

The Do's and Don'ts of Aesthetic Marketing

KEY LEARNINGS FROM AN INFORMATIVE PANEL FROM THE 5 CONTINENTS 2015 CONGRESS IN CANNES.

By: Wendy Lewis

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PANEL



VIVIAN BUCAY, MD
Dermatology Center of San Antonio, San Antonio, TX



JEANINE DOWNIE, MD
Image Dermatology, Montclair, NJ



JOEL SCHLESSINGER, MD
LovelySkin, Omaha, NE

The picture perfect setting of the Palais des Festivals in Cannes, where A-list stars go to party on the red carpet, hosted the most recent 5 Continent Congress where thought leaders from Europe, the Middle East, Asia, Latin America, and North America convened to share advancements and treatment strategies for lasers, dermal fillers, neurotoxins, skin care, peels, and body shaping.

Our robust and interactive panel focused on the business side of medical aesthetics for growing, managing, and marketing an aesthetics practice. Featuring three leading dermatologists Vivian Bucay, MD, Jeanine Downie, MD, and Joel Schlessinger, MD, we covered a lot of ground. In particular, the panelists gave their views and experiences on the dos and don'ts of marketing an aesthetics practice in the modern age.

The conclusion: Knowing what not to do can be as important as knowing what to do.

What are the top three tactics in which you invest the majority of your marketing budget?

Dr. Downie: I put a lot into my in-house marketing. We have TouchMD video screens in each of the patient rooms where I have loaded information on every laser, each procedure, and product. There are tons of videos as well. The second tool for my marketing budget is my website. We pay almost \$2,000 a month for SEO, help with online defamation, marketing, specials, and promotions. They also do a newsletter for us. I would guess that about 30 percent of my new business comes from my website alone. The third tool I use is going to fundraisers and charity events for organizations I believe in. I donate a basket full of my products and include some of my services and I tend to get new people to bid on the product or service and come in and see me and then hopefully they tell their friends after they have had a good experience. Each basket donation costs me roughly about \$1,000-1,500. If the patient comes in an average of three times a year that is at least \$4,500 of cosmetic services they are using.

Dr. Schlessinger: I use the lion's share of advertising for the practice in billboards, TV, and Google. This has changed dramatically over the past five years as we transitioned our newspaper and Yellow Pages spend to these modalities. While billboards and TV aren't significantly new, their usage in our area has been a constant. Most recently, I added a billboard in the airport that has been popular. We spend about 50 percent on Google, 25 percent on TV, and 25 percent on billboards.

Dr. Bucay: My marketing tactics and budget have evolved over the years. Today, our top three tactics include:

Website: Always a work in progress! I have worked with a few different companies, and it's important to keep in mind that what might work for a colleague may not work for you. I discovered this for myself, when I realized that website companies subcontract writers and account managers from different parts of the country or the world. It took a bit of research to find a company that fits my needs; I spent \$10,000 initially and spend under \$2,000 per month to keep it fresh and updated.

5 Do's And Don'ts Of Aesthetic Practice Marketing

DO...

1. Do get the right people on the bus; Your staff can make or break an aesthetic practice.
2. Do stay vigilant about monitoring your online reputation.
3. Do invest your budget into marketing tactics that will reach your key target audiences.
4. Do be selective about the companies and vendors you deal with; Choose your technology and product selection wisely.
5. Do convert some or most of your offline marketing tactics to online initiatives for tracking, analytics, ROI.

DON'T...

1. Don't spend money on marketing programs without carefully tracking results; Don't just guess if it is working.
2. Don't respond to negative reviews online directly to avoid escalating a conflict.
3. Don't assume that because you have a website, patients will find you; You need to market your domain name.
4. Don't jump on every social media platform all at once; Choose ones where your patients are most active first.
5. Don't overlook traditional clinic marketing tactics, such as email marketing and open house seminars.

Print media: I tried the usual things, including ads in local publications, mail-outs, etc., but these have been low-yield in terms of attracting new patients. For me, the most effective print media has been New Beauty, because it targets the aesthetic patients I like to treat—the educated consumer willing to invest in herself. The cost is \$2,395 per month, and this investment more than pays for itself.

Community involvement, including fundraisers, health fairs, skin cancer screenings, and charity events. This year, I sponsored the first ever Miles for Melanoma event in San Antonio. My favorite nonprofit local organization is Respite Care, an organization that provides medical care for abused and neglected children and also provides homes and foster care for the siblings of the children undergoing medical care. They own five homes on the block in which one of my practices is located. I love art, and one of my patients owns an art gallery. We have partnered for several events, of which she will then donate 10 percent of the sales to Respite Care in my name. The cost: variable. The benefits for all involved: priceless.

What social media platforms are you actively using to promote your practice and how are you using them?

Dr. Downie: I use Facebook, Twitter, and LinkedIn. I have a YouTube channel and generously post my videos up from my television appearances and from videos that I create in the office. My Webmaster posts my Facebook, Twitter, and YouTube videos for me as well as assists with LinkedIn. I am not yet doing Instagram or Vine although I know I need to be.

Dr. Schlessinger: Generally we don't do anything paid (we do our own promos) on Facebook or Twitter, but occasionally will work with a blogger to get exposure. We had used a national agency but found they weren't essential, especially if our geographic area was the main goal. The most important thing is to have a presence on Facebook and take it seriously when it comes to content. It can't be entirely promotional or you will lose viewers. On the other hand,

pictures of cats won't move the needle either, so a balance must be struck.

Dr. Bucay: A long-time team member, Elizabeth Leyendecker, is socially savvy, and she took it upon herself to learn all about social media. She not only works with our Webmaster, but she has read up on the topic of social media and attended lectures on this topic whenever she attends conferences with me. We have a practice Facebook page, Twitter, Google +, Pinterest, LinkedIn, and who knows what else!

What steps are you taking to protect your online reputation?

Dr. Downie: My Webmaster encourages me to have my positive, happy patients post great reviews about me on different review websites including Healthgrades, RealSelf, and Google Plus. Additionally, when somebody comes up with negative comments I typically have my office email the patient back and ask him or her to call the office directly. Something like "I'm sorry you have experienced this, we cannot locate exactly who you are. Would you mind calling the office directly so we can have a conversation to clear up this matter?" That way I am not acknowledging that he or she is actually a patient of mine. It seems to work and dissipate anger in some cases. I am always careful that when patients are in my office and try to provoke me that I never, ever lose my temper. Some patients will videotape you and post online where it will live forever. This has never happened to me, but has to some of my colleagues. I lecture about this and inform other doctors to be careful.

Dr. Schlessinger: We have one of our staffers who works tirelessly, along with Solution Reach data, to solicit reviews. It has helped greatly. Initially, we had tried an agency but their ideas were expensive and ineffective. Now, by simply finding reviews that are good (which we have many) we can ask them to review us elsewhere. With the right approach it works nicely.

Dr. Bucay: Burying my head in the sand used to be a great way to avoid the necessary evil of online reputation management until I came across an ugly review. First of all, we do our very best to provide an excellent experience, but we cannot and will not make everyone happy every time. Elizabeth monitors all of the review sites and has alerts set in place. When she encounters a negative review, she emails it to me, and we decide whether or not to follow up on a bad review by calling (when possible) the person who posted it. We try to preempt negative reviews by asking patients how their experience was before they ever leave the office and encourage them to give honest feedback. This has been very effective. The number of online reputation management companies has exploded, and some use a hard sell and shady tactics to solicit business. As I replied to one of the companies that was constantly seeking my business by emailing me examples of negative reviews, which turned out to be fake: If the day comes when I spend more time worrying about my reputation rather than taking care of my patients, that is the day I need to reconsider my career choice.

What are the most effective things you have done to grow your practice and why?

Dr. Downie: I would say it is a tie between hiring the perfect Webmaster for me and my television appearances. The Today Show, Dr. Oz, Good Morning America, The View, and The Wendy Williams Show have helped me tremendously in terms of recruiting patients from around the area. Many of these patients would have never known about me had it not been for television. This is somewhat luck and somewhat planning—I have a deep voice, no traceable accident, and I'm only 12 miles away from Manhattan.

Dr. Schlessinger: TV ads really have been outstanding. We have about four to five different ones running at a time and my patients invariably see them. Solution Reach has rejuvenated our practice by contacting inactive patients and telling them it is time for an appointment. This has been very successful!

Dr. Bucay: A successful practice takes a lot of work, and there is no such thing as an overnight sensation. A commitment to excellence and consistent attention to providing the best possible care for our patients are key factors in creating a community presence in the world of aesthetic dermatology. In terms of marketing, we

focus on our loyal patient base. I cannot be all things to all people, and I can only see so many patients in a day. I have learned to delegate certain procedures and to make sure that we all function as a team and refer patients to each other. One of our core values is that healthy skin is at the foundation of what we offer, and providing excellent skincare options and educating our patients in skincare regimens has grown the number of procedures we do. Skincare sales contribute a significant amount to our overall revenue.

I added the TouchMD system to the practice in early 2015, and this interactive platform has been very helpful in helping us with consultations, but has also led to a higher conversion rate of consultations to treatments. Patients can log into TouchMD with their user name and access the educational content as well as their own before and after photos, which they can share with friends. We can email the patient via TouchMD and send them additional topics that may be of interest to them.

How have you changed how you are marketing your practice in the past

3-5 years?

Dr. Downie: The past three to five years I have changed from doing more external marketing to more internal marketing. The patients I have in my practice are very interested in expanding their cosmetic services, which is why I decided to purchase TouchMD and why it is been a great marketing tool for me.

Dr. Schlessinger: Yellow Pages are non-existent today. Facebook, Pinterest, and Instagram weren't really a part of our strategy until recently. TV wasn't a huge focus three years ago, but now it is essential.

Dr. Bucay: Quite simply, we have increased our focus on internal marketing. We have also begun to market to indication and not brand. It is the job of industry to market their brands, but it is our job as physicians to brand ourselves and market to the patient's specific needs. I do not market to price, period. That is not to say, I don't do something special for loyal patients, but it's at my discretion.

What is the worst marketing decision you have made and why didn't it work?

Dr. Downie: The worst marketing decision I ever made was to waste money on a Webmaster who was not good. He was building my website, it was taking forever and costing me lots of money. There was no passion and no thought behind it. I did not get multiple recommendations from other board-certified cosmetic dermatologists. Then I found my Webmaster through word of mouth that friends very strongly recommended. I fired the lackluster Webmaster, I wasted the money, and have never looked back.

Dr. Schlessinger: I put money into making a video for the practice with the goal that I would make a TV commercial as well. The commercial was so-so and the video wasn't ever used. That was a waste of \$5,000!

Dr. Bucay: The worst marketing decision I made was doing a commercial for one of the Spanish speaking stations, assuming I could leverage my fluency in Spanish and familiarity with the Latin culture to attract cosmetic patients. The problem is that I did not do my research. My target population did not watch that station at those hours. A key lesson in marketing is to identify your target population. I apply that principle now when planning in-office events. For example, instead of doing a large open house to which everyone is invited, including patients and industry, I now focus on a small group of people to discuss a particular procedure, product, or service. This strategy has led to events at which 100 percent of attendees schedule a treatment, and follow through with it.