payment for the appointment. Sandra can use the following clarification questions:

- "What is it about the fee that's causing you concern?"
- "Is it the fee for the appointment only, or is it the fee for the treatment that is holding you back?"
- "Is it the size of the treatment investment, or is it your ability to afford it over time?"
- "If you had the money, would you spend it with us?"
- "If we could make it affordable, when would you do it?"

All of these clarifying questions serve to help Sandra uncover Gerry's real objection. Let us imagine that Gerry objects to Sandra's fee request in this way:
Gerry: "Oh, I didn't realize I would have to pay for the appointment."
*"Oh, I see. That's understandable. What is it about the fee that's causing you concern?"*
Gerry: "Hmm, it's not the amount; I just didn't think I would have to pay to see if you could help me. What if I'm not suitable?"
*"I understand! Yes, that's a great question, Gerry. The fee is completely refundable if we find you unsuitable for any of the procedures that might help you get what you're looking for. So, if by the end of the appointment you cannot go forward, we refund all your money immediately. Does that help?"*
Gerry: "Yes, that's fair. Thank you."

That was an easy one. Let us say Gerry is not satisfied with that answer and instead replies with:
Gerry: "Somewhat, but I think I'd like to know the full price before I commit to anything."
*"I can appreciate that Gerry, nobody wants to waste time. Of course, I'm sure you can appreciate that we can't be sure about what procedure we will recommend until after we examine you, but if we were to recommend laser eye surgery for presbyopia symptoms, which will ideally help get you what you want with one procedure, we charge 1,500€ per eye. Is that helpful?"*
Gerry: "Yes, and the fee you charge for the appointment comes off that?"
*"Yes, that's exactly right, Gerry. So you pay 500€ now and if you are suitable for the procedure and wish to go ahead, we will charge the difference of 2,500€ on the day of treatment. How does that sound to you?"*
Gerry: "Yes, that's fine.

But, Gerry may still not be satisfied. What now?

Gerry: "Yes, that's clear. I'm still not sure I want to pay for the appointment. I would like to see you first."
*"I see. Gerry, apart from the fee for the appointment, was there anything else holding you back?"*
Gerry: "No, that's all. I'm quite happy with everything else."
*"Alright. I can understand how you might feel that way, Gerry. Others have felt the same way. What patients have found is that when they visit us and see how much time we spend with them, how careful we are with their testing, and how confident we are with our recommendations, they are happy to proceed. With that said though, I can offer you a shorter version of this appointment, which we call an "initial screening". The initial screening is free and tells us almost everything we need to know about your eyes and if you're suitable for laser eye surgery. If we feel you are right for this procedure and you feel we are right for you, we can ask you if you want to proceed with the comprehensive exam at that time. Does that help?"*
Gerry: "Yes, that's ideal. Can I have it at the same time?"
*"Yes, we split the appointment in two parts. You can still have the original date and time we agreed to so that you can have the best chance of getting to Morocco when you wish. The optometrist will ask you at the end of the first half if you are ready to proceed. If you are, you can pay at the end of the appointment. If not, that's fine too and you're free to go, losing nothing. Happy with that?"*

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Gerry: "That sounds ideal for me. Thank you. Yes, I'll take that appointment".

It appears that this time, both Sandra and Gerry have succeeded in reaching an agreement. Of course, it helped Sandra to have the down-sell offer of an 'initial screening' so that she could overcome Gerry's objection to paying for the appointment. Most of the time, however, we find that patients simply book the full appointment and pay the fee. This approach dramatically increases conversion rates because regardless of which option the patient chooses, they are committed to the plan. Once they tick the box of seeing your clinic, even those who chose the free consultation, usually decide to proceed to the paid appointment. Before we conclude with objection handling, let us review what Sandra did and what she could have done if Gerry had more objections.

**Step 2: Empathize with their concerns**

Note that at no time did Sandra argue with Gerry or answer his objections with retorts. Instead, she deliberately used the phrases she habitually uses to empathize with her callers:

- "I can appreciate that…
- "I understand how you might feel that way..."
- "Others have felt the same way..."
- "What they found however, was that…"

**Step 3: Isolate the objection**

Note that Sandra gave Gerry an opportunity to list all his objections when she said:
*"I see. Gerry, apart from the fee for the appointment, was there anything else holding you back?"*

**Step 4: List the objections**

In this example, Gerry provided no other objections. If he had, Sandra would have:

- Made a list of his objections.
- Reorganized the list to handle the price objection last.
- Handled each objection in turn just as she did the objection to the appointment fee.

**Step 5: Overcome the objection:**

Notice that to help her overcome the objection with Gerry's own desires, Sandra used some of the information Gerry gave her when answering her questions, such as:
*"Yes, we split the appointment in two parts. You can still have the original date and time we agreed to so that you can have the* ***best chance of getting to Morocco when you wish****."*

And when she said:
*"What patients have found is that when they visit with us and see* ***how much time we spend with them, how careful we are with their testing, and how confident we are with our recommendations****, they are happy to proceed."*

And also when she said:
*"I can appreciate that Gerry, nobody wants to waste time. Of course, I'm sure you can appreciate that we can't be sure about what procedure we will recommend until after we examine you, but if we were to recommend laser eye surgery to address presbyopia symptoms,* ***which will ideally help get you what you want with one procedure****, we charge 1,500€ per eye. Is that helpful?"*

Sandra consistently refers to Gerry's needs, priorities and criteria whenever responding to objections. She needs to remind him that she offers what he wants - an appointment that will open the door to his dominant buying motives.

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### Step 6: Close the door on objections

Notice that Sandra uses tie-down phrases at the end of her responses to Gerry's objections. She wants to keep the conversation flowing by asking a question and wants to ensure that Gerry understands and agrees with her responses. Tie-downs sound like this:

- "Happy with that?"
- "Is that helpful?"
- "Does that help?"
- "Does that make sense?
- "Do you have any questions about that?"
- "Have I made that clear?"
- "Can we take that off the table?"
- "Can we cross that issue off?"

### Step 7: Go back to close

Once Sandra overcomes all of Gerry's objections to the appointment, she can go back to closing:
*"That's great, Gerry, so let's get this initial screening confirmed for you…"*

## Learning by practicing and making mistakes

Sandra is a professional. It shows in how she handles a first call with preparedness, flexibility, and excellent listening and communication skills. She is calm and speaks in a thoughtful and considered tone of voice. She makes it look easy. But, how did she get to this point? She's not born with it. Typically, someone like Sandra does not just need to know what to do and in what order (the process we just finished describing). She also needs to:

- Role-play the process in a safe, no-pressure environment at least 100 times with almost as many different caller scenarios. She must practice the process in role-play until it becomes second nature.
- Follow the process with genuine callers again and again until it becomes habitual. Every cue she received from a potential patient reminds her to launch a new subroutine. Eventually Sandra does not need to think about this consciously. She will eventually form a habit and wire her brain to unconsciously respond systematically and effectively to an infinite variety of callers.
- Have her live calls recorded and evaluated, so that she can receive feedback regarding what she does well and what she can improve upon on a weekly basis.
- Get support from colleagues (that she can model) and clinic staff that respect her role and give her the tools, time and space to do it well.

## Frequently asked questions about improving your sales process at the first call

**Does my staff need specialized training?**

Training helps. Like with most professional skills, you can only learn so much from reading a book. We have found it can take one to four full-day sessions repeated quarterly to help RSCs become as good as Sandra.

**What is a typical result after adopting a process like this?**

RSCs adopting a process like we describe often increase their conversion rates by 50 to 100 percentage points (i.e. it is not uncommon for RSCs to raise their conversion rates from 25 percent to 50 percent which can significantly improve the overall financial performance of a clinic.

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**What if my team do not consider themselves salespeople?**

The crucial skill someone like Sandra exhibits is her ability to emotionally connect with your callers – some people call that "sales", but it is mainly the ability to communicate well based on a goal. Instead of framing the process we recommend as 'sales', it is more practical to call it:

- Receiving people well.
- Making people feel welcome.
- Guiding people.
- Preparing people.
- Helping callers feel less tension.
- Making callers feel comfortable.
- Establishing rapport with callers.
- Understanding what is important to callers.
- Helping people feel like they've been heard.
- Making needs-based recommendations.
- Appreciating and clarifying caller concerns.
- Clarifying misunderstandings.
- Removing obstacles from callers' paths.
- Helping people make good decisions.

These skills do not match with most people's idea of what "sales" is. In fact, in many ways, these things are human social skills that we tend to perform naturally with friends and those close to us. In a commercial environment, however, sometimes we fail to perform these basic steps to build trust.

It is not important what people call themselves. If your team members do not consider themselves salespeople, that is perfectly alright. Your aim is to help them to do their job more effectively, in a way that better serves the patient – not to turn them into salespeople.

There is a lot of overlap between customer service and what we recommend in this chapter. We believe that the best RSCs always have patient interests at heart, aim to provide the best possible service, and build trust based on a long-term relationship, rather than getting the most people possible to say "yes".

**Besides increased sales, what other results could I see?**

When you choose to improve your staff's ability to handle first callers, you want to make sure that you see measurable results for your investment. There are many positive results that can occur including:

- Reduced staff turnover.
- Improved quality of customer interactions.
- Increase in marketing efficiency.
- Increase in profits.
- Improved sales.
- Improved patient service.
- Reduction in waste or errors.
- Less absenteeism.
- Fewer grievances.

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## Action steps for this chapter

1. If you've not yet calculated your telephone conversion rate, do so now. You may not want to count every first call. We suggest you count calls in which the coordinator acquired the minimum data set and that lasted at least four minutes. In this way, you evaluate 4 minute-minimum conversations as the denominator and converted calls as the numerator.
2. Mystery call your practice to hear first-hand how your staff handles first calls from leads.
3. If after listening to calls, you notice that they deviate from the process we recommend, train your RSCs to adhere to the process we describe. If you do not have time to do so, you can hire a practice development consultant sales trainer to help you both implement the system we recommend and train your staff to adhere to that new system.
4. Evaluate your performance over a few months and revisit your conversion rate calculations to see the difference before and after training.

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# Chapter 5 - Step 3 - How to convert more first appointments into patients

## What you will learn in this chapter

In this chapter, you will:

1. Understand how close rates affect your revenues
2. Understand the goals of the first appointment
3. Learn the first appointment process including:
   - Greeting your patients
   - Making first impressions
   - Warming up your patients
   - Taking a leadership role by delivering an intent statement
   - Opening up your prospective patient with a discovery
   - Confirming your patient's desires with an information confirmation
   - Handing over your patients between refractive surgery coordinators (RSC) and optometrists
   - Delivering a preliminary examination and gaining commitment for a conclusive examination (an Ophthalmic Exam)
   - Closing your prospective patients with a strong recommendation
   - Handing prospective patients back to RSCs for closing
   - Recommending options
   - Asking for money and elegantly handling any objections that arise

## How does the information in this chapter fit into the 5 steps?

In this chapter, we explain how to increase your close rate from first appointment to patient transaction. This is Step 3 of the 5 Steps of Healthcare Marketing and Sales. Everything else remaining equal, increasing your close rate percentage alone will increase your sales and grow your clinic. Note how the relatively modest increase in annual sales we show in the table below would easily pay for at least one dedicated employee who could be an RSC handling your first appointments. For example:

**Table 5.1 - Increasing your close rate**

| Monthly Critical Success Factors | Monthly Key Performance Indicators | Before | After |
|---|---|---|---|
| Leads (number of qualified contacts) | New first conversations (usually on the telephone) | 250 | 250 |
| Conversion rate percent (lead to first appointment) | | 25% | 25% |
| | New first appointments | 63 | 63 |
| Close rate percent (First appointment to sale) | | 50% | 50% |
| | New patients | 31 | 34 |
| Average price | | 1,500€ | 1,500€ |
| No. of transactions per patient | | 2 | 2 |
| | Sales per month (before referrals) | 93,750€ | 101,250€ |
| Referral conversion rate percent (patients to referrals) | | 25% | 25% |
| | Referral sales per month | 23,438€ | 25,313€ |
| | **Total sales per month (after referrals)** | **117,188€** | **126,563€** |
| | **Annual sales** | **1,406,250€** | **1,518,750€** |

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Doing this as part of a coordinated five-step system results in even greater improvements. Furthermore, if you are marketing laser eye treatments for patients with presbyopia, interpersonal interactions account for a significant factor influencing Baby Boomer's buying decisions. Therefore, as we mentioned in the chapter regarding first calls (Step 2), getting this step right is also crucial. How much is a first appointment worth? Let us revisit a table we shared with you at the end of the last chapter:

**Table 5.2 - How much is a first appointment worth?**

| | |
|---|---|
| Marketing Investment | 10,000€ |
| No. of Leads | 10 |
| Conversion Rate of Leads | 80% |
| Average price | 3,000€ |
| Estimated value of Leads | 24,000€ |
| Net profit percentage | 50% |
| Net profit on procedures for that convert | 12,000€ |
| Return on marketing investment | 120€ |

In the scenario we illustrate above, every first appointment is worth 2,400€ if your conversion rate is 80% and your price is 3,000€. Considering the value this appointment has to your clinic, it makes sense to have a reliably effective process to handle these meetings. Is it possible to convert first appointments without such a process? Yes, closing will happen, just not as often as it might if you had one. When you are dealing with such an expensive interaction, we advise you to plan appropriately. The reality is that every clinic conducts a process when handling first appointments. The main differences between high closing refractive surgery clinics and lower closing refractive surgery clinics is the efficiency of the process they use to conduct first appointments.

Does efficiency depend entirely on staff quality? The quality of your people plays a part and we will spend some time discussing what makes an effective clinical team. Our experience, however, shows that you can teach almost anyone to follow an efficient process, and they will close more than they did without one. That is good news, because you may wish to train your current staff to perform better than they currently do.

## Who is involved in the first appointment?

A prospective patient's first visit to your clinic is one of the most important appointments you can hold. The patient wants to be the star of the show, but they want your team to act as the supporting cast.

The staff involved in a typical first appointment include:

- Refractive surgery coordinators (RSCs, also known as patient liaisons, patient counsellors, treatment coordinators and sometimes, receptionists).
- Ophthalmic technicians (sometimes, their role is played by nurses with imaging skills).
- Optometrists (and Orthoptists).
- Ophthalmologists (unless the first appointment is what we describe as an initial screening). It is common practice for ophthalmologists to only involve themselves at patient consent and on surgery day.

Just like RSCs answering the phone, clinical staff will likely have a bias against anything remotely resembling selling. We advise they read the section we call "Identifying your bias" in Chapter 4. Reading this material may open their minds. With that said though, we would be remiss in our duty if we did not tell you that reading material like this is often not enough to change minds.

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Sometimes (although not as often as we would like), hirers tell RSCs that they expect them to convert callers into appointments and appointments into paying patients. In these cases, they specifically choose job candidates because they have previous experience in customer service and selling roles. These staff join the clinic knowing that they will be selling, so there is no disconnect between what they expect and what they need to do in their day-to-day role. Clinical staff, on the other hand, are often surprised clinics expect them to contribute to the clinic's ability to convert appointments into treatments, when appropriate. They might have never had any experience in, or training for, these types of tasks. It might feel foreign, or even antithetical to their clinical training. In these cases the answer is education to provide the skills, confidence and practice methods the team needs to communicate effectively.

What we have found works better than just telling clinical staff they ought to embrace customer service and selling skills, is to show them how to perform these skills in a way that aligns with their interests in serving patients best. This approach requires a mix of education, skills demonstration, motivation and practice.

Most of the attributes that the RSC, from Chapter 4, displays would also be assets for everyone who handles patients at the first appointment. If your clinical staff already have some of these attributes, you are fortunate! Staff with natural communication skills are generally eager to learn more about how to serve their patients better. If you see no evidence of communication skills in your clinical staff, you might have a problem you will need to fix so that you can increase your close rates to a best practice level. Next we will start to discuss what goes into performing a best in class appointment.

## The three goals of the first appointment (from a sales perspective)

It should go without saying that your goals for the first appointment from a clinical perspective will focus on accurately assessing patients, examining their eyes, answering questions, communicating risks and potential side-effects, making clinical recommendations and explaining alternatives. None of these clinical responsibilities conflict with our three goals for the first appointment, from a sales perspective.

1. Give the prospective patient a reason to feel more positive about the RSC and your clinic than they were before they visited.
2. Confirm the prospective patient's motives and what they feel is important.
3. Get a commitment from the prospective patient (e.g. permission to follow-up, the next time and date to have a follow-up call, or a booking for a treatment appointment). If the RSC does not get a commitment, they must identify the real objection as to why the potential patient chose not to proceed.

You will recognize that these objectives mirror the three goals we suggested for the first phone call. That is deliberate. The first appointment has a broadly similar structure to the first call, with some crucial differences. Everyone that works in a refractive surgery clinic needs to be in tune with understanding the psychology of a first appointment process. This is not the same as memorizing a script. Instead, everyone must understand "why" they are doing what we recommend, and bring their personality to the sales process. To achieve these goals, the ideal first appointment process follows three Acts (just like the ideal telephone call). Every Act, and the scenes within, assists in achieving the above 3 goals.

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## The three acts in brief

**Act 1 - The greeting**

Act 1: Scene 1 is the **first impression**. The purpose of the first impression is to establish rapport and instill the trust and credibility necessary to get inside the hearts and minds of our prospective patients. Everyone who meets the prospective patient makes a first impression.

Act 1: Scene 2 is the **warm-up**. The goal of the warm-up is to further reduce the prospective patient's tension so that the RSC can establish rapport and credibility. Everyone that meets the prospective patient conducts a brief warm-up.

**Act 2 - The opening**

Act 2: Scene 1 is the **intent statement**. The purpose of the intent statement is to reduce the prospect's fears and tensions so that they will open up to us in the discovery scene (next) and supply us with the information we need to help them conclude with a buying decision. Everyone that meets the prospective patient delivers an intent statement.

Act 2: Scene 2 is the **discovery**. The four goals of a discovery are:

1. to find out the customer's buying motives
2. to uncover objections
3. to elicit trust
4. to figure out through a series of questions, which treatments might be more desirable to our prospective patients based on their particular interests and needs.

Act 2: Scene 3 is the **information confirmation**. The purpose of the information confirmation is:

1. to evoke more trust,
2. to crystallize the prospect's thoughts
3. to verify the prospect's buying motives; and
4. to gain agreement from the prospective patient that they do indeed have a problem so that the clinic is, in a sense, given permission to solve it.

Act 2: Scene 4 is the **handover**. During the handover, the RSC hands the prospective patient over to the person conducting the examination – typically that is an ophthalmic technician or optometrist – transferring the vital information that has been uncovered in the discovery scene.

Act 2: Scene 5 is the **examination**. During the examination, the optometrist or ophthalmologist shares information about the tests they are conducting. As we discussed in preceding chapters, we recommend to split up your full appointment process into two parts including a preliminary examination and a conclusive examination. The smaller size of the preliminary examination is designed to reduce the obligation on a patient at the beginning of their journey when they are tentative. It helps potential patients take the first step to get involved with your practice and once the RSC have secured their trust, then the RSC can ask them to take the next step which is the conclusive examination.

**Act 3: The closing**

Act 3: Scene 1 is the **recommendation**. The recommendation is a clear description the optometrist or ophthalmologist makes to the prospective patient regarding the treatment they are suitable for, what procedure or treatment they recommend, the risks and downsides associated with the treatment, the benefits and prospective outcomes the prospective patient can expect, and any further clarifications on the plan for treatment.

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Act 3: Scene 2 is the **reverse handover**. In this scene, the optometrist or ophthalmologist hands the prospective patient back to the RSC, providing them with all the necessary information about the recommendation.

Act 3: Scene 3 is providing **options**. In this scene, the RSC offers the prospective patient options relating to time and money. Presenting a maximum of two options gives the prospective patient the necessary sense of control and choice that they require to make a decision.

It is usually at this point when **objections** surface, so handling objections is a vital part of this scene. The RSC may find they need to handle certain objections throughout the first appointment. We will share how to do this in a way that there is no pushiness or conflict between the RSC and the prospective patient.

Act 3: Scene 4 is **asking for money**. Asking for money should only happen after the RSC identifies and overcomes all service and situational objections. This step is usually considered the "closing" stage, however we believe the RSC should be closing early and throughout the whole first appointment.

### Results associated with these kinds of first appointments

Time and time again, clinics that apply the first appointment process you will read about in this chapter see their close rates increase. The resultant profits should provide a return on investment in the time and financial investment you make in training and team hiring. This result will also enable you to get more from what you spend on marketing, every single day your team enacts the process.

The first appointment contains many distinctions. After you and your team learn these distinctions, we recommend you get an expert coach to come to your clinic and evaluate your team as they apply the distinctions in their real-life first appointments with prospective patients.

Frequently, consistency makes the difference between the good and the great. You and your team must be consistent in both practice and repetition. It may take at least 20-50 first appointments for practitioners to successfully enact all of the distinctions. By then, however, they will have formed good habits as the bad habits begin to disappear. As a consequence, you and your team will create more happy patients, make more sales, and involve yourselves in an ongoing learning process to understand why people do not choose to proceed – which are primary clues that eventually reveal why they do. Let us begin with Act 1.

## Act 1 - The greeting

**Table 5.3 - Key points regarding the greeting**

| | |
|---|---|
| **Who does this?** | Everyone who meets the patient in the clinic |
| **How long does it take?** | Less than a minute. |
| **When is it done?** | When any member of staff first meets a prospective patient |

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## Act 1, Scene 1 - the first impression

**13 hints and tips guaranteed to enhance first impressions**

When greeting prospective patients for the first time, we advise refractive surgery clinic staff to follow these 13 tips to deliver a great first impression:

1. Be ready.
2. Be inspired.
3. Give yourself a pep talk.
4. Be prompt.
5. Smile.
6. Make eye contact.
7. Use the prospect's name.
8. Check the pronunciation of their first and last name.
9. Express gratitude for their visit
10. Offer refreshments.
11. Create a comfortable environment.
12. Ensure all housekeeping is done.
13. Walk with your guests.

Also, consider this: Are you treating your staff in the way you wish they would treat your prospective patients? You had better be, because "do as I say, not as I do" is not a reliable modelling strategy. Be the change you want to see in your business, and you will earn the right to expect the best.

## Good first impressions reduce selling resistance in first appointments

Patients might feel several conflicting emotions when they enter your clinic, including:

- Anxiety
- Concern
- Guilt
- Fear
- Excitement
- Anticipation

Knowing how patients feel should help the RSC see the reason why it is important to have a warm-up.

## Act 1, Scene 2 - The warm-up

**Table 5.4 - Key points regarding the warm-up**

| | |
|---|---|
| **Who does this?** | Everyone that meets the patient at the clinic |
| **How long does it take?** | One to two minutes |
| **When is it done?** | Immediately following a first impression and before getting down to business (with an intent statement). |

Very few prospective patients in refractive surgery environments want to get right down to business. Usually, a customer wants to "buy" the person first, the company second, and the service third.

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**What is the goal of the warm-up in a first appointment?**

The goal of the warm-up is to further reduce the customer's tension so that the RSC can establish rapport and credibility. What's the best way to establish credibility with a prospect? Tell them about yourself? Explain the longevity and experience of the practice? Tell them how wonderful the treatment is? No. The best way to establish credibility with a prospective patient is to find out what is important to them.

First, let us set the scene for a productive conversation. The RSC should ensure:

- They use the same room where they will close the prospect. This room must be private and ideally non-clinical (e.g. more casual, like a sitting room).
- They sit at a 90 degree angle to the prospective patient which creates an intimate but non-confrontational space between them.
- There is nothing between them and the prospective patient that would create a barrier (e.g. a desk).
- That the prospective patient sits facing inwards and not towards a window, so that their attention is mainly on the RSC.

The first few minutes of the first appointment represent your only chance to make a first impression and reduce the prospect's tension so they will open up to you. When meeting with new prospective patients for the first time, here are the five important things we need to remember in the warm-up:

1. Let the prospective patient talk about themselves. They don't want to hear about the RSC – they hardly know them. They need to ask the prospective patient about themselves. That will get them talking.
2. Find something to genuinely like about them. Anyone can love the lovable, but it is the superstar that can love the unlovable. We are not asking the RSC to be fake. However, it is important to find something that the RSC can authentically like about someone. They will pick up on this and hopefully like the RSC back.
3. Find a commonality that is important to your prospect. Commonalities are everywhere. The RSC just needs to listen for them. They must remember to talk about anything but the product at this stage.
4. When lost for words, ask about FORL: family, occupation, recreation, location – anything that is not related to the sale.

**Four things the RSC should do during the first five minutes of the first appointment**

1. Be themselves. People buy the RSC, then the company, and then the service. This is their opportunity to build rapport – sincerity sells.
2. Keep a transition or an exit line in mind. For example: "well, let's get started shall we?", "we've got a lot to cover, so let's get started.", "well, thank you very much for coming – do you have any idea of what we're going to be doing today?", "so tell me, what were your expectations of our time together today?"
3. Keep it non-controversial. Avoid discussing topics related to religion, politics and sex.
4. Keep it accessible. Avoid focusing on things that only interest you. Rather, the RSC should be curious about what interests the prospect.

# Act 2 - The opening

## Act 1, Scene 2 - The warm-up

**Table 5.5 - Key points regarding the intent statement**

| | |
|---|---|
| **Who does this?** | Everyone who meets the patient in the clinic |
| **How long does it take?** | 3 to 4 minutes |
| **When is it done?** | Immediately following the warm-up and before performing the main task (for RSCs, the discovery; for ophthalmic technicians, the tests; for optometrists and surgeons, the ophthalmic exam) |

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At the beginning of a first appointment (after the warm-up, of course), the RSC needs to inform your prospective patients of the agenda for the meeting. The subroutine we suggest the RSC use at this stage is the 'intent statement'. The intent statement is a great way to reduce your prospective patient's fears and tensions so that they will open up to the RSC in the refractive surgery first appointment process, and supply us with the information we need to offer a solution that will address their needs. Many RSCs have a version of this statement – sometimes called an "agenda". However, we also suggest the RSC use this time to:

- Communicate empathy.
- Prepare your prospective patient to answer the questions they are about to ask.
- Offer your prospective patient the opportunity for control, and
- Set clear expectations (in a non-aggressive way) that the RSC expects them to decide how to proceed at the end.

**Intent statement example**

**Agenda**

"Well, first we're going to have a little chat, I'm going to ask you questions about you, your motivations, and any concerns you might have."

"Then, I'll introduce you to the professional who will conduct your first appointment. After that, we'll get together again for another little chat..."

**Empathy Statement**

"Now, it's completely normal to have lots of questions and to even feel a little bit apprehensive about the process. If you have a question, feel free to ask any one of us at any time. That's what we're here for. Is that ok?"

**Set up discovery (can be part of the agenda, so there is no need to repeat it)**

"First we're going to have a little chat, **I'm going to ask you questions about you, your motivations, and any concerns you might have**. Is that ok?"

**Take away**

"Now, we may not have something that you may want, but after this appointment we'll be certain, and if you are suitable we'll recommend the best treatment for you. Is that ok?"

**Set expectations**

"At the end of the first appointment, if we do recommend something for you, we can discuss finances and scheduling, if you want to be a patient. Is that alright?"

The intent statement is a transitional point in refractive surgery first appointments from 'making a friend' to 'getting down to business'. You want the RSC to recite the agenda for the day and set the overall tone for your first appointment. If they do it correctly, this statement will not only put the prospective patient at ease, but will also get them to listen and prepare to make a buying decision. There are many different ways to deliver an intent statement. What is important is that the RSC understand why they are doing what we ask them to do. So long as they understand the psychology of what they aim to accomplish, they can bring in their own personality into every portion of the first appointment.

The intent statement sets the overall tone for the first appointment, and it is essential they present it professionally, succinctly and with confidence. Therefore, we recommend that the RSC write and memorize their version of this statement. They should know their intent statement forwards, backwards, in their sleep and years after they start leading first appointments. In the next section, we will define the distinctions that make up an intent statement.

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**Elements of the intent statement**

As discussed in the previous section about communicating intent, telling prospective patients what is going to happen during and at the end of the first appointment is critical to reduce tension and enable prospective patients to open up. So, what are the five essential elements of a good intent statement?

1. The agenda
2. The empathy statement
3. Setting up the discovery
4. The takeaway
5. Setting up expectations

### The Agenda

Let's get a little deeper into the first element now. The Agenda serves two purposes: it reduces the prospect's tension and it forces the prospective patient to listen. Because prospective patients don't know what to expect, they often feel a certain degree of anxiety, therefore it is the RSC's responsibility to put into the agenda:

1. the duration of the appointment
2. what the prospective patient will be doing
3. who the prospective patient will be seeing

It's axiomatic to tell your audience what you are going to tell them, tell them, and then tell them what you told them. When you take this approach a step further and number these items, it captivates your audience even more. As professionals, we need to do everything we can to keep our audience listening and excited.

### The empathy statement

Next comes the empathy statement. The RSC needs to put themselves in your prospect's shoes and let them know they are sensitive to their concerns.

What are the possible concerns of your prospective patients as they walk through your doors? They may have a concern that some of the tests may be uncomfortable. They may be concerned that they will need to make a decision about something they know very little about. Or, they might be concerned as to the length of the first appointment. An empathy statement can acknowledge and addresses these concerns.

### Setting up the discovery

If RSCs perform the telephone process as we instruct, then they can save time by confirming the prospective patient's answers to the questions they asked, to see if anything has changed or if they wish to tell them more.

If they did not follow the telephone process, they need to tell the patient they will be asking them these questions during the chat - and get their agreement to do so. If that is the case, they need to assure the prospective patient that the questions they are going to answer will benefit them, by allowing the RSC to better serve their needs.

### The powerful takeaway statement

If you are like almost everyone on the planet, you have experienced the feeling of wanting something you can't have. Whenever they feel a prospective patient pulling away, we suggest the RSC employs an artful takeaway. Eight times out of ten, if the prospective patient really has an interest in what they are proposing, they will come back. The fourth element of the intent statement - the takeaway - is a powerful tool. Sometimes called "negative selling" or "reverse psychology", the takeaway is actually "un-selling" the product or service, in order to take pressure off the prospective patient. A good takeaway takes the pressure off our prospective patients, allowing them to listen, to feel safe, and to open up throughout the first appointment. A takeaway, in a way, lets them off the hook, and reduces the tension.

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A well-timed takeaway should significantly reduce the prospect's tension and open them up in the discovery. A takeaway is especially powerful when the prospective patient blocks the RSC in the discovery (by failing to answer their questions in depth) or at the end of your first appointments (when the prospective patient is objecting to proceed). The RSC can use this technique in phone calls, first appointments, follow-ups, and cancellation calls. It works almost every time to uncover which people are seriously interested versus those who are less committed. The three basic rules of a takeaway must be used if you're going to use one at all:

- You must deliver it sincerely. An insincere takeaway may backfire.
- If you take something away, make sure to give it back.
- Use takeaways throughout the interaction, or not at all.

### The statement of expectations

The fifth element of the intent statement is the statement of expectations. The purpose of this statement is to state clearly what your expectations are and get confirmation from prospective patients that those expectations are agreeable. Like a new car driven off the lot the first time, your prospective patient's chance of closing begins to depreciate the moment they leave the first appointment. If the RSC wants your prospective patients to choose to proceed with booking their surgery date immediately following their first appointment, they need to clarify this expectation in advance. In this way, the prospective patient is prepared to carefully consider what they are about to hear during the first appointment. Then, when the RSC asks them to make a commitment, they will not be surprised. They will be expecting that the RSC was going to ask for the commitment, because they told them they would. This "early warning" goes a considerable way towards getting a "yes", or a clear "no", and leads to considerably fewer "maybes". We also recommend RSCs use a specific type of phrase to keep their prospects interested and agreeing with them, such as:

- "Is that still ok for you?"
- "Does that make sense?"
- "Does that sound familiar?"
- "Is that ok?"
- "Sound good to you"

We call these phrases tie-downs. We first mentioned tie-downs in Chapter 4 in the section about objection handling. Tie-downs are phrases RSCs can use to check whether the prospective patient agrees with them throughout the first appointment.

### How can RSCs learn good intent statements?

As we mentioned above, make sure you get your team to write and memorize their own intent statements. This is the only step in the process that we insist is scripted, learned, rehearsed and repeated verbatim. They may wish to adopt a similar intent statement to the one we share above as an example. Alternatively, they can write a different one. The most important thing in writing and delivering an intent statement is that they understand what it is they are trying to accomplish. The goal is to reduce the prospective patient's tension. To do so, they need to use the five distinctions we describe.

## Act 2, Scene 2 - The discovery

**Table 5.6 - Key points regarding the discovery**

| | |
|---|---|
| **Who does this?** | RSCs |
| **How long does it take?** | 7 to 10 minutes |
| **When is it done?** | Immediately following the intent statement and before the information confirmation |

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**The importance of listening**

Whether the RSC asked the ten questions (see Chapter 4) on the first telephone call and are using the first appointment to re-confirm the answers, or the RSC asks them in the first appointment for the first time, they must listen to the answers. If they do not, one or all of the following four unproductive things might happen:

1. If they confuse your prospective patient, they will lose them. A prospect's attention span will likely wander every 30 seconds, even if they are extremely interested in what you offer.
2. They may end up selling benefits and talking about things that are not important to your prospective patient, or they may create objections that were not present in the first place.
3. They may not discover the emotional motivators of your prospective patient, only the logical ones. If that should happen, they will be unable to use these emotional motivators when overcoming objections.
4. They may not establish the deep level of trust they need to make a recommendation or fail to get the prospective patient to agree with what they are saying.

Listening is the single most significant validation we can give someone. Listening, not talking, is the key to any sales process.

**The 10 key questions of the discovery**

Now we are going to cover the 10 most important questions your RSC is probably not asking (or confirming, if they got the answers on the phone call, with) every single prospective patient that is considering surgery. Let's review them one by one and clarify why these questions are critical to a first appointment. Furthermore, we recommend RSCs start with the 10 questions below, but evolve their questioning technique to include follow-up questions to improve the quality of the answers prospects provide. Follow-up questions and prompts include:

- "How do you feel about that?"
- "What impact does that have on your life?"
- "How important is that to you?"
- "Tell me more about that."
- "Why?"

We recommend that your RSC's have a form they use to write down the answers to the ten questions below. They will need to refer to the answers at many times during the first appointment process.

**The Problem question**

"Tell me about your problem? What are the issues that bring you to us today?"

The answer to this question helps the RSC know the prospect's objective and subjective view of the problem.

**The Past Motivating Incident question**

"Is there anything that you have experienced recently that motivated you to fix this problem now?"

With this question, the RSC aims to find the trigger for the desire, or "the straw that broke the camel's back". The specific event that motivates the prospective patient to do something about their problem. If they get a superficial answer, probe further for a descriptive past motivating incident.

**The Solution question**

"What would you like to experience after having laser eye surgery?"

With this question, the RSC wants to understand exactly what success means to the prospect. They want them to paint a picture of what the prospective patient's future success looks and feels like. Record their words – do not assume.

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**The Future Motivating Event question**
"Is there anything coming up in the near future that's motivating you to see us now?"

The RSC aims to find the date for when the solution needs to be in place before the deadline. Specific events and dates work best. They may discover their decision is time sensitive and they can refer to this later in the conversation. Probing for how the problem affects them at work or leisure is helpful.

**The Past experiences question**
"Have you sought professional help for this in the past?"

We want to know how the prospective patient has attempted to solve this problem in the past. This question enables the RSC to understand where the prospective patient has been before and to probe into possible disqualifying information which will save them time. The RSC will also be able to see how serious the prospective patient is. They will find out if they have visited your competition, and why they might have rejected those options.

**The Priorities question**
"What are the most important things to you when choosing a provider?"

With this question, the RSC aims to understand the priority words that got you into the prospect's evoked set of competitors to solve the problem. These are "need-to-have", non-negotiable priorities that the prospective patient must have in a solution provider.

**The Criteria question**
"What (else) is important to you when choosing someone to help you solve this problem?"

This question provides the RSC with the criteria words that the prospective patient will respond to. These things are similar to priorities but are nice-to-have, and are somewhat more negotiable if the priorities can be met. The RSC will be able to use this when overcoming objections, if the objections are product or company related.

**The Concerns question**
"What concerns do you have about solving the problem?"

This question provides the RSC with any concerns that the prospective patient may be harboring. Getting these objections out early is helpful to address these objections while the prospective patient is at the first appointment.

**The Deadline question**
"When would you like to have this problem solved?"

The answer to this question should help the RSC understand when the benefits of this solution need to be in place. Often, this is before the future motivating event.

**The Next Step questions**
"When would you like to take the next step towards solving the problem?" (the treatment date)

The answer to this question provides the RSC with the timing for the next step. If they work backwards from the Deadline above, and figure out what has to happen before the solution is in place, they can figure out the best timing for the surgical appointment. This information will need to be passed on to whomever is closing the prospect.

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## Act 2, Scene 3 - The information confirmation

**Table 5.7 - Key points regarding the information confirmation**

| | |
|---|---|
| **Who does this?** | ■ RSCs<br>■ It is also a good habit to get into for<br>■ Ophthalmic technicians<br>■ Optometrists and Orthoptists<br>■ Ophthalmic surgeons |
| **How long does it take?** | One to two minutes |
| **When is it done?** | Immediately following the discovery (or the main task of your visit with the prospective patient) and preceding the handover |

The five components of the information confirmation are that the RSC:

1. Repeats important answers from the Discovery questions to focus the prospective patient (Problem, Solution and Deadline is best).
2. Ends with a soft trial close, or a positive-forward statement.
3. Introduces the next person in the chain (i.e. the optometrist).
4. Repeats back to the prospect, what they just discovered or confirmed, to the optometrist.
5. Ends with a soft trial close, or a positive-forward statement.

## Act 2, Scene 4 - Handing over prospective patients to optometrists or ophthalmologists for the examination

**Table 5.8 - Key points regarding the hand over**

| | |
|---|---|
| **Who does this?** | ■ RSCs<br>And<br>■ Optometrists<br>Or<br>■ Ophthalmic surgeons |
| **How long does it take?** | One to two minutes |
| **When is it done?** | Immediately following the information confirmation and before the prospective patient visits the optometrist or surgeon for an examination. |

Now that we have examined the goals and components of a good information confirmation statement, know that RSCs can use the principles of listening and repeating when they turn the prospective patient over to an optometrist or surgeon, and when overcoming objections.

When the RSC is turning over the prospective patient to an optometrist or a surgeon, they should repeat to the optometrist or surgeon, in front of the prospective patient, their problem, expectations, deadline, any objections cited, and then end the handover with a trial close.

After the RSC completes the information confirmation, they can introduce the prospective patient to the next person in the first appointment process (e.g. most likely, the ophthalmic technician; or in some cases, the optometrist) for testing. The ophthalmic technician should introduce themselves, clarify their role, and makes some polite small talk as they prepare the machines. They should then tell the prospective patient what they intend to do and how long this component of the appointment will take. The ophthalmic technician then can proceed to test the prospect's vision. As they proceed through every test, they should explain:

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- The name of the test.
- What it measures.
- How it feels having it done.
- What the prospective patient must do.
- How the information they collect informs the prospect's assessment.
- If the test is special to the clinic, or unique in some way.

When the prospective patient completes all the tests, the ophthalmic technician can escort them back to the reception room where the RSC can collect them a few moments later.

When the RSC collects the prospective patient from the reception room and introduces them to the next person at the first appointment (most likely the optometrist; or in some cases, the surgeon). Then, the RSC repeats the same information confirmation as we described above in front of the prospective patient and the optometrist. Why does the RSC spend time doing this?

1. The RSC wants to get another agreement from the prospect, this time in front of a key witness, the optometrist.
2. The RSC wants the prospective patient to know that the optometrist now knows what they both discussed, saving both the prospective patient and the optometrist time in feeling the need to exchange this information during the screening.
3. Repetition helps the optometrist refocus on what is most important to the prospective patient during the screening.
4. The prospective patient sees the RSC and the optometrist working together as a team, which helps justify the reason the RSC spent time asking them these questions and helps to transfer the trust she's built to the optometrist, so they can clinically assess the prospect's problem in the context of their deeper needs.

Now, the optometrist takes over the leadership role of the screening and begins their examination.

## Act 2, Scene 5: The examination

**Table 5.9 - Key points regarding the examination**

| | |
|---|---|
| **Who does this?** | ■ Optometrists and Orthoptists<br>Or<br>■ Ophthalmic surgeons |
| **How long does it take?** | 15 to 30 minutes |
| **When is it done?** | Immediately following the handover and before the recommendation |

As we previously mentioned, we recommend you offer the examination in two parts. The first is a preliminary examination (e.g. a screening) where the clinician assesses the prospective patient to give them an 'almost-certain' approval for surgery. At the end of this preliminary examination, they ask the prospective patient if they want to proceed to complete the examination.

Again, the purpose of this is to be able to offer prospects a free version of the appointment that you can splinter off the full version. If the prospective patient had been sure they wanted to proceed and paid their surgical deposit on the phone, they would have gone through the whole two-parts of the examination without interruption. Since the prospective patient was not sure, they elected to go the free-and-see route - the initial screening.

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Therefore, during the preliminary examination, the optometrist will carry out all the necessary tests to ensure that the prospective patient is suitable for surgery, except a cycloplegic exam. They will then tell the prospective patient that they find that they are most likely suitable for the procedure. If the prospective patient decides to go ahead, the optometrist or a surgeon will conduct the dilated exam, any other tests they can perform while they wait for their eyes to dilate, perform a credibility statement, make a recommendation, answer any clinical objections and trial close the prospect.

Let us say that in this example, the optometrist spends a little time in small talk with the prospect. He then tells them what they plan to accomplish during their time together. The optometrist ensures they mention that they will give the prospective patient a choice to complete the examination. Once the prospective patient agrees to that agenda, the optometrist carries out all the necessary tests and measurements for the prospect. As they perform every test and measurement, the optometrist follows the same approach the ophthalmic technician did when conducting their tests (see above).

The optometrist finds the prospective patient is most likely suitable for laser eye surgery compensating for presbyopia. They now just need to check the back of their eye with their pupils dilated. How does the optometrist transition from the first part of the exam to the second? Like this:

“Well, I’ve now carried out all the measurements and tests that would give me a 99% assurance that you are indeed suitable for the procedure. The only thing left is for us to ensure that there are no problems in the back of your eye that may or may not interfere with surgery or affect your outcomes. No doubt the refractive surgery coordinator told you that I would ask you if you wanted to proceed with the full exam to give you the green-light. Do you want to proceed?”

if the prospective patient asks what that means, the optometrist can answer:

“Good question. By agreeing to proceed, I will conduct the full ophthalmic exam, which is 500€. We will deduct this from the investment for your surgery if you want to proceed with that later. If I find you are suitable and you decide you don’t want to proceed, we would refund you 250€.”

And what happens if the optometrist finds the prospective patient unsuitable after the ophthalmic exam?

“In that case,” says the optometrist, “We don’t charge you anything.”

Note that the optometrist does not yet recommended the prospective patient to have the surgery. They have only offered the prospective patient his clinical opinion that the prospective patient is likely suitable and asks them if they want him to arrive at a more comprehensive assessment.

If the prospective patient says yes, then the optometrist can carry on. The prospective patient may instead ask questions which the optometrist should be able to answer. However, we recommend the optometrist only spend time answering specific questions about risks and side-effects after he recommends a procedure.

In our experience, very, very few prospective patients decline to proceed at this stage. If they do decline, the optometrist can follow the objection handling routine we introduced in Chapter 4, and summarize again below, in the section on handling objections.

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For the sake of continuing with this example, let us assume that the prospect, like most patients in their position, elects to proceed.

The dilated exam is an ideal opportunity for him to have a conversation with the patient while they await the effects of pupil dilation. Credibility statements are designed to emphasize the credibility of the clinician, after the main part of the examination and before they provide their findings and recommendation.

In a credibility statement, the optometrist can:
1. Create a reason to share their background.
2. Explain how they found out about the clinic (or, if they are a founder, why they founded it).
3. Share their training background.
4. Explain why they do what they do.
5. Share what they get out of the job.
6. Ask the prospective patient if they have any questions about them. They then answer any questions the prospective patient has about them. If the prospective patient has none, they can continue on with the examination or let the prospective patient wait while their pupils fully dilate.

Making it apparent that the optometrist knows what they are doing is key. By helping the prospective patient feel comfortable in their hands, they know their recommendation will carry more weight.

Please note that if the surgeon had been conducting the examination, we would advise them to do the same thing the optometrist does. The only drawback with this approach is that the surgeon, like many surgeons, may have more reservations about talking about herself. To decide the best way forward, whether the optometrist or the surgeon carries out the examination depends on what we have discussed above. It also depends on how effective each is at making recommendations, which we will discuss next.

# Act 3 - The closing

## Act 3, Scene 1: Recommendations

**Table 5.10 - Key points regarding recommendations**

| | |
|---|---|
| **Who does this?** | ■ Optometrists and Orthoptists<br>Or<br>■ Ophthalmic surgeons |
| **How long does it take?** | Five to ten minutes |
| **When is it done?** | Immediately following the examination and before the reverse handover back to the RSC |

What do we recommend the optometrist or the surgeon do when making recommendations?
- Make it an event, not just a message. Notice how the optometrist does not just casually mention that he is approving the prospective patient for surgery. Instead he shows enthusiasm that the prospective patient will get what they want.
- Be clear on what procedure you are recommending. The optometrist does not leave it to the prospective patient to choose from a selection of treatments for which they might be suitable. Instead, based on all of the information he and the team has gathered from the prospective patient so far, he recommends the treatment he believes will best serve the prospect's needs and wants.

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- Create realistic expectations about what the prospective patient can expect.
- Get agreement to proceed with this discussion and finally get agreement that the prospective patient accepts the recommendation.

Now, it is time for the optometrist to handover the prospective patient back to the RSC to complete the first appointment.

## Act 3, Scene 2 - Reverse handover

**Table 5.11 - Key points regarding reverse handovers**

| | |
|---|---|
| **Who does this?** | ■ RSCs<br>And<br>■ Optometrists and Orthoptists<br>Or<br>■ Ophthalmic surgeons |
| **How long does it take?** | One to two minutes. |
| **When is it done?** | Following the recommendation. |

After the optometrist makes his recommendation, they transfer the trust that they built during their discussion back to the RSC. They do this by handing the prospective patient back to the RSC. To turn the prospective patient back to the RSC, the optometrist should:

- Confirm suitability for a specific procedure.
- Mention any concerns discussed.
- Ask the patient for agreement.
- Turn over the patient to the RSC.
- Say goodbye to the prospect and let them know you'll be seeing them again (probably during aftercare).

The RSC should show a similar enthusiasm as the optometrist about the prospect's result. On their route back to the counselling room, the RSC should pick up a warm beverage and refreshments to share with the prospect. This will help the prospective patient recoup their energy so that they are alert and ready to engage during the RSC's close.

## Act 3, Scene 3 - Providing options

**Table 5.12 - Key points regarding options**

| | |
|---|---|
| **Who does this?** | RSCs |
| **How long does it take?** | One to two minutes |
| **When is it done?** | Immediately following the reverse handover and before handling objections or asking for money |

When presenting options, the RSC should ensure:

- They use the same private room where they first made the relationship with the prospect.
- They sit at the same angle as they did before with no physical barriers between them and the prospective patient, and the prospective patient facing inwards

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The RSC should secure a date first by presenting a choice of dates that they know the prospective patient would likely accept. They should not ask the prospect: "Do you want to book a surgical appointment?" Instead, they should assume the prospective patient would and move forward with that assumption. The RSC can assume that the prospective patient plans to go forward based on everything that has happened so far (e.g. their consistent agreement to all of the RSC and the optometrist's questions, the prospect's response to being found suitable). We find that at this stage, it is best to assume the prospective patient will book a date, time and pay a deposit, if requested. Any other option should come as a surprise. There is, however, one small thing that could stop the prospective patient at this stage - and that is if they did not know the price.

## Act 3, Scene 4 - Asking for money

**Table 5.13 - Key points regarding asking for money**

| | |
|---|---|
| **Who does this?** | RSCs |
| **How long does it take?** | Five minutes |
| **When is it done?** | Immediately after options and handling objections (if there are any) |

You may be wondering at this point, should the RSC ask for a deposit on the treatment price at the end of the first appointment? We have advised this approach for years and those who have taken our advice have benefited from high conversion rates and lower cancellations. The final decision is, of course, up to you. If you decide against it, you can complete the first appointment after securing the date and time in the diary.

One of the best reasons for being upfront with your prices (e.g. on your website, on the phone, and in your appointment confirmation letter) is to avoid dealing with price objections at the appointment. Inviting prospective patients who do not already know your price can waste both your time and theirs. Of course, some prospective patients will get to this point without knowing the price, despite any effort you make to be transparent.

## Handling objections

**Table 5.14 - Key points regarding objections**

| | |
|---|---|
| **Who does this?** | ■ RSCs<br>■ Optometrists and Optometrists<br>■ Ophthalmic surgeons |
| **How long does it take?** | Five to ten minutes |
| **When is it done?** | Before the prospective patient is asked for money and before committing to a surgery date |

When following the process we prescribe, RSCs are most likely to hear no objections on the first call and no objections at the first appointment. In the relatively few cases that prospective patients cite objections, they are:

- I want to think about it (which often means something other than this)
- It is too expensive (or any other phrase related to price, e.g. "that's more money than I expected")

In both scenarios, and indeed in the case of any objection, the first step is to clarify the objection. In the former case ("I want to think about it"), the RSC needs to understand what this phrase really means. "I want to think about it" could mean many things. These are the most common objections RSCs hear after the ones above:

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- Trust ("I don't trust you" - people rarely say this out loud, so they say "I want to think about it" instead)

This is what we call a smokescreen, or a phrase prospects might use to mask their genuine objection. To clarify "I want to think about it", respond with:
"It sounds like you have some concerns. Would you mind sharing them with me?"

If the RSC gained enough trust for the prospective patient to open up to them, the prospective patient may respond with any of the following genuine objections:
- Expertise ("I can find a better expert elsewhere").
- Quality ("I can find more quality elsewhere").
- Timing ("I'm not sure this is the right time to do this").
- Third-party ("I'd like to speak to my partner before I commit to anything").
- Location ("Your location is inconvenient for me").
- Second Opinion ("I think I'd like to get a second opinion before making a decision to book").
- Procedure ("I don't believe in this procedure").
- Fear ("I'm scared").

It is important to remember that the RSC can overcome all of these objections, and that objections are often rooted in misunderstandings, misconceptions and misinformation. These are the steps in overcoming objections:
- Clarify the objection.
- Empathize with the objection.
- Isolate the objection.
- List the objections if more than one exists.
- Overcome each of the objections in turn.

We spent several pages discussing these steps in Chapter 4 when dealing how to handle them on the phone. The process is the same.

## Action steps for this chapter

Now that you've read this chapter, it's time to:
1. Calculate your first appointment close rate if you haven't already done so.
2. Conduct an assessment of what your team is doing at the first appointment and compare it to the advice we share.
3. Get your staff to read this chapter and implement the process themselves, or find a trainer and get them to train your staff to implement this process.
4. Have your staff write their own intent statement suitable for their role in the first appointment.
5. Assign someone responsible and trained to sit in multiple appointments with your staff (following along with the patient) as they take patients through first appointments. Evaluate their process adherence against the process we describe above.
6. Evaluate your results over 12 weeks.
7. Re-calculate your close rate to see the effects of the process change.

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# Chapter 6 - Step 4 - How to set and increase your price

## What you will learn in this chapter

In this chapter, you will learn:

1. Why so many refractive surgeons underprice their services
2. How to differentiate between cost, price and value
3. Why you should probably increase your price
4. Some common methods to set prices
5. How to use the price/quality relationship in your pricing
6. How to introduce laser refractive surgery for patients with presbyopia (e.g. PRESBYOND) into the pricing mix
7. How to increase prices over time

## How does the information in this chapter fit into the 5 steps?

In this chapter, we will focus on the 4th step of the Healthcare Marketing and Sales System - setting the right pricing to maintain and grow your revenue. Like the other steps, pricing can have a significant impact on your annual sales, as we illustrate in the example in Table 6.1:

**Table 6.1 - The effect of pricing on sales**

| Monthly Critical Success Factors | Monthly Key Performance Indicators | Before | After |
|---|---|---|---|
| Leads (number of qualified contacts) | New first conversations (usually on the telephone) | 250 | 250 |
| Conversion rate percent (lead to first appointment) | | 25% | 25% |
| | New first appointments | 63 | 63 |
| Close rate percent (First appointment to sale) | | 50% | 50% |
| | New patients | 31 | 31 |
| Average price | | 1,500€ | 1,600€ |
| No. of transactions per patient | | 2 | 2 |
| | Sales per month (before referrals) | 93,750€ | 100,000€ |
| Referral conversion rate percent (patients to referrals) | | 25% | 25% |
| | Referral sales per month | 23,438€ | 25,000€ |
| | **Total sales per month (after referrals)** | **117,188€** | **125,000€** |
| | **Annual sales** | **1,406,250€** | **1,500,000€** |

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# How much should you charge?

"How much should I charge?" If there is one question we hear most refractive surgeons ask (after "how do I grow my business?"), it is the pricing question. The question represents several other important considerations about pricing, including:

- How should I go about setting my prices?
- What is a patient willing to pay for surgery?
- Should I raise or lower my prices?
- Should I price higher or lower than my competitors?
- Should I offer different services at different price points or only one?
- How should I increase or reduce my prices?
- Should I discount my services from time to time?
- Should I offer financing or a payment plan?

## The complex psychology involved in pricing your services

We will get to the specifics of pricing in a moment; first, we need to talk about the psychology involved in pricing services. Below are five fundamental flaws when thinking about pricing in refractive surgery businesses. These flaws get in the way of pricing your services at a price that prospective patients are willing to pay. Do not ignore these important flaws. You might undervalue that time, and consequently, that service, because a service is based on people (often you) putting in their time. It can be tough to get out of your own way and properly value yourself and your time. A misaligned psychology will however ultimately threaten the long-term viability of your business if you underprice your services, and therefore reduce your profits. Lower profits, over time, will undermine the stability and viability of your business.

**1. "It's contradictory to my ethics to ask for money."**

Your patients pay you money because they value the services you provide. You provide your services because you value the money they pay you. Both parties exchange value for mutual gain. If your patients ask you for service, how could it be unethical to ask them for money?

**2. "Doing this is easy for me and it doesn't take much time."**

When you are selling a service, it is easy to mislead yourself into thinking that you are selling only the time it takes you to deliver the service. That is a fallacy. Depending on the type of procedure, a laser eye surgery might take 15-20 minutes. In the UK, the typical educational path for that refractive surgeon might have taken 5 years to qualify as a hospital doctor. Then, the doctor needs to complete another 4 years of postgraduate specialty training after they complete their MD. Finally, some refractive surgeons further specialize in subspecialty and fellowship training, which may take another 2 years. Furthermore, the subspecialist in refractive surgery then needs to do regular continuing professional education every year. When you add the years of practical experience that helped you hone your craft, you begin to see how the "actual" time investment in a typical procedure is not merely 20 minutes. The reason you can charge around 3,000€ for a procedure that takes you 20 minutes is because it took you a couple of decades to get to the point where you could even do it.

**3. "I feel good when I give my services away."**

Your background – both educationally and professionally – may have prepared you to give as much away as possible for as little as possible in return. So, you may have identified target markets that can barely afford your service. You might reduce your fees to appeal to this market. These target markets also feel safe to you. Because they pay so

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little, they expect much less. You get to lower the pressure on yourself, and therefore can deliver pretty much anything and they will appreciate it.

Aiming too low is a crutch and it is feeding your resistance to selling by addicting you to the easy road. There is nothing wrong with charitable giving. It is admirable. But, be honest with yourself. Look at your target market critically – did you choose them because they challenge you, value what you do highly, pay you well, and expect you to deliver better and better outcomes than anyone else? Or did you choose them because they are easy, paying you a reasonable amount while expecting you to simply show up?

**4. "I'm just starting out, so I'll charge less."**
Many young professionals suffer from this fallacy. Underpricing hurts everyone. It sets up a dynamic where you attract patients who can only pay small fees. You work very hard to earn very little. You burn out far too quickly. Your service and quality suffers, and nobody is happy. Moreover, you are doing a disservice to your profession by undervaluing the service you offer, solely because you fear selling things for what they are worth.

**5. "I don't have a product, so I don't have many expenses."**
You have many expenses. You have employees, rent, utilities, insurance, work tools and cost of sales. Moreover, if you ever want to grow, you will likely need to commit to further expenses including marketing, staff development, and newer infrastructure. Furthermore, your costs should only have part influence on what you charge for your services. As we will discuss later, you can use your costs to establish a minimum that you will charge, and then set a margin for the profit you wish to make.

## Pricing is a marketing strategy, not a financial strategy

The most important thing to consider when pricing your services is that pricing is a marketing strategy, as opposed to solely a financial or accounting strategy.

Then, pricing involves three key areas of consideration:
1. Price, cost and value are three distinct concepts that you should distinguish.
2. Failure to set prices that cover your fixed and variable costs can lead to disaster, but you should not solely set your prices according to your costs.
3. What and how you charge has a psychological impact on your market's choices and how they view your offering.

In this chapter, we discuss the three topics above and provide advice on how to use different pricing tactics, distinguish between 'cost-plus' versus 'value-based' pricing, use pricing research, and raising your prices (and what to consider if you wish to lower them).

Before that, let us consider pricing and competitive strategy.

### Price to attract your customer avatars

Your first task when setting prices should be to revisit your customer avatars, their before and after states, and your statement of value. We guided you through the creation of each in Chapter 2. After revisiting these tools, then come back to this chapter and continue so you can better contextualize the information that follows.

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## Differentiating between cost, price and value

Are you sometimes surprised by some of your competitors who can offer refractive surgery at considerably higher prices than average? Differentiating between cost, price and value enables them to compete effectively with higher prices:

- Cost is the amount of money you spend to offer your service.
- Price is the amount of money you charge for providing your service.
- Value is the amount of money your patient believes the service is worth.

Imagine that the cost for a refractive surgeon to deliver a treatment to one of their patients breaks down as follows in this simplified and fictional example of an independent refractive surgery practice treating 30 people per month:

**Table 6.2 Estimating costs per patient treated in € - 30 eyes**

| Costs | Per month @ 30 eyes | Per eye @ 30 eyes |
|---|---|---|
| Employee remuneration | 7,000 | 233 |
| Rent or mortgage | 5,000 | 167 |
| Utilities | 500 | 17 |
| Insurance | 2,000 | 67 |
| Work tools (i.e. office and medical equipment) | 2,000 | 67 |
| Cost of sales (i.e. consumable materials, labor, medications and medical supplies) | 7,500 | 250 |
| **Total** | **24,000** | **800** |

According to Table 6.2, it costs the clinic 800€ for this clinic to treat one eye. Of course, we should note that all of these costs except for cost of sales are fixed costs whether you treat 30 eyes or not, so these costs must be covered by volume. In this example, the only costs that depend on volume are 'costs of sales' - these are called variable costs.

In this case, the owner of this clinic can decide to charge a price of 1,000€ per eye and still make a gross profit of 200€ per eye (1,000€ - 800€ = 200€).

This is a penetration strategy. The margin is high (75 percent), as is usually the case in refractive surgery businesses, but the price is just higher than fixed and variable costs if the clinic treated 30 eyes. Imagine what might happen if in a lean period this same clinic only treats 20 eyes.

**Table 6.3 Estimating costs per patient treated in € - 20 eyes**

| Costs | Per month @ 20 eyes | Per eye @ 20 eyes |
|---|---|---|
| Employee remuneration | 7,000 | 350 |
| Rent or mortgage | 5,000 | 250 |
| Utilities | 500 | 25 |
| Insurance | 2,000 | 100 |
| Work tools (i.e. office and medical equipment) | 2,000 | 100 |
| Cost of sales (i.e. consumable materials, labor, medications and medical supplies) | 5,000 | 250 |
| **Total** | **21,500** | **1,075** |

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Regardless of whether the clinic treats 20 or 30 eyes, the clinic stills charge each patient 1,000€ per eye. At 20 eyes, however, the clinic is losing 75€ on every eye they treat (1,000€ - 1,075€ = -75€). The margin remains 75 percent; that did not change. The price, however, is insufficient to cover both fixed and variable costs if the clinic only treats 20 eyes.

The above example should illustrate why you need to set a price that accounts for the value you provide the patient and buffer yourself from losing money in lean periods.

## Differentiating between cost, price and value

To increase your profitability, identify the benefits your patients gain after getting your service. In refractive surgery, these benefits may appear somewhat intangible. To further complicate matters, relatively few prospective patients can differentiate between the quality of different medical service providers. In one way, purchasing refractive surgery is like flying in an airplane. The consumer has a perception that the regulatory authorities have vetted the quality of the service, so they can expect that the airline will safely deliver the service. So what can you do to avoid the commoditization that drags prices down, like it does in the airline industry?

One way to increase benefits is to add value.

If the value you offer is low compared to the price you charge, patients will not see sufficient benefit to choose you. If the value you offer is high compared to price, more prospective patients will see the benefit of choosing you. Therefore, to increase the prospective patient's perception of the benefits of choosing you, you must increase the value you offer or lower the price you charge.

Patients consider price when making buying decisions, but price is often not the most important criterion. Instead, most prospective patients use price as an indicator to evaluate priorities that are considerably more important to them - like quality, service, convenience and breadth of service.

The price you set can also serve to communicate where you stand in the marketplace.

For example, what does your price say about your quality? Does your price suggest you offer superior or inferior quality?

Does your price suggest you cut corners or that you spare no expense?

This is often known as the price = quality relationship.

Some competitors can use premium pricing as a pricing strategy to exploit the tendency for buyers to assume that expensive items enjoy an exceptional reputation or represent exceptional quality and distinction.

## The diffusion of innovations - Why you are probably underpricing refractive surgery

Like living things, products and services have life cycles. Knowing where refractive surgery is in its adoption life cycle may help you better understand your market and might give you a possible picture of what the future may bring. Importantly, this understanding may give you a signal to price your service in a position that 'goes with the current' as opposed to 'going against the grain'.

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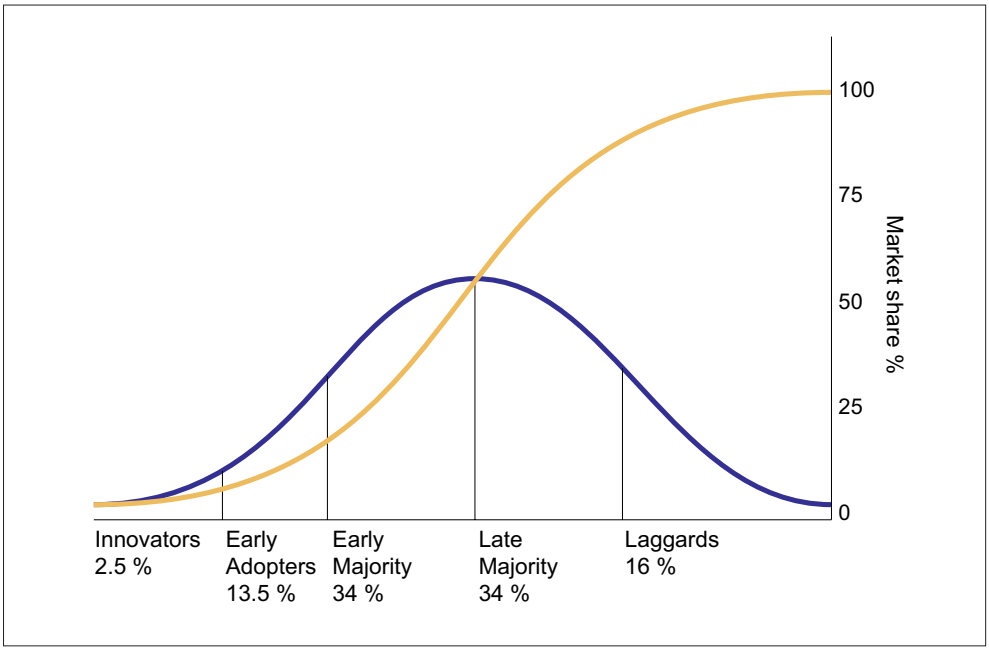
**Figure 6.1 - The Diffusion of Innovations**




Source: Wikipedia (public domain). The diffusion of innovations according to Rogers (1962).

With successive groups of consumers adopting the new technology (shown in blue), its market share (yellow) will eventually reach the saturation level.

## Laser eye surgery and the product adoption life cycle

Observe the adoption curve above. In which stage is laser eye surgery? Introduction, growth, maturity or decline?

One way to tell in which stage an innovation is, is to measure how many people have adopted it. Let us consider laser eye surgery in the UK, where nearly 60 percent of adults need corrective lenses.[8] How many people in the UK have had laser eye surgery? By June 2015, 3.6 percent of adults in Great Britain had laser eye surgery.[9] That suggests that, at least in the UK, the Innovators (2.5 percent of the market) have now adopted laser eye surgery and we are now penetrating the Early Adopters (the next cohort of 13.5 percent).

Depending on the market, laser eye surgery patients are, by definition, "Innovators" and "Early Adopters". There is a vastly larger pool of potential patients in the "Early majority" who will make up the next wave of patients (34 percent) in the "growth" stage of the laser eye surgery product lifecycle.

**Laser eye surgery patients are innovators**

"Innovators" are the first 2.5 percent in a given market. In the North of England, only 2.3 percent of people have had laser eye surgery (these are innovators). In contrast, 4.3 percent of people in Greater London have had the surgery (Londoners are now in the Early Adopter stage of the product life cycle. Innovators are happy to pay higher relative prices in order to be first to receive the service's benefits.

[8] Incidence of refractive error and laser eye surgery penetration will differ from market to market, but not by enough to make the UK an outlying example. You can generalize from this.
[9] Keynote UK Ophthalmic Services Market Report 2015.

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**Laser eye surgery patients are early adopters**

"Early adopters" (the next 13.5 percent) are prepared to pay the "early adopter tax" – a higher price than the early majority would be willing to pay for your service. Success with early adopters is crucial for a technology to become socially acceptable by the majority.

In the UK market, most multiple-site clinics and larger competitors are competing for the early adopter market. These customers will be relatively more price sensitive than the innovators, but not as much as the early majority that will follow them.

For the most part, multiple-site clinics and larger competitors do not charge what we believe innovators and early adopters are prepared to pay. Instead, these providers discount. Deep discounting goes 'against the grain' of the current market. Why do they do it? Their long term goal is to penetrate the market and outlast competitors, so they can eventually dominate the market when they finally start to sell to the early majority.

**What the product life cycle concept suggests about pricing strategy in laser eye surgery**

As we discussed, pricing refractive surgery must take into account many considerations, both strategic and competitive. Two strategies include creaming the market (pricing high to maximize profits) and penetrating the market (pricing low to maximize market share). The product life cycle concept suggests that the decades ahead for laser eye surgery will see a reduction in average prices over time with an increase in the overall market share – but we are not there yet. While the window for creating the market may be closing, there is still a significant percentage of market that will be happy to pay a higher price for a service that resists commoditization. Keeping prices high, for several years (at least) into the future 'goes with the current' of the market. In the future, high price competitors will have to work harder to communicate the value and benefits behind their higher-priced offering. Deep discount penetrators, we are afraid, may be leaving profits on the table by 'going against the grain' of the market.

## Pricing is a marketing strategy, not a financial strategy

Have you ever heard the story about the steam train repair expert?

A steam train completely shut down because of a malfunction that no one could identify and fix. The train service was losing hundreds of euros every minute that the problem remained unresolved.

Exasperated, the Rail Manager called in an expert to fix the broken steam train. When the expert arrived a couple of hours later, he said, "I'm here to fix your problem." The Rail Manager quickly rushed the expert over to the idle steam train. The expert looked at the steam train, reached into his toolbox to pull out a hammer, and then he hit the train with his hammer. The machine immediately started working, and the railway was back in operation making plenty of money once again. The Rail Manager asked, "How much will that be?" The expert replied, "1,000€." The Rail Manager could not believe what he was hearing. "Come on," said, the Rail Manager, "all you did was hit it with a hammer!" The expert replied, "Yes, but I knew where to hit it with the hammer."

Do you know where to hit the hammer - better, faster, or more reliably than the rest? If so, don't sell yourself short.

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## There are two ways to price your refractive surgery:

**1. Cost-plus pricing:**
As we did in the example in Table 6.2, take the cost of delivering your service and add the amount you need to make a profit (usually a percentage). Typically, this is not a suitable pricing route to take with refractive surgery. It is suited more for businesses that deal in volumes or in markets that are dominated by price competition. This approach unfortunately ignores market positioning, product life cycle and what customers are willing to pay for the value they receive. Delivering your service is based on your time (a finite resource), so you may not find it easy to scale using this approach. Instead, you will create a needless income cap for yourself. If you are doing this, shed this approach in favor of value-based pricing.

**2. Value-based pricing:**
If you have clearly defined the value you provide and can outline the advantages you have over your competitors, then you can charge what your customers perceive to be the value of your service. In the steam train story, you can be assured that the Train Manager happily handed over the 1,000€ because the cost of not doing so was so much greater. It did not matter that it took the expert less than a minute to fix the problem. The time it took him to provide the value is irrelevant. In fact, we could argue that the expert that can perform a task in less time is more valuable than the equally-skilled expert that drags their feet. When you price your services, while you should consider your costs, avoid the temptation to set your prices by simply adding a percentage to your costs. It may be easy, but this approach will cost you. Instead, think about all the value you create, beyond the obvious.

Are you:
- faster to respond?
- quicker to complete?
- able to communicate via a team that is a joy to deal with?
- easily accessible out-of-hours?
- giving patients more added-value experiences on the day of surgery (A free taxi ride home? A pre-treatment head massage? A sumptuous post-surgery recovery room? New designer sunglasses with which to enjoy the results of the surgery?)
- exceedingly trustworthy?
- easy to get along with?
- more knowledgeable than the rest?
- more experienced or expert in the specialty?

These are all values that should factor into the price that your customer is willing to pay.

## Increasing or decreasing your prices and impacts on profitability

From time to time, you may be tempted to raise or lower your prices. When raising or lowering your prices, consider the following:
- how will a price change (up or down) affect your sales volume?
- what will be the effect on your profit per sale?

To find out, you need to first know your gross profit percentage. To do so, let us revisit the hypothetical clinic:

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**Table 6.4 Using variable costs to calculate gross margin in €**

| Costs | Per month @ 30 eyes | Per eye @ 30 eyes |
|---|---|---|
| Employee remuneration | 7,000 | 233 |
| Rent or mortgage | 5,000 | 167 |
| Utilities | 500 | 17 |
| Insurance | 2,000 | 67 |
| Work tools (i.e. office and medical equipment) | 2,000 | 67 |
| Cost of sales (i.e. consumable materials, labor, medications and medical supplies) | 7,500 | 250 |
| **Total** | **24,000** | **800** |

In this example, the cost of sales is 250€. Recall that this clinic charges 1,000€ per eye - that is the sales revenue per eye (or the price) they make 750€ on every eye.

1. Calculate the gross profit by subtracting costs of sales from the price (revenue per eye) - (1,000€ - 250€ = 750€).
2. Next, divide gross profit by revenue per eye (750 / 1000 = 0.75).
3. Express that decimal as a percentage (0.75 * 100 = 75%).
4. The profit margin (also called your gross profit percentage) is 75 percent.

Now that you know the formula, calculate your own gross margin percentage using the same method.

With this gross margin, you can calculate the effects of raising and lowering prices on your profits using the calculations we present below. Often, we assume that when one raises the price of an item, sales will fall. By what percent can sales fall before you start to lose gross profit?

**The amount that sales can fall (percent) before total gross profit reduces**

Increasing your prices can have a dramatically positive effect on profitability, even if your sales drop.

For example, if our hypothetical clinic above, raises the price by 50 percent, the gross profit margin raises 83.3 percent. Now the clinic is making 83.3 percent of every euro. To find the amount of sales necessary to make the 750€ with a gross profit of 83.3 percent, we first take the 750€ and divide by 83.3 percent.

750€ / .833 = 900.36€

Next, to find the percentage of sales increase required to return the same gross profit euros when compared to the original sales price or volume, use the following calculation:

Euro amount of change in sales / original sales volume in dollars or (1,000€ - 900.36€) / 1,000€ = 9.96% decrease.

Therefore, the clinic can afford to lose almost 10 percent of its sales by raising its price from 1,000€ to 1,500€ and still maintain the same gross profit. In other words, if the clinic expects to treat 30 eyes a month at 1,000€ an eye, it could maintain the same gross profit at 27 eyes per month if they started charging 1,500€ an eye.

That is 3 less eyes per month or 36 less eyes a year. If a clinic with a 25 percent conversion rate and a 50 percent close rate needs to treat 36 eyes (18 patients), then it needs to acquire 144 more leads in a year. A drop of 144 leads relieves a lot of pressure on marketing and decreases the overall marketing costs.

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**The amount that sales must rise (percent) before total gross profit increases**

Note that reducing your prices (either progressively, or by temporarily discounting) can have a surprisingly negative effect on your profit.

Recall that in the full price example, the clinic treats an eye for 1,000€. It costs the clinic 250€ to treat every eye. The gross profit is 750€, or 75 percent. They must use that 750€ to pay their fixed expenses. Let us assume the clinic wants to reduce their prices by 20 percent. When the clinic gives a discount or reduces its prices, the Cost of Sales does not change, only the gross profit does. With a 20 percent discount in the above example, the price drops from 1000 to 800 per eye, and the gross profit drops to 550€, or 68.75 percent. Now only 68.75 percent of every euro sold is available for expenses.

In the full price example, the gross profit was 750€. Now the clinic is making 68.75 percent on every euro. To find the amount of additional sales necessary to make the 750€ with a gross profit of 68.75 percent work, we first take the 750€ and divide it by 68.75 percent.

750€ / .6875 = 1,090.90€

Next, to find the percentage of sales increase required to return the same gross profit euros when compared to the original sales price or volume, use the following calculation:

Euro amount of change in sales / original sales volume in euros or (1,090.90€ – 1,000.00€) / 1,000.00€ = 9.09 % increase.

Therefore, the clinic must increase its sales volume by 9 percent if it discounts its prices by only 200€ in order to still maintain the same gross profit. In other words, if the clinic expects to treat 30 eyes a month at 1,000€ an eye, it must now treat 33 eyes a month to maintain the same gross profit at 800€ an eye. That is 3 more eyes per month or 36 eyes a year. If a clinic with a 25 percent conversion rate and a 50 percent close rate needs to see 36 eyes (18 patients), then it needs to acquire 144 more leads in a year. That is a significant marketing challenge.

Now consider this - the number of eyes needed decreased by 3 in the first example (increasing prices by 500€) and increased by 3 in the second examples (decreasing prices by 200€). It should be evident how relatively damaging even small price discounts are to gross profit.

These two examples above show the impact that increasing or decreasing your prices will have on your gross profit. It should also demonstrate how much latitude there is for your sales to fall before profit reduces, or sales to rise before profit increases.

You should only consider dropping prices if you are confident you can make it up in volume with marketing. The problem with that is that acquiring leads requires money, money which you have less of because you significantly dropped your gross margin.

## What price is too low or too high?

To understand what constitutes a “low” or “high” price, let us begin this section by discussing average prices for LASIK. The situation in the US shows a relatively flat pattern.

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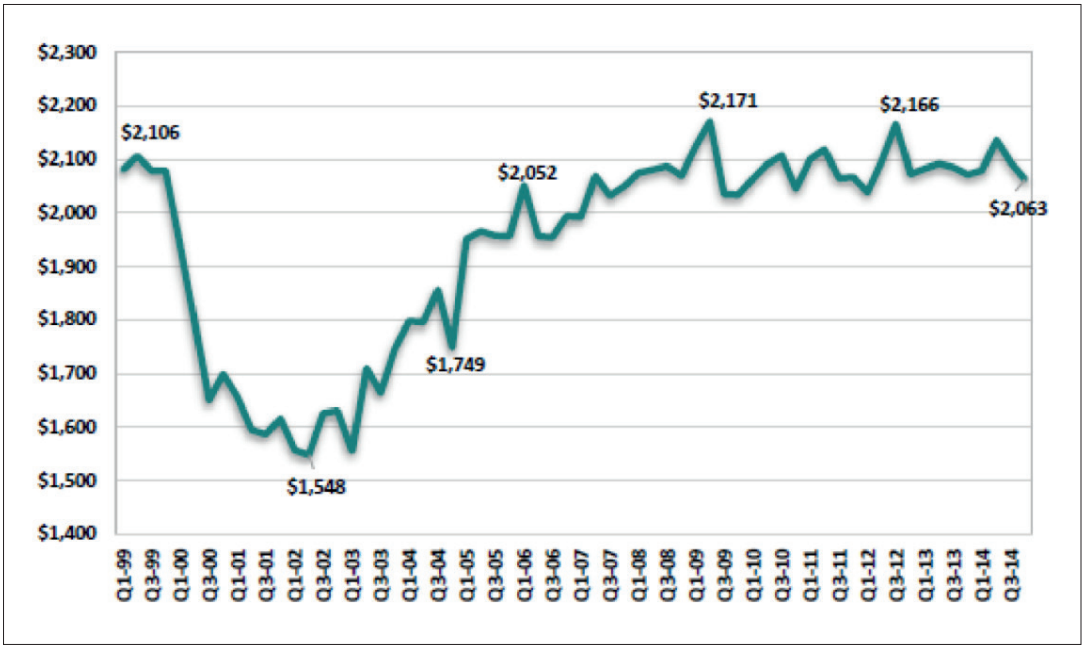
**Figure 6.2 Average laser eye surgery prices in the US (per eye)**




Source: Market Scope Quarterly Surveys of US Refractive Surgeons

As the chart shows, LASIK prices averaged $2,106 in 1999, took a big hit in the early 2000s and didn't recover that price until 2009. Since 2009, prices have remained relatively flat with the average price in 2014 lower than it was in 1999.

The early drop was mainly the result of corporate owned refractive surgery centers lowering prices to penetrate the market to increase volumes. Some centers did achieve these goals, but at the expense of the industry as a whole. Market Scope claims that "strong evidence suggests that the price decrease merely shifted procedure volume between local providers and had little, if any, impact on the overall size of the market." Volume statistics over the same period bear out this claim.

Today, surveys of refractive surgeons suggest that surgical prices per eye range widely. Most corporates and surgeons that own their clinics set their prices according to procedure type, local market conditions, and marketing strategies. Evidence suggests that most clinics (52 percent) use a single-price model to overcome the confusion inspired by pricing every procedure differently.

Among those clinics that varied their pricing according to type, Market Scope compiled this helpful table below. It's important to note that these prices reflect the nature of the US market, not the worldwide market. With that said, we can infer some similarities in other rich-country markets.

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**Figure 6.3 Average price per eye and the percentage of surgeons charging that price (US)**

| Procedure Type | | | Percent of Surgeons | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Laser Based | Average Price Per Eye | Standard Deviation | $ 1,000 or less | $ 1,001 to $ 1,500 | $ 1,501 to $ 2,000 | $ 2,001 to $ 2,500 | $ 2,501 to $ 3,000 | $ 3,001 to $ 3,500 | $ 3,501 to $ 4,000 |
| One Price for all Laser-based Procedures | $ 2,150 | 247.29 | 0.0% | 6.7% | 37.3% | 45.3% | 10.7% | 0.0% | 0.0% |
| LASIK with Bladed Microkeratome | $ 1,708 | 371.60 | 4.5% | 27.3% | 54.5% | 13.6% | 0.0% | 0.0% | 0.0% |
| LASIK with Femtosecond Laser | $ 1,886 | 389.70 | 3.7% | 14.8% | 40.7% | 37.0% | 3.7% | 0.0% | 0.0% |
| Surface Ablation | $ 1,808 | 352.33 | 3.2% | 19.4% | 45.2% | 32.3% | 0.0% | 0.0% | 0.0% |
| WF LASIK with Bladed Microkeratome | $2,043 | 404.92 | 0.0% | 4.5% | 54.5% | 31.8% | 4.5% | 4.5% | 0.0% |
| WF LASIK with Femtosecond Laser | $ 2,142 | 407.25 | 2.9% | 2.9% | 31.4% | 51.4% | 11.4% | 0.0% | 0.0% |
| WF Surface Ablation | $ 2,031 | 296.77 | 0.0% | 6.5% | 45.2% | 48.4% | 0.0% | 0.0% | 0.0% |
| Average Laser-based | $ 2,063 | 391.21 | 1.6% | 10.3% | 42.0% | 39.9% | 5.8% | 0.4% | 0.0% |
| Non-laser Based | Average Price Per Eye | Standard Deviation | $ 2,000 or less | $ 2,001 to $ 2,500 | $ 2,501 to $ 3,000 | $ 3,001 to $ 3,500 | $ 3,501 to $ 4,000 | $ 4,001 to $ 4,500 | More than $ 4,500 |
| RLE with Monofocal Lens | $ 3,523 | 1,126.07 | 4,9% | 26.8% | 17.1% | 26.8% | 9.8% | 7.3% | 7.3% |
| RLE with Presbyopia-correcting IOL | $ 4,656 | 913.49 | 0.0% | 0.0% | 9.7% | 9.7% | 29.0% | 29.0% | 22.6% |
| Phakic IOL | $ 3,720 | 835.78 | 2.9% | 2.9% | 14.7% | 44.1% | 14.7% | 5.9% | 14.7% |

Source: Market Scope Q4-2014 Survey of US Refractive Surgeons

The first important figure is the average laser-based price of $2,063. Despite this average price, most surgeons (42 percent) charge between $1,501 to $2,000 per eye. These surgeons might be underpricing, or they might be in extremely rural, price-competitive, or financially-depressed markets. The 10.3 percent that charge $1,001 to $1,500 are more likely to be underpricing. The 1.6 percent that charge $1,000 or less are most likely to be underpricing.

Is there such a thing as overpricing? Yes, especially if the benefits offered does not exceed the price charged. It's possible that the 45.7 percent that charge $2,501 to $3,500 are overpricing or are in urban centers with a high proportion of high-income Millennials. These surgeons might not necessarily be the best quality, but they might be able to increase their fee by including customer service amenities that are important to their target markets. How should refractive surgeons introduce laser refractive solutions for patients with presbyopia into their pricing mix?

When laser refractive solutions for patients with presbyopia come to the US, we hope surgeons will choose to charge a premium for this procedure. Similarly, we suggest that surgeons worldwide do so as soon as they get it.

Why? One could argue that you should price later generation (LASIK and SMILE) laser refractive solutions higher than early generation solutions (PRK). We provide some justifications below.

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## Reasons to set laser refractive solution prices higher for patients with presbyopia

Laser refractive solutions for patients with presbyopia:

1. Are a new technology. Based on the technology adoption curve, you will be marketing to innovators.
2. Is relatively scarce, which prospective patients perceive as having greater value (e.g. gold versus other metals). Relatively few surgeons will offer it in the early stages of market introduction.
3. Solves a problem for a target market (i.e. Baby Boomers) that has more spending power and discretionary income than any other market.
4. Targets a highly motivated market that was forced later in life to endure conventional visual aids (glasses and contact lenses) and is less willing to tolerate them for long.
5. Is associated with the feeling of youthfulness, as well as functional benefits and results.
6. Costs more to deliver because of the more numerous pre-tests and aftercare appointments involved.

## How to integrate laser refractive solutions for patients with presbyopia into one-price models

For the 52 percent of surgeons who use a one-price model, we suggest offering laser refractive solutions for patients with presbyopia at a relatively higher price than their typical one-price (e.g. between 15 to 20 percent more, if justifiable) than their one-price model dictates. Yes, this de-facto overrides a one-price model, but we believe surgeons can justify it with the reasons we state above (e.g. new technology, higher costs for delivery). Furthermore, surgeons need not charge a relative premium forever; only for as long as this procedure remains new.

Why 15-20 percent more? The average premium for femtosecond over bladed keratome in the US is 6.7 percent more. The average premium for wavefront over standard ablation is 13.15 percent. We believe a market introduction with this many advantages over alternative methods can support an increased fee of 15 percent or more. In other words, if you are charging the average 2,150€ per eye (the average price in the US) in a one-price model, then we recommend charging around 2,500€ for laser refractive surgery for patients with presbyopia.

The main reason we recommend using a one-price model is because it is easier for consumers. We know, however, that consumers are willing to pay the higher of two prices if there is a perceived benefit for the higher priced option. For example, a clinic in London has been offering a two-price model for many years. They charge one price for standard, wavefront, and femtosecond LASIK, and another price for 'high-profile' LASIK (that offers everything in standard LASIK but requires planning for higher prescriptions). They justify this by claiming that 'high-profile' treatments often require more than one planned treatment to arrive at the patient's best visual outcome.

## How to integrate laser refractive solutions for patients with presbyopia into a tiered-pricing model

If you have a tiered-pricing model, we recommend you introduce laser refractive solutions for patients with presbyopia at the highest tier (15 to 20 percent higher than the next price). Again, for the reasons we mention above, we would advise a creaming strategy here.

In this scenario, if you charge 2,000€ for your highest priced LASIK procedure, then we advise charging between 2,300€ (15 percent more) and 2,400€ per eye (20 percent more) for laser refractive solutions for patients with presbyopia.

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# Strategy for raising and reducing transaction prices

What should you do if you have already set your surgery prices but would like to increase or decrease them?

## Practical considerations for increasing your price

- First, a reduction in sales after a price increase is not a given. If you manage your price increase properly, you may be surprised to see an increase in sales.
- It is important to explain why you are increasing your prices to your customers and prospects. You can use this as an opportunity to emphasize your value, improve your relationship with patients, and underscore your position in your marketplace.
- Give your prospective patients a chance to get in on the original price. If you have a good pipeline of leads, then this may result in a swelling of short-term transactions.
- If you are about to offer a substantially different service (i.e. like an advanced laser refractive surgery solution), then that is a good opportunity to introduce another level of price.
- Another way to increase your average price is by pushing your newer, higher priced and higher margin services while making your older, lower priced, lower margin services less accessible.
- Prospective patients are more likely to accept your increased prices when the economy is strong than when the economy is weak.

Lastly, we advise you to prepare your staff with sales training before you increase your price. A higher price may yield more price objections and your staff will need to have the confidence, skills and practice to handle these objections.

## Practical considerations for reducing your price

- Some refractive surgery clinics offer promotional discounts to offset slow summer months or aim to appease economic concerns amongst their prospective patients by progressively reducing their prices.
- Discounts and price reductions, while sometimes having a positive short-term effect on sales, can undermine your credibility, discredit your value proposition, and in some cases 'train' your customers to not buy from you until your prices are low again.
- Worse, reducing prices can have a devastating effect on your profits (as you can see in the above example). This effect can have the knock-on effect of making you reduce your costs (by cutting corners on quality). You may also see the need to reduce your service levels (by cutting down on staff or opening hours) to compensate.
- Dropping your prices can be one of the most unimaginative methods of increasing short-term sales. If you cannot sell the value you offer at the price you want, then consider improving the value or improving your marketing and sales effectiveness.

Lastly, consider the fact that most prospective patients do not make treatment decisions solely on the basis of price. They tend to make a more price-based decision in the absence of other data that is presented to them with which they can use to better evaluate a clinic.

What else can you do to convince them that the value you offer is worth the price you want to charge?

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# Other factors that influence price

## The impact of financing

Hitachi Capital Consumer Finance, one of the larger players in the refractive surgery financing market, claims that 83 percent of customers surveyed (n=3000) confirm that access to monthly payments at the point of sale heavily influenced their decision to buy from a specific retailer. They further claim that 48 percent spent more as a result.[10]

This data aligns with our experience, which suggests that laser eye surgery patients elect financing options 25 to 50 percent of the time.

It is logical that financing lowers cost barriers to those who may not have the sufficient liquidity to purchase laser eye surgery outright, even if interest payments increase cost. It is also understandable that many consumers might prefer to spread payments over years at no interest, even if they can afford the cost all at once.

Therefore, we recommend clinics offer financing whenever possible, and particularly if they charge prices that are higher than market average.

When pricing laser eye surgery, you may also want to consider the psychological effect of the monthly payment. For example, if you offer interest-free financing for laser eye surgery for 2,400€ per eye, you can communicate a monthly investment of 200€ per month over a year, or 100€ per month over two years. The longer the term, the more attractive the price appears. You can also calculate common terms for interest-bearing financing and offer these, with the necessary caveats relating to approval of credit.

Lastly, while consumer finance companies pass on the cost of interest-bearing financing to consumers, you as the clinic pay for the financing cost of interest-free credit. Should you choose the latter, you will need to factor this cost into your variable costs per treated eye, which will lower your gross margin. Furthermore, the longer the terms you offer, the higher the cost to you will likely be. Nevertheless, considering the likely increase in sales that financing can afford, your profits may remain the same or may possibly increase.

## Understanding the price/quality relationship

Why do nearly 30 percent of retail prices end with the numeral 5 (e.g. $4.95)? Why do over 60 percent of retail prices end with the numeral 9 (e.g. $4.99)? Why does Wal-Mart, a brand name synonymous with ‘real bargains’ usually end its prices with the numeral 8? Even more curious, why is the third most common ending numeral (after 9 and 5); the number 0 (7.5 percent of prices)? The reason is psychological pricing.

[10] TFM Insights - Retail Finance Drives 50 percent Increase in Sales.

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**Figure 6.4 - Percentage of prices ending in different digits**

| Digit ending | Proportion in the 1997 *Marketing Bulletin* study | |
|---|---|---|
| 0 | 7.5% |  |
| 1 | 0.3% |  |
| 2 | 0.3% |  |
| 3 | 0.8% |  |
| 4 | 0.3% |  |
| 5 | 28.6% |  |
| 6 | 0.3% |  |
| 7 | 0.4% |  |
| 8 | 1.0% |  |
| 9 | 60.7% |  |

1997 Marketing Bulletin Study, source of image: http://en.wikipedia.org/wiki/Psychological_pricing

## Psychological pricing: Are patients really fooled by odd-number pricing?

The theory behind odd-number pricing is that consumers ignore the least significant digits rather than do the proper rounding. Even though the last two digits are seen and not totally ignored, they may subconsciously be partially ignored. It has also been suggested that odd pricing is perceived by the consumer to be the vendor's lowest possible price.

Walmart opts to end its prices with an "8", in order to appear just that bit less expensive than the competing odd-prices.

High end, premium quality retailers, on the other hand, tend to complete their prices with round figures (e.g. "100€"), suggesting a greater respect for their customers' sophistication while sending a message that says "Hey, we know you know how to read a price, so we're not going to try to trick you into believing it's less than it is."

The lesson is: If you want to look like a real bargain, price oddly.

If you want to appear as a premium offering, price in round numbers.

In our view, few refractive clinics want their prospective patients to associate them with the word 'bargain'.

This is, however, a viable option for clinics that own the 'bargain' space.

## The price-quality relationship: Is "expensive" a bad word?

We do not think 'expensive' is a bad word. Like most things, it is more complicated than that. In the absence of other cues, price is an important factor in the prospective patient's perception of your service quality. The higher the price, the better the prospective patient believes the quality of the service to be.

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In one study (Myers and Reynolds, Consumer Behaviour and Marketing Management), 400 people were asked what terms they associated with the word "expensive". Over two-thirds replied with terms relating to high quality, such as "best" and "superior". This well-documented fact has been demonstrated repeatedly in marketing research.

## Setting prices can be complicated but it is a major factor in business success

As you can see, there is much more to pricing your refractive surgery services than you may have initially realized. It may seem like a monumental decision to set your prices because the implications are so wide ranging.

To reiterate the important themes, we have stressed in this chapter, the most common errors refractive surgery clinics make regarding pricing their services is pricing too low (often due to the psychological barriers we discussed at the start of this chapter or pricing based on costs alone), or lowering prices in the hopes of increasing profits. Consumers associate low prices with poor quality and high prices with high quality. Furthermore, a small drop in price can dramatically increase your sales requirements to maintain profit levels.

Keep in mind the point about competition that we mentioned at the beginning of this chapter. It is often unwise to set your prices significantly higher or lower than your competition, but you should not aim for the middle ground either.

## Action step for this chapter

Here are the steps in summary:

1. Get your psychology right about pricing. How you price starts with how you view your own value. Take an honest look at your price. Could you be charging more than you currently do?
2. Know your customers. Identify the benefits you have to offer your customer avatars, and whether the value you offer them deserves a down-market or an up-market price. Increasing the perceived value of what you offer, and then communicating that value well are instrumental in setting and maintaining a higher than average price.
    a. What are 3 things you could do to increase your patient's perceived value of your service? (see Chapter 2 - Customer avatars).
    b. Which method did you use to price your services? Cost or value-based?
3. Know exactly who your competition is and what they charge (see Chapter 2 - Competition and positioning).
    a. Based on your competitive matrices you developed in Chapter 2, determine where you want to set your prices relative to your strengths and weaknesses. Is there an attractive space in the market you can fill that others have left empty?
4. Calculate your fixed and variable costs. Price to maximize your gross margin. This is especially important if you choose to set prices below the norm. Because refractive surgery businesses have high fixed costs relative to variable costs, your margins will likely be on the high side (50 percent or higher). Therefore, we advise you to use value-based pricing (as opposed to cost-based pricing) and build a strong case for a higher than average price by adding more value to your service over time. You must be able to demonstrate the value.
5. If you plan to set your prices above the norm[11]:
    a. State your price on your website and appointment confirmation correspondence to disqualify those who prefer low prices over perceived quality.
    b. Align every marketing message and communications tactic to an up-market approach (see Chapter 3).

[11] Every marketing claim must be provable with clinical data. if you claim high quality, you must be able to prove this by demonstrating good clinical outcomes.

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   c. Prepare your telephone staff with sales training designed to teach your telephone staff to handle objections and downsell a free sample of your service (see Chapter 4).
   d. Prepare your clinical staff with sales training designed to justify a higher price and offer a two-step first appointment to provide a free sample of your service (see Chapter 5).
   e. Plan to excel in customer service. Upmarket refractive surgery clinics are not in the refractive surgery business offering great customer service, they are in the customer service business offering great refractive surgery. By far, the best way to justify higher prices is to offer outstanding customer service (see Chapter 7).
6. If you plan to set prices below the norm:
   a. The value-enhancing services mentioned in point 6 become less achievable; the lower profits associated with selling services at lower prices means that you likely will not be able to afford to put some of those processes in place anyway.
   b. Upmarket customer service is challenging to provide when you charge lower prices.

## Disclaimer regarding pricing strategies provided in this chapter

This chapter provides some general ideas about pricing strategies. Based on your local regulations and health insurance system some restrictions may be established with regard to partial or full reimbursement or fixed rates for health care services. This must be considered primarily.

Additionally, it must be considered for any pricing strategy primarily that there might be established some local regulations compared to the general international ethical rules, concerning the primary objective of the medical profession which is to render service to humanity; reward or financial gain is a subordinate consideration. Under no circumstances may physicians place their own financial interests above the welfare of their patients.

This results in a price balanced between costs, efforts, performance as well as market situation.

Therefore, because of very different and from time to time very diverging national regulations, professional laws for health care and ethical rules nothing in this chapter shall be used and transferred into your business unless approved by a professional lawyer or skilled adviser in respect to your national legal and ethical environment.

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# Chapter 7 - Step 5 - How to get more referrals

## What you will learn in this chapter

In this chapter, you will learn:

1. The degree to which you have an entrepreneurial culture and why this is essential to stimulate referrals.
2. Why exceptional customer service is so important for long term growth
3. What is meant by 'Moments of Truth' and how you can make them count
4. How to map out your customer experience journeys from your customer avatars' perspectives to anticipate how they will emotionally respond to inflection points along the journey.
5. How to ask one "ultimate question" to figure out which patients will refer to you
6. The basic three steps in a referral strategy

## How does the information in this chapter fit into the 5 steps?

In this chapter, we aim to provide you with tactics that increase the number of patients that refer other patients - or, your referral conversion rate percentage. Increasing this metric can have a significant effect on your sales, as we illustrate in Table 7.1:

**Table 7.1 - Increasing your referral conversion rate**

| Monthly Critical Success Factors | Monthly Key Performance Indicators | Before | After |
|---|---|---|---|
| Leads (number of qualified contacts) | New first conversations (usually on the telephone) | 250 | 250 |
| Conversion rate percent (lead to first appointment) | | 25% | 25% |
| | New first appointments | 63 | 63 |
| Close rate percent (First appointment to sale) | | 50% | 50% |
| | New patients | 31 | 31 |
| Average price | | 1,500€ | 1,500€ |
| No. of transactions per patient | | 2 | 2 |
| | Sales per month (before referrals) | 93,750€ | 93,750€ |
| Referral conversion rate percent (patients to referrals) | | 25% | 34% |
| | Referral sales per month | 23,438€ | 31,875€ |
| | **Total sales per month (after referrals)** | **117,188€** | **125,625€** |
| | **Annual sales** | **1,406,250€** | **1,507,500€** |

# Disclaimer regarding pricing strategies provided in this chapter

What is the best way to get more patient referrals? Depending on who you ask, you might hear:

- Use social media
- Ask for referrals
- Have great visual outcomes
- Have great customer service

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We believe that all of these things are important, but the first thing you should focus on if you want to get more patient referrals is providing outstanding customer service.

While social media is a great way to help your happy patients spread the word about their experiences with you, it is not enough to expect referrals. They first need to have remarkable things to talk to their friends about. If your visual outcomes or customer service is not good, social media can be a bigger liability than an asset.

Asking for referrals is important, and you will get more referrals if you ask for them than if you do not. Expecting referrals after providing unsatisfactory visual outcomes or customer service, however, will lead to disappointment.

Why are excellent outcomes not enough? Patients expect excellent outcomes as a given. They do not choose you to deliver a satisfactory outcome or even a moderately good outcome. Your patients want, and expect, excellent visual outcomes. Any less, in their perception, is a failure. Therefore, the visual outcome they expect will not result in a surprise. People do not tend to talk about the things that they expect. They tend to talk more about the things they did not expect ("I went to the laser eye surgeon and they treated me like royalty").

Which leads us back to customer service. In a world where refractive surgery looks more and more like a commodity, customer service will help you stand out from the rest. Customer service will:

- Help you generate more referrals,
- Decrease your marketing costs,
- Make selling almost unnecessary, and
- Enable you to offer your service at higher prices.

Therefore, in this chapter we will focus first on customer service. Then we will discuss how to ask for referrals. Finally, we will touch upon social media and other tactics you can use to make it easier for patients to talk about your service.

Before we do, however, let us consider one of the most important drivers behind outstanding customer service - culture.

## Does your business have an entrepreneurial culture?

What creates the difference between companies that excel at customer service and those that do not? Is it the people you hire? Does it depend on where you do business? Is it tied to what you offer? Is it the customer service training you provide your staff? Surely, all of these elements have an influence, but we believe that the main distinction between customer service "stars" and customer service "dogs" is their organizational culture.

To customer service experts, the department store retailer "Nordstrom" is a brand that is synonymous with outstanding customer service. Nordstrom uses an Inverted Pyramid to represent their stakeholders and place their customers at the top. Following this layer are those who directly serve these customers — front line staff. After that comes the levels of department managers, their executive team, and their board of directors that support this group. In a refractive clinic, these levels would be:

1. patients
2. receptionists, refractive coordinators, nurses, technicians, optometrists
3. marketing, administration, hospital level-managers, regional managers
4. in a refractive clinic, they might be doctors and surgeons
5. doctor owners or non-medical directors

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The Nordstrom company website says: "The Inverted Pyramid helps remind us that we need to value those closest to our customers. We work hard to make decisions in the best interest of our customers and those serving them." Robert Spector, author of The Nordstrom Way: The Inside Story of America's No. 1 Customer Service Company, refers to it as "setting employees free". In the book, Jim Nordstrom explains it this way:

"People will work hard when they are given the freedom to do the job the way they think it should be done, when they treat customers the way they want to be treated. When you take away their incentive and start giving them rules, boom, you've killed their creativity."

Of course, not everyone can succeed in this kind of culture. And, the culture needs systems on which to function appropriately. Nordstrom focuses on hiring "nice people", and teaches them what they need to know to succeed. Often, the less experience they have in the retail industry working for competitors, the better they tend to perform. At Nordstrom, managers start at the top of the pyramid (as salespeople or account managers) to learn what it takes to take care of the customer. This approach also sends a signal that management values the role of the people who face the customer every day. This strategy poses an interesting question: If any new hire does not succeed in front of patients, how can you promote them to manage those who are expected to succeed in front of patients? You may agree that the inverse pyramid model is a good model for health care. It is important to understand the implications:

- Are you prepared to empower your front-line employees (not just doctors, but technicians, advisers, administrators, assistants and receptionists) to make decisions that affect the customer?
- Do you trust them enough to know the difference between a good decision and a poor one?
- Are you prepared to live with the decisions they make?

If you said "no" to any of the above questions, then you may want to revisit your hiring and assessment practices. You seem to trust your people enough to represent your business, but not enough to make their own decisions on how to do it. Most health care business owners today want their employees to work as hard and as smart as they do. Yes? That is an entrepreneurial culture. Most of us would agree that a culture like that is what is required to best serve the customer. This is Nordstrom's only rule: "Use good judgment in all situations." How many refractive surgery practices, clinics and hospitals enjoy an entrepreneurial culture? We can probably count them on one hand.

An entrepreneurial culture cannot exist without:

- a sense of ownership in the 'lowest' person on the totem pole
- decentralized authority to do what is right and in the right way
- a close link between performance and recognition/reward
- an honest recognition of where one "is" in comparison to where one "ought to be"
- a genuine focus on goal setting
- valuing that together we can achieve more than by ourselves

If the 'lowest' staff member on the totem pole can honestly say these things below, then you may have entrepreneurial culture:

- "My employer's name may be on my paycheck, but I am paid by my customer."
- "I have the latitude to make my own decisions when it comes to customer care."
- "I know I will never be criticized for taking care of the customer, I will only be criticized if I don't take care of the customer."
- "I am not perfect, but I know what I'm good at and I know what I can do better."
- "Setting and achieving goals is fun – when I achieve them I pat myself on the back, and when I don't I try harder next time."
- "If I one day choose to go into business for myself, I will know what it takes to be successful."

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Want to find out if you have an entrepreneurial culture? We challenge you to ask your receptionist to rate their agreement on a scale of 1 to 10 to the statements above. If they rate a high level of agreement to these statements, they probably feel on top of an inverted pyramid. If they do not agree, then they probably feel like they are at the bottom of the pyramid; which is indeed where they are, just slightly above your patients. Next, we will discuss how to look at your customer's experience so that you can take steps to improve it.

## Systemic improvements

### 'Moments of Truth'

Every business has its moments of truth with customers and prospects. These are moments during which your staff can delight and confirm that your marketing messages and brand values are aligned with reality, or disappoint and demonstrate that your marketing messages are false. If your moments of truth are negative, this can erode the quality of your relationship with prospective patients and patients. As these moments of truth are the things patients care most about, one tends to focus heavily on improving the quality of a company's Moments of Truth.

Moments, in the refractive surgery sales and marketing context may include:

- When your prospect calls. This is the initial phone call that must be performed to perfection as often as possible. Telephone sales training for this moment of truth is essential to maintain good conversion rates.
- When your prospect books a first appointment. This is the result of that very well handled telephone call.
- When your prospect attends their first appointment. This is when the first appointment must be performed with mastery. First appointment skills and teamwork training is necessary for this moment to excel.
- When you treat your patient. This is when your customer service has to shine. In these cases, we recommend customer service training. We'll look more closely at this moment of truth in this chapter.
- When you discharge your patient. This may be a year after a treatment in some cases, often less, sometimes indefinite.

## Customer Experience Journey Mapping

Most clinics share and summarize customer surveys and these are useful tools to help ascertain your patient's perceptions about your service. Surveys, however, often fail to communicate the frustrations and experiences of customers. A story can do that, and one of the best storytelling tools is a customer experience journey map. To create a customer journey map, you need to get to know your customers. We suggest you use a combination of analytical (your surveys) and anecdotal research (interviews, focus groups, social media, and speaking with front-line staff). You can use this data to create a customer experience journey map.

Let us come back to Barbara, who is one of the customer avatars we introduced several chapters ago. We followed her progress together through her first appointment in Chapter 5. Now we will look at her experience at the treatment appointment. We should stress that your customer service matters at every stage of the patient's journey (or what we refer to as your Moments of Truth), including the website, the first call, subsequent calls, follow-up emails, the first appointment, the treatment appointment, aftercare appointments and any communications that follow after surgery. Let us now look at Barbara's surgical visit:

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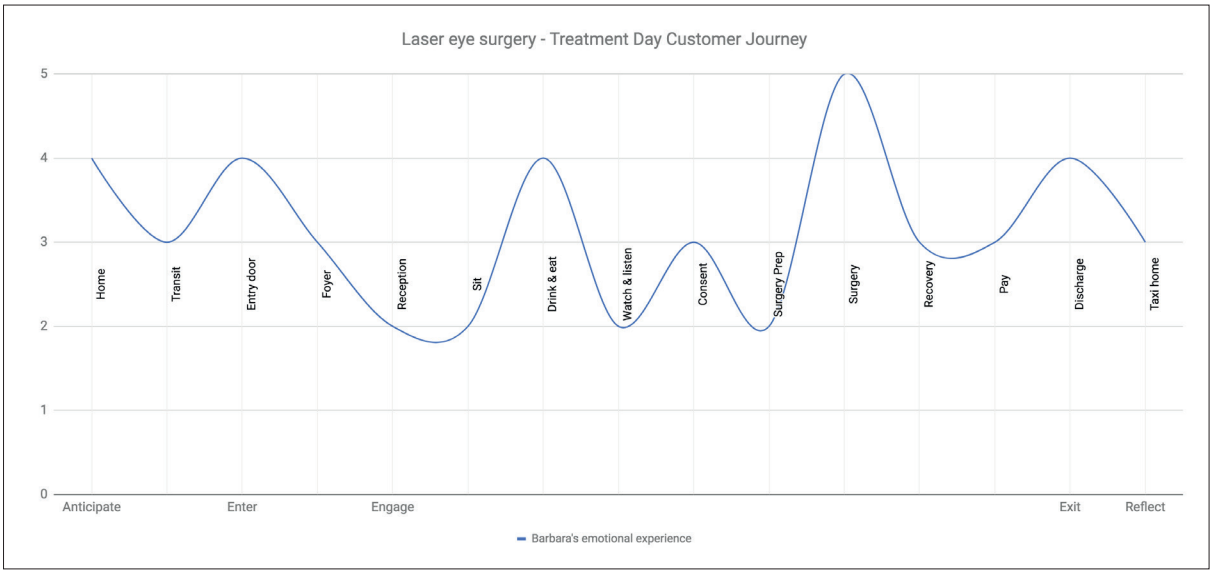
**Figure 7.1 - Barbara's customer experience journey map**




Source: LiveseySolar

Figure 7.1 above maps Barbara's customer experience, reflected by her emotional appraisals through every stage of the journey (anticipation, enter, engage, exit and reflect). A rating of 5 is outstanding, 4 is good, 3 is baseline, 2 is needs improvement, and 1 is poor. Further, we break down the journey into sub-steps so you can get a specific mapping of how Barbara feels at every touchpoint. Let us now look at Table 7.2 to see how Barbara perceived each step.

**Table 7.2 - Barbara's perceptions and ratings on her customer experience journey**

| Stage / Touchpoint | Perceptions | Rating |
|---|---|---|
| **Anticipate** | | |
| Home | ■ Planning the route by transit to arrive on time or early to the appointment. | 4 |
| Transit | ■ Hoping the bus doesn't encounter traffic.<br>■ Hoping the clinic is not overly crowded and isn't running late. | 3 |
| **Enter** | | |
| Entry door | ■ Notice the distinctive planted trees outside that make it easy to find the door to the clinic.<br>■ Entry buzzer allows swift entry without needing to wait out in the cold.<br>■ Notice a few discarded cigarette butts on the staircase leading to the door. | 4 |
| Foyer | ■ The lighting is pleasant, not overly bright and not too dim.<br>■ Notice that there are a few dead flies at the bottom of the pendant lamp shade.<br>■ The flowers in the foyer are impressive and in full bloom.<br>■ The umbrella holder is full of umbrellas which means I need to leave mine to the side of the stand leaving a puddle on the floor. | 3 |
| Reception | ■ There is someone already seated in front of the reception desk.<br>■ The wait feels long. Someone walks in and queues up behind me.<br>■ The check-in process feels too slow. The receptionists appear under pressure.<br>■ The receptionist acknowledges me with a smile and uses my name.<br>■ I feel more relaxed now that it's my turn, but feel rushed by the person waiting behind me. | 2 |

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| | | |
|---|---|---|
| Sit | ■ There is ample room to sit. The seating is plush and I can find a seat where I'm not facing someone else.<br>■ The air-conditioning makes the room feel overly cold.<br>■ I notice my phone is running low on its battery, but I can't find an outlet anywhere. | 2 |
| Drink and eat | ■ I find the instructions on the coffee machine too small to read without my reading glasses.<br>■ The coffee machine isn't straightforward to operate, but the coffee is delicious. | 4 |
| Watch and listen | ■ The music is too soft which gives the room an overly quiet feeling. It sounds like it might be jazz, which isn't my favorite.<br>■ There is a video playing on the LCD screen on the wall. It seems to be some of the doctors giving interviews. There is no sound and it's distracting.<br>■ People arrive that seem to have just had surgery (they have dark sunglasses on). I watch them carefully to see how they appear. Are they happy?<br>■ I can't hear the music, so I put my headphones in while I wait. This makes me worry about missing my name being called.<br>■ A nurse motions at me to come and see her. I don't think I've seen her before. Where is the person I met for my first appointment? | 2 |
| Consent | ■ The surgeon's consultation room is large and spacious. It seems a bit messy with far too many piles of files and strange personal items around.<br>■ The consent form is 15 pages long! I worry that I'll be able to take it all in. Thankfully the surgeon takes me through the highlights.<br>■ The surgeon seems nice and conscientious. I'm feeling confident that she will perform my operation.<br>■ The surgeon answers my questions thoughtfully and checks to ensure I understand her. I feel confident I do. | 3 |
| Surgery Prep | ■ The nurse takes me into a small room to show me the drops I will need to instil after the procedure. The room feels far too cramped for this purpose.<br>■ The instruction sheet she gives me looks like someone made it in MS Word. There are lots of different fonts. Some words are bolded, others are italicized. Some are large and others are very small. I'm not sure what is most important on this sheet.<br>■ I sit in the reception room again, awaiting my surgery time. The clinic is running at least 50 minutes late by the time I am called for surgery. The wait makes me more and more anxious with every passing moment. | 2 |
| Surgery | ■ I'm led into surgery by another nurse and instructed to put on surgical booties and a cap. I look a bit silly but I know it's important.<br>■ I'm led into the operating theatre where people in scrubs look busy and focused. I'm greeted by another nurse who treats me very warmly. She makes me feel at ease.<br>■ The surgeon has a soft-spoken voice that makes me relax. She seems in total control. It makes me feel calm and in good hands.<br>■ The surgery is over before I know it. I didn't feel a thing apart from the slight stinging of the drops.<br>■ A nurse holds my hand through each part of the procedure and my other hand is given a furry stuffed animal. I'm relieved to have something warm to hold.<br>■ I'm asked to look at the clock and I can read the time. Then I'm asked to read a plastic card and I can read one of the lower lines. This makes me very happy. | 5 |
| Recovery | ■ I'm led to the recovery area. I expected a room but it's an area at the end of the clinic hallway. It all seems a bit open to me. I'd prefer more privacy as I close my eyes and relax.<br>■ The surgeon comes to retrieve me and I'm glad to open my eyes and see her. I feel it's been a bit short, but the nurse leads me back to the waiting room. | 3 |

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| | | |
|---|---|---|
| Pay | ■ The receptionist tells me the total and I pay with my credit card. She asks if I want a receipt and I decline.<br>■ She does not use my name, but thanks me and asks me if I want her to call me a taxi.<br>■ I find a seat among the others waiting to have surgery. The room feels crowded and I feel out of place. I close my eyes and rest as I wait for the taxi to arrive. | 3 |
| **Exit** | | |
| Discharge | ■ The receptionist tells me my taxi has arrived. She ensures I have everything I brought with me.<br>■ She leads me to the door, opens it for me and walks me to the taxi. She takes my arm as she helps me into the car. I feel cared for. | 4 |
| **Reflect** | | |
| | ■ I sit in the back of the taxi and close my eyes. I wish I could have stayed longer during recovery, but I'm glad to be on my way home.<br>■ The surgery went very well, but I was somewhat disappointed by the reception and the recovery room. Everything felt a bit cold and less private than I would have liked. Some of the staff, however, made a very positive impression. | 3 |

What can you do with this map and narrative? You can use this information to build in systemic improvements into every touchpoint of the customer journey.

## The spaces between the Moments of Truth

The space in between the Moments of Truth are also important for you to consider. This is the time in which some prospective patients, and existing patients, experience doubt. They might experience anxiety and remorse about their purchase decisions. Sometimes they seek evidence to justify their fear. These are the times when concerned friends and family are most prone to be overly-protective and raise unfounded doubts. Table 7.3 shows some of the measures you can take to close the gaps in your spaces between the Moments of Truth.

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**Table 7.3 - The spaces between the Moments of Truth**

| Moment of Truth | Customer Service Measure | Reason |
|---|---|---|
| Between first call and first appointment | Follow-up e-mail, seminar | You probably know that you need to follow up with prospective patients after their first call to maximize conversion rates. For some prospective patients, seminars and other tripwires are excellent alternatives to the larger commitment involved in booking a first appointment. |
| Between first appointment booked and when you hold the appointment | Courtesy calls, cancellation saves, follow-up e-mail, SMS reminders | Is your first appointment confirmation process airtight? Do you conduct courtesy first appointment reminder calls or send SMS? Of course, you will inevitably receive calls from prospective patients who want to cancel. Are you prepared? Can you pre-empt or handle buyer's remorse? Do you have their details at a glance? Are you able to save those vital first appointments? |
| Between first appointment and treatment date | Courtesy calls, cancellation saves, follow-up e-mail, SMS reminders | Sometimes, even after you have held great first appointments, prospective patients still get cold feet. Often, this is a result of them speaking with friends or family members that may influence them to break their commitments to themselves. These are tough cases to deal with, but conducting courtesy check-in calls and knowing how to deal with the inevitable cancellations, without pressuring them, is essential for success. |
| Between treatment date to discharge | Testimonial calls, Referral calls | Often, this is the most overlooked space from a sales or customer service perspective. Sometimes, marketers think the patients are now in the hands of the clinicians, so they can wash their hands of them. In fact, patients like to see the first people they interacted with throughout the process for the sake of continuity. Further, we have a great opportunity to get testimonials in the first three months post treatment, when patients are most talkative about their results. Lastly, we have a whole year to be in contact with the patient, to remind them of their positive choice, and to stimulate referrals through face to face post-op visits, follow-up calls, patient events, and anniversary reminder cards or emails.<br><br>When doing so, we advise following AMA Principles of Medical Ethics that state: "to be ethically appropriate, word-of-mouth referrals must be voluntary on the part of current patients and should reflect honestly on the practice." |

## Reactive and responsive behaviors

Customer inflection points are whenever a customer journey does not go according to plan. The worst way to handle a customer inflection point is to emotionally react. The best way to deal with customer inflection points is by training your staff to practice their responses in advance, so they do not emotionally react. Let us take a common example of responding to a negative Google review. It's only natural to feel bad when you get a bad Google review. It is even more maddening when that Google review is fake or unjustified. What is even worse is that a Harvard study revealed that reviews impact revenues. The data from this study showed that businesses with review scores changing by only 1 star got an 18% increase in revenues.

Reviews are serious business and can affect your bottom line. After doing everything you can to deliver superior customer service, knowing how best to handle a negative Google Review is your only defense. You should have a plan and script to deal with bad Google Reviews as soon as they happen so that you can make the best of a negative

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situation. You should also know how to flag fake Google Reviews. You might, by following our advice, even be able to turn a bad Google review around and have the reviewer change their review for the better.

**First, breathe, and have a plan to deal with the bad review**

Do not panic. Know that many people will not believe a perfect 5-star rating anyway. So, there is a bright side to having a 4.8 or 4.9. That will not be much of a consolation to you, however, in the face of an unjustified negative review. As far as placement is concerned, your review score trumps your review volume. So, you want to make sure your customer service is as excellent as possible, even if your volume is low. So, how do you deal with an unjustified negative review?

**Is the Google Review legitimate?**

You may immediately suspect a review to be fake. Your first clue is the name of the reviewer. It could be someone just looking to vandalize your reputation for a sense of self-importance. It could even be an unscrupulous competitor who feels they must resort to bad-mouthing your reputation instead of competing against you on the merits. Therefore, your first task is to check your records to see if the person leaving the review is, in fact, a patient. If they are not, you can reply to the review like this within 12 hours. Feel free to copy this and use it, but you may want to rephrase it if you have to respond to more than one review so that it does not appear canned:

"Thank you for contacting us. We are sorry you are dissatisfied. Upon receiving your review, we immediately checked our records to identify you so we could investigate the issue. We did not, however, find your name in any of our records. Nevertheless, we are committed to upholding superior standards of customer service. Please contact us at [your office number], and we would be eager to address the issues contained in your review on the telephone."

Why respond at all, especially if you know the review is fake? In a public forum, you are not just aiming to calm the reviewer (legitimate or not), you are also showing every person who sees this negative review how you handle customer complaints.

**How to flag a Google Review as inappropriate**

If you think a Google review is fake, respond to it as above and then "flag as inappropriate" immediately. Always respond to the review, however, fake or not. It may take some time for the review service provider to remove a fraudulent review. You can also call Google and follow up on your flagged review status by clicking support on the Google My Business Homepage. If the approach above does not work, and you can prove the review is slanderous and false, then you could complete a Google form for a legal removal request. We advise you seek the advice of a legal professional to help you take this step, should it be necessary.

**How to respond to a legitimate bad Google Review**

To address a genuine bad Google review, we suggest you invoke the well-known Starbucks LATTE method, which is:

1. **L**isten to the customer.
2. **A**pologize for the problem or situation (A also stands for acknowledge).
3. **T**ake action and solve the problem.
4. **T**hank the customer.
5. **E**xplain what you did.

You can reply to a legitimate but bad Google review like this:

Dear [name],

Thank you for visiting us and your communication. We are sorry you had an unpleasant experience. I take great pains to make sure all our patient experiences are amazing. Occasionally, mistakes occur and for this I am sorry. I am

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looking into how this happened so that it never happens again. Further, I'd like to offer you the courtesy of hearing more details about the issues you cite. Please contact me directly at [our office number], and I will be eager to address the matters contained in your review on the telephone or in person – whichever is most convenient for you. Warm regards, [your name].

Assuming the patient responds and you have an opportunity to resolve the issue, you can respond to the review again:

Dear [name],
I am glad we were able to resolve your issue to your satisfaction. Thank you again for raising the issue and bringing it to our attention with your review. You have helped me to learn where we can improve, and improve we will. Now that we have resolved the problem, would you please consider changing your rating? I would greatly appreciate it. In any case, I wish you all the best in your search towards correcting your vision, and please let us know if there is any way we can help you in the future. Warm regards, [your name]

**Stay on top of poor reviews by checking them regularly**
If the bad review was fake, did Google remove it? If the Google review was negative but genuine, was there any further dialogue you needed to respond to? Are you sure you've responded to every message appropriately? While bad reviews are never desirable, you can go a long way towards drowning them out by getting as many good reviews as you can. Good reviews result from a customer-service oriented culture, excellent training, and employee common sense and decency.

## Referral strategy

A referral strategy, as you might expect, is a routine involving asking happy patients to refer more patients (i.e., prospective patients that they know personally) to you. While referral systems are a great way to inexpensively use your existing contacts to gain new patients, optimizing your referral system is a lot deeper than simply asking if your patients know anyone interested in your services.

### The first task - ask

One very common problem clinics have is getting their patient to want to give them referrals. If your patients are unhappy, they clearly will not recommend your product or service to their friends - and they definitely are not going to give you their friend's names and contact information. You first need to make sure your patients are completely satisfied with the services you have provided them with. You also need to make sure you build a strong relationship with your patients as they go through your sales cycle and during the follow up. Establish rapport, ask their opinion on the value of your services, and send them valuable and shareable content, so that they will want to help you when given the chance. See the section above on customer service to get this task right.

Once you have optimized your customer service, you will likely get more referrals as a result. Every clinic can generate some optimally satisfied patients who also speak openly about you and the benefits you provide. For now, we'll call this group, 'vocal 9s and 10s'. Some of your patients will be 9s and 10s, but they might be vocal until given the stage from which to be so. We designed the referral system to provide a stage for your unvocal 9s and 10s, and to shift some of your 7s and 8s (passive referrers) into becoming 9s and 10s. With the system, you may also be able to move some of your potential detractors 0s to 6s into becoming at least 7s and 8s.

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The first task in the referral system is to ask for a referral. Before we get into the mechanics of how to do so, please be mindful of timing. Only ask for a referral after the patient has been able to see the result of your services (i.e. they have what they wanted after the surgery).

If your patient has just received the benefits of your service and has not had time to evaluate the impact it has had on their life then they have no reason to be pleased with your work. Allow the patients to benefit from your service, follow up to smooth over any snags or issues that may cause your patient to be dissatisfied, and ask for a referral only when you are confident your patient is happy with the end result (we will show you how to check this below). Ensure you do not wait too long. Most refractive surgeons agree that patients begin to take the benefits of refractive surgery for granted after about three to six months.

In refractive surgery, the ideal time frame to ask for a referral is typically between one day and three months. Some practices prefer to lean towards one side or the other. With presbyopic patients, we suggest leaning to the longer end of that time frame. With everyone else, we suggest you experiment with both timings and see which ones work best.

**First, ask the Ultimate Question**

Whether you do it in an aftercare appointment, on the phone, or in an e-mail, act and sound natural when asking for referrals. You do not have to use a script. It can be very informal. The most important thing is that you feel comfortable asking; otherwise you may find yourself asking less and less until you no longer ask at all.

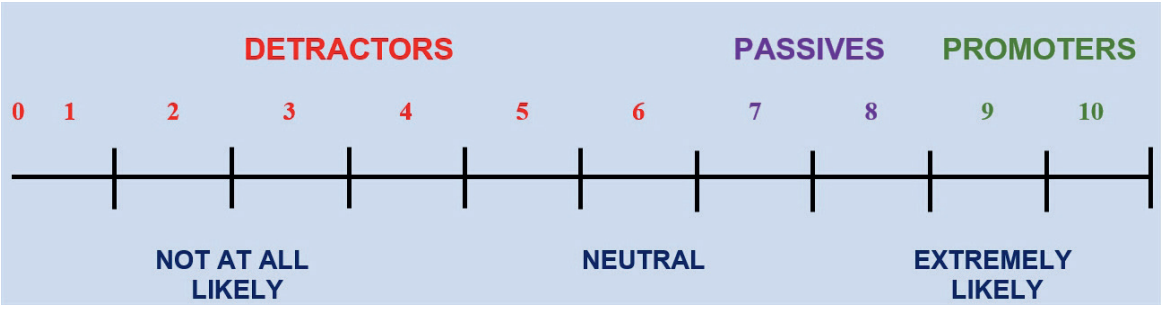
We suggest starting your 'referral conversation' with what Bain & Co., the consulting firm, calls "The Ultimate Question". The ultimate question is:

**"How likely is it that you would recommend this company to a friend or colleague?"**

Why is it the ultimate question? Because Bain & Co. found that one question, of all the thousands of different questions asked by companies in customer satisfaction surveys, correlated most with business growth.

Fred Reichheld, author of "The Ultimate Question" explained it this way:
"This single question allows companies to track promoters and detractors, producing a clear measure of an organization's performance through its customers' eyes is the Net Promoter® Score. Bain & Company analysis shows that sustained value creators - companies that achieve long-term profitable growth - have Net Promoter Scores two times higher than the average company. And, NPS leaders outgrow their competitors in most industries by an average of 2.5 times." The scoring is important. Figure 7.2 shows the likert scale that Net Promoter Score consultants recommend you use:

**Figure 7.2 - The Net Promoter Score Likert Scale**

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This is how the scoring works:

NPS = % of promoters (9s & 10s) MINUS % of detractors (0s - 6s)

If the patient answers between 0 to 6, then we recommend you ask them to immediately share their concerns with you. It is far better to hear it from them directly, so you can address it in person, before the patient resorts to more public ways to air their grievances (e.g. Google Reviews or other online patient review mechanisms). If the patient answers between 7 and 8, then we recommend you ask them what you could have done to make their answer a 9 or 10. Do not expect these folks to refer to you unless you ask them directly. If possible, take these corrective actions immediately. If you cannot, then follow up with them in a few months to see how their perception might have changed. If the patient answers between 9 and 10, then we recommend you ask them to write a voluntary and honest testimonial, attend a patient events as a 'patient ambassador' and refer people they might know. Then you can ask some follow-up questions to assist your happy patient when considering who to refer:

"Do you have any friends that have glasses or contact lenses that might like be free from them?"
or
"Would your brother/sister/cousin be someone that might need laser eye surgery?"

Patients who give you a 9 or 10 are much more likely to work with you to answer these questions productively. Even better, they will likely sing your praises to anyone who listens, both personally and online. Keep track of your Net Promoter Score and compare yourself with benchmarks (you can find these benchmarks online for many industries). You can also develop a referral sheet with different reasons as to why someone might want to use your services, to assist you in brainstorming follow-up questions such as the ones above. Go through some of them informally to jog your patient's mind. Leverage the different social circles in which your patient belongs. Your patient may know more people than they work with directly, like people they know on a social basis with that can use your services.

## The second task - be easily referrable and remarkable

Ensure you give your patients everything they need to spread the word about your business. Here are some ideas:

- Create an open Facebook Group and invite satisfied patients (9s and 10s) and any prospective patients so they can honestly interact with each other and help each other answer questions or share tips.
- Send your 9s and 10s an e-mail sequence that they can forward to friends that might be interested.
- Sporadically publish easily shareable TOFU videos to your Facebook Page (and Group), make them public, and ask for shares.

Do not make your patients responsible for telling their friends all about you and your clinic. Spreading the word about your practice should be as easy as possible.

## The third task - make it a habit and optimize

You and your team are more likely to execute routines if you make them into habits. Here is a sample Referral Habituality Plan:

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**Table 7.4 Sample Referral Habituality Plan**

| Cue | Routine |
|---|---|
| Night of surgery | Call your patient and ask them how they are doing. |
| One-day post-op appointment | Tell your patient to hold on off on self-appraisal for the time being and let them know you will be asking them for their formal feedback in 3 weeks. |
| 1-week after surgery | Send your patient an e-mail with clarifying information (or a video) explaining how they might feel one week after surgery and opening the lines of communication if they have questions |
| 3-week post-op appointment | Ask your patient the Ultimate Question |
| 3 weeks after surgery | Call to offer to help correct any concerns expressed by 0s to 6s |
| 3 weeks after surgery | Call to interview 7s and 8s about how you could help make their experience a 9 or 10 |
| 3 weeks after surgery | E-mail to invite 9s and 10s to give share their feedback on Google Reviews or your Facebook Page (their choice) |
| 6 weeks after surgery | Call 0s to 6s to ensure their concerns have been addressed |
| 6 weeks after surgery | Call 7s to 8s to check if you have maximized their experiences |
| 8 weeks after surgery | Invite 9s and 10s to share their experiences with prospective patients on your Facebook Group |
| 10-weeks after surgery | Review which patients gave you positive reviews on all properties |
| 12 week post-op appointment | Invite 9s to 10s to give you specific referrals |

Do not just set it and forget it. You need to tweak things as you move on so that you can get the best results from it. One reason why clinics fail to generate referrals is because they do not follow a system. Track your conversion rates and referral figures. Keep working on it and improve incrementally so that you can get more return for your time spent. Make sure you train and motivate your staff properly. You need 'buy-in' from your sales and customer service team. Do not assume that just because you have a referral system it is operating at peak efficiency. Go back and make changes and test new things to get the most you possibly can out of it.

## Action steps for this chapter

1. Find out why it's necessary to have an entrepreneurial culture in your clinic. Ask your staff to rate their agreement (on the scale of 1 to 10) to the entrepreneurial statements we provide above.
2. Identify the Moments of Truth that you wish to improve and map your customer experience journeys for those Moments using the methods we discussed above.
3. Brainstorm all the customer inflection points you can imagine and ask your staff to write how they will respond to them, using the LATTE Method.
4. Create the NPS Survey and track your NPS from month to month.
5. Write down the referral system that you will use in your practice. Note when you will ask for referrals, who will ask, and some key prompts for things staff can say to make it easier for everyone to ask for referrals.

## Disclaimer regarding referrals and testimonials provided in this chapter

This chapter provides some general ideas about referral and testimonials which are generally regarded as an ideal medium for feedback and promotion.

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However, using referrals and testimonials created by medical laypersons for marketing purposes as well as requesting referrals or testimonials from medical laypersons may be restricted or prohibited based on your local regulations. Additionally to local restrictions, in general testimonials or referrals must be provided voluntarily, should reflect honestly on the practice and must be given without any financial or valuable incentive.

Referrals or testimonials from other healthcare professionals have to be based solely on medical indications and not because of financial reasons.

Therefore, because of very different and from time to time very diverging national regulations, professional laws for health care and ethical rules nothing in this chapter shall be used and transferred into your business unless approved by a professional lawyer or skilled adviser in respect to your national legal and ethical environment.

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# Conclusion - Where to go from here

Throughout this book, we have outlined the strategies and tactics you can use to grow your practice. At the end of each chapter, we explained how you can start executing upon our guidance. What we have not yet discussed is when you should take each step and what you can expect to spend. We address these issues in this conclusion.

When should you take each of the 5-Steps we present in this book? Regardless of how many years of experience you have, you should carry out the advice we offer in Chapter 2 first. Setting a sales objective, defining your customer avatars and studying your competition will help make every step you take later that much easier.

If you are first starting out or do not feel you are getting enough attention from your target market, you need leads. Therefore, you should take Step 1 (Lead Generation) first, which we describe in Chapter 3. How much you spend on lead generation depends on how much you want to earn. In our experience, successful refractive surgeons spend about 150 per eye in marketing cost to acquire a laser eye surgery patient. It may require more or less where you practice. Let us say you want to treat 480 patients paying 1,600€ an eye, or 1,536,000€. If you wish to treat 960 eyes (480 patients), we would advise you spend about 144,000€ on marketing. This marketing budget equals 9.3 percent of total revenue and is not a figure that would surprise us. Anywhere from 5 percent to 15 percent is typical.

The percentage of revenue you spend on marketing will be higher or lower depending on your status (if you are new you will likely spend more per eye; if you are established - you will probably pay less per eye). If you are aggressive and want to grow fast, you should spend more. If your competitors are strong and numerous, you will probably pay more. If you operate in an urban center you should expect to pay more to acquire patients than you might in a rural area - usually, the bigger the market the more competitive it is. Spending more on marketing increases your likelihood of reaching your sales objectives, but it also carries the risk that your profits will be lower than you expect. To help you mitigate your risks, evaluating your marketing activities (by calculating how many leads they generate) on a monthly basis is crucial.

You can dramatically lower your marketing cost-per-eye with better conversion rates on the phone (Chapter 4) and better close rates at the first appointment (Chapter 5). You can afford to spend more on generating leads if you charge sufficiently high prices to provide a healthy gross margin (Chapter 6). You can further reduce your marketing cost per eye if a higher percentage of your leads arise from referrers (Chapter 7).

When should you train your staff to increase your conversion rates on the phone? If your conversion rate percent is 50% or less, then it is highly likely you could benefit from telephone sales training. The lower the rate, the sooner you should take the second step, which we describe in Chapter 4.

When should you train your staff to increase your close rate at the first appointment? If your close rate percent is 60% or less, then you should seriously look at first appointment training. Again, the lower the rate, the sooner you should take the third step, which we describe in Chapter 5.

As we discussed in Chapter 6, you should evaluate your pricing as soon as possible. If you are underpricing according to the value you bring to your patients, you should waste no time in correcting this. Doing so will more easily enable you to fund lead generation, sales training and customer service improvements.

To justify any price increase, you should improve your customer service. You must develop your customer service before asking for referrals, which is the subject of Chapter 7.

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Typically, a clinic will take each of the 5-Steps in order. As you proceed, you may find that as you solve one problem, another problem develops. An excellent example of this is generating leads. The more leads you acquire, the more your conversion rate may suffer, therefore the higher the imperative to improve it. After refining your conversion rate, you may find your close rate begins to lower. As you raise your price, you will likely see that your customers become more demanding which requires you to improve your customer service more swiftly.

We hope that this book provides you with a starting point from which to develop your practice. We encourage you to try and implement the advice we offer. If you need assistance, remember that there are practice development consultants (PDCs) that would be happy to help you assess your needs and prescribe appropriate solutions to grow your refractive surgery business.

If you decide to hire a PDC, we offer the following advice:

1. Only seek out help for a problem a PDC can help fix. The onus is on them to identify what your problem is. If they can't discover this on the first call, look elsewhere.
2. Your unique selling proposition matters. You need to bring a USP to the table or be flexible enough to adapt your core service offering to stand out from your competitors. Me-too or average quality businesses need to go back to the drawing board. If a PDC can't discern a USP on the first call, they should ask you how open you are to reposition your business. If you are not, the conversation should end there. A PDC is not a miracle worker. You have to be ready to change what you do if you want a change in results.
3. When using a PDC's help, what separates refractive surgeons that are successful and those who stagnate is the surgeon's interest and ability to also help themselves. We appreciate you might ask, why does a surgeon need a PDC's help if they can help themselves? Your relationship with your PDC is a partnership; not an abdication of your responsibility. They should provide the marketing skills, knowledge and experience. You must provide the time to participate in review, and approval, as well as be able to provide constructive criticism based on what you know about your unique business circumstances. A PDC can discover this by asking you how much time and effort you can bring to the project, on the first call. If you cannot offer a reasonable amount of both, you are likely not ready.
4. A PDC should not care how much budget you have to spend. There's nothing wrong with starting slow and easing into a relationship. Alternatively, if a PDC asks you to invest more than 20% of what you expect to earn from the effort, then it is probably not going to work for you. The higher proportion of your projected income you spend, the more you are going to worry and the less patience you will have while waiting for results. Results take time. The wait can often result in a stressful relationship that you and the PDC can likely do without.
5. You need to know what you want and be able to agree to what success looks like. Trying to hit a moving target sets both you and the PDC up for failure. A PDC can help you refine your targets, but you have to commit to them before you start the effort.
6. You have to trust your PDC's advice. Trust takes time to build, but if you cannot take a leap of faith to trust their advice, then you do not need a PDC, you need to hire staff and direct them to do what you ask them to do. Do not expect to treat your PDC like the extended hands of your brain. You can quickly find someone else and someone cheaper to fill that role. Hire a PDC's brains, not only their hands. An experienced PDC should get a good feeling for this in their second call with you, when they propose what they will do to fix your problems. If you are second-guessing from the beginning, it is not terminal, but it should be a red flag - for you and the PDC.
7. Lastly, be a good person that is worthy of helping. Throughout every interaction, an experienced PDC should observe: How do you treat your staff? How do you talk about your patients? How do you talk about people who have tried to help you in the past? How do you talk about your colleagues who are now competitors? Expect results and show appreciation to those who help you. They will seek to help you more and more.

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We started this book discussing how challenging it is to grow a successful refractive surgery practice. Over the last 20 years, we have proven a reliable system that helps to address this challenge. It is our hope that after learning about the 5-Step Healthcare Marketing and Sales framework, you will feel ready to find your footing, step up and enjoy the journey towards the practice and lifestyle you desire.

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