

Episode 7, Part 1: The Impact of Provider-Led Processes in a Multi-Specialty Environment

COREY JOHNSON: Thanks for joining us on *Dialed In*, a podcast by Call Box. I'm Corey Johnson and here with me today is Jake Sligh, Chief Marketing Officer at Rock Dental Brands. Thanks for joining me, Jake.

JAKE SLIGH: Yes, Corey, great to be here!

COREY: I'm calling you from sunny Nashville. Where are you today?

JAKE: I am in Little Rock, Arkansas. It's not sunny; we're in the midst of a thunderstorm at the moment.

COREY: Man. I think I flew over that yesterday.

JAKE: Yeah, it's kind of welcomed at this point. It knocks all the pollen down. It's wrecking me currently.

COREY: Yeah, wash some of that out.

JAKE: That's right, we got a nice film of yellow all over everything here in Arkansas.

COREY: Aw, man. Yeah, the rain I'm sure is welcome then.

JAKE: Absolutely.

COREY: Well, Jake, let's start at the beginning. Can you give us a quick rundown of your background?

JAKE: Yeah. Well, before joining Rock Dental Brands, I spent the first part of my career working with media companies and then in the digital marketing agency space — really working in a whole lot of different verticals and different niches across probably the first eight or nine years of my career. So around that time, I really got a big opportunity to kind of build out quite a few new products and dive in deeper to the digital marketing space, which is kind of my specialty. I headed that up, and pursued and received my Master's in Internet Marketing. So that's how I actually got to initially meet up with the Rock Dental folks is I took on their orthodontic brand as a client through our digital marketing agency and we were able to drive a lot of success and tie things down, really all the way through conversion. So as the company continued to grow, our CEO, Merritt Dake, ultimately pursued me to come on and help build out the strategy and put some infrastructure in place from a marketing standpoint, as the company had grown to a point where it needed the support. But certainly as we were going to grow moving forward, that was going to be a big need for us.

COREY: Did I hear you right — Merritt sought you out for the role?

JAKE: Yeah, we had been working together for probably just shy of a year, kind of as a vendor. And then really getting in the weeds on some things and trying to figure out how we could best convert patients and utilize digital marketing, in particular, to really gain some new patients. So we had a lot of success in that regard, and just over that year built a relationship. We just were aligned in the way that we thought and

aligned strategically, and so that was an opportunity for us to make the jump and work with each other.

COREY: Great. What attracts you to dentistry? What kind of caught your eye at the beginning?

JAKE: Yeah, I think in general one of the big things to me in dentistry was just some of the big opportunities, right? So we have, in our business, really two completely different business models. In our orthodontic brands, in particular, that is all about the new patient; all of your production occurs in that first patient, within minutes of that patient's experience, and finishing cases on time and getting our patients out of treatment on time. In our general dentistry brands and our pediatric dental brands, it's all about that lifetime value of the patient — repeat visits, patient referrals, and all those kinds of things. So the cool thing to me was a) figuring out the two different worlds, but b) really seeing all the opportunities that exist in the space and in a relatively low competition industry from a marketing standpoint, a digital marketing standpoint. It's getting more and more competitive every day, but to me that was the biggest thing — wow, there's a lot of opportunity to win here and there's a lot of opportunity that aligned with my expertise on the digital side — everything from search engine optimization, search engine marketing, to social and more of the digital marketing and digital advertising. All those kinds of things tied it together. There's just a lot of opportunity to win here.

COREY: That's awesome. So I've interviewed a few folks on podcasts and spend most of my time in the dental space these days. What does the role of Chief Marketing Officer do and mean to a dental group?

JAKE: Yes, I think generally speaking my role consists of a few different buckets. There are really big picture items focused on our branding, focused on integrations. We're a heavy affiliation-based company, so we are constantly working to bring in new partners to our group. It's in figuring out how can we best provide value to an already established brand or an already established group of clinics, and how can we really provide a value boost after they are affiliated with us. But then also really focused on our true marketing funnel responsibilities, everything from marketing spend and we take it all the way down to completed appointments. So that has been a big thing for us — not passing the buck. In a lot of cases, marketing could say, "Hey, you know we generated the leads, what did you do with them?" And kind of can wash your hands of the fact. We really decided to take more responsibility for that, because ultimately it's our goal to get them into the practice. So we really focus on that all the way through our call center which rolls up under me as well.

Not only do we generate leads, but we are also responsible for scheduling those leads and then making sure those leads actually show up. If they don't, working through a process to get them back here. We're focused all the way down even on our no-show rates and things like that, and what we can do to help inform our Operations Teams and our Clinic Teams from a scheduling perspective or from a payer mix perspective or whatever the case may be that might be affecting some of those things. Then they can ultimately manage their schedules really well, and just be focused on providing excellent patient care and they're not having to man the phones all day and call blitz every morning when the schedule falls apart or something like that. So that's kind of in a nutshell what my role and marketing's role here is at Rock Dental.

COREY: That's awesome. A lot of times what I hear is — you talked through the lead generating opportunities — somewhere in that point I usually see a lot of finger-pointing where marketing is saying, "Here's what we're providing." And operations is saying, "Well, I'm not seeing it." And you're saying, "Well you're not booking the appointment!" So you just took that head on and rolled it all up under you?

JAKE: Right, yeah. Honestly, that was probably the biggest thing that even as a vendor that we really identified. This is a tale as old as time; marketing and operations pointing the finger at each other. It really all boiled down to, for decades and decades, the adage in marketing was that you waste half of your marketing budget; you just never know which half you wasted. As I was looking at coming into this as my career and stuff, like that's not good. That's not an acceptable thing. That's not the horse I want to hitch my wagon to. So really trying to look at it from the perspective of, ok well, someone just has to take that responsibility, and if it ultimately is going to be what my job is measured off of, well then let me take as much control of

that as I can for that particular gray area to become more black and white. The cool piece of that has been it has allowed for our Marketing and Operations Teams to have less friction because we have really clear, defined responsibilities. I carry the ball from this point to that point, and then here, very clearly and I think in the most logical sense, we are passing the ball to them appropriately. We can't diagnose treatment, we can't convert treatment, we can't present treatments, all those kinds of things. But we can't, and that's the things that we want them to be focused on, so yeah, that's been a huge win for us overall.

COREY: That's pretty awesome. I like to highlight sort of the bold pieces from these interviews, and I think that's definitely one — that operations and marketing should definitely be on the same side is what I'm hearing.

JAKE: Well and the nice thing is now with our Chief Operating Officer that's kind of the banner we're able to march under. Now we're able to really attack things side by side, as opposed to trying to figure out how we win against each other. So that's been a really nice point all the way down not just CMO to COO, but to our Field Teams and our Team Leads in the clinic center, doctors, and all those that truly created a better alignment for us.

COREY: That's great. My first guest was Brian Colao from Dykema, and I've heard other folks say it, but if I was going to sum up my time with him it's that if you see one DSO, you've seen one DSO. You're certainly speaking to that adage as well. So you have a really hands-on approach in both the marketing and the operations, and you'd mentioned letting your providers then be free and let you act primarily as a support method for them. Can you talk specifically about how you're helping them grow and what other resources you have for them that our listeners might be interested in learning from?

JAKE: Yeah, so I think generally speaking, how we want to support our doctors and I think actually one of your other guests was Bill Neumann, and at the ADSO conference this year, he basically did a presentation to say kind of like, "Hey, you guys realize you're all trying to be the same thing. None of you are really standing out from one another." There was kind of a nervous laughter across the room. And really how we tried to approach that is certainly all the DSO things that you've come to expect of the back office support and clinical autonomy and all those big things. We are certainly that, but I think that is just the baseline of being a DSO.

What our big difference has been and really where we have started to gain a lot of traction is that our providers truly lead in everything that we do. So we have a doctor leadership structure that is completely separate and works in tandem with our Operations Team. But it's basically the voice for the provider in everything that we do, from recruiting all the way through obviously the big clinical things of formularies and supplies and labs and clinical procedures and those kinds of things. We're undergoing a pretty significant branding project right now for our pediatric dental brand, and we have invited every one of our pediatric dentists to really be a part of that and give a voice to that particular project. This is not rocket science, but ultimately they're the ones who have to go carry everything out and be committed. They're going to be the representation of our brand, of our company, to our patients, and so that's really been the biggest thing for us.

So we have a host of doctor boards and committees that are literally even impacting how we do revenue cycle in collections and how we are handling things in the call center. So really in every facet of our business, our doctors not only have an opportunity for feedback, but they really get a chance to lead in those efforts. The nice thing in the DSO space is that not every doctor wants to lead in every space. If they did, they'd probably own their own practice. But in some of those cases where you've got to really care, really get passionate about one thing or another, this gives them the opportunity to dig in and get their hands dirty a little bit with some of the back office stuff. But it really, for us, is the best check and balance on keeping the patient really at the forefront. It's great to have a strong business support system and a great operational support system and marketing support system, but it can be very easy for those folks who don't see a patient every day to get off course. So this has really been the thing that has really helped us even over the last year make sure that we are not getting off track from that perspective. Because at the end of the day,

that's what we have to win at.

COREY: That's cool. I've heard the stereotype thrown out a lot that dentists went to school to be dentists and they don't necessarily know or want to know or spend a lot of time on the business side of things. But you're right, they are the business and certainly have a lot to contribute. It's cool that you've given them an avenue to do so when they want to.

JAKE: Yeah, I think that's been a huge piece. Like there was a doctor who texted me this morning some marketing ideas that he added. I think that's the core piece is that there has been an oversimplification of *they only went to dental school to be a dentist* because humans don't fit so cleanly into those boxes. Some of them are very entrepreneurial, obviously, but many of them do have... like we have a doctor in particular who has really become the champion for our lab usage, which is a very niche kind of thing. But he's a really big denture provider and a really big implant provider and some of those kinds of things and partials and all that. So it's a huge passion for him of evaluating all of the different labs, evaluating quality and turn-around times and patient outcomes and those kinds of things. So this has given him a chance to pursue his passion within the business side of dentistry. But he's got so much passion for it that he's very natural for the rest of our dentists to really rally behind of the dentists who may not be as passionate about the full lab process and all that. So that has been huge for us because you need a provider to lead that decision. An MBA does not teach you how to pick the right lab, it can teach you to pick the cheapest or the most convenient or the fastest, but that's basically it. So that's really become a really big thing; what we call the Rock Dental way is a way for our providers to really lead in our efforts and that really our home office support center just exists to support those providers because they are the ones who support our patients and provide that great care.

COREY: That's awesome. Thanks for going so specifically into some of those examples. You hear that sort of thing a lot, but without the tangible specifics, it kind of sounds like a bit of filler. That's really cool. You mentioned earlier your ortho background and that Rock Dental Brands includes a wide range of both general and specialty practices. Talk to us about some of the examples of having such options available to your patients, and then also how that turns around and benefits the organization as a whole.

JAKE: Yeah, absolutely. That is probably another just really tangible way that we're different than a lot of other DSOs in that only 15% of our clinics are general dentistry practices. So we have really began with a specialty focus. Ortho is our biggest vertical and then pediatric dentistry is behind that in second place. We've got some other specialties — oral surgery, we've got a growing footprint there, and then we actually have one TMJ-exclusive provider. That's not a recognized specialty just yet, but that is one area that we've carved out special as well. For us, the desire for Rock Dental Brands is to really build that lifetime of quality care for our patients. If you think about it, there's a really natural life cycle and interdependency among the dental specialties. So the pediatric dentists have a really natural tie to the orthodontists, and the orthodontists have a really natural tie to the oral surgeons, and the oral surgeons have a really natural tie to general dentistry, and then the circle keeps complete. The general dentists also feed all of those other groups.

Our ultimate desire is to have a really fluid patient experience in a way that we have a centralized records process that doesn't require unnecessary x-rays from specialty to specialty to specialty. Truly your full dental history can be preserved well. But then some convenience things too; one of the biggest things in orthodontics is patients who aren't quite ready for treatment. The AO (American Orthodontics) recommends patients at seven years old be seen by an orthodontist as the mouth is developing and teeth are being lost and adult teeth are coming in to begin that evaluation. While many seven year olds are ready for treatment, just depending on the development of the mouth, it may be nine or ten before some kids are truly ready for that treatment. Currently the model exists in a way that it requires the patients and the parents to have yet another visit every six months to get evaluated. They're going to the dentist on a regular schedule and others to other appointments and more missed school or more missed work and all those kinds of things. So we're piloting a project right now of doing basically the initial scans in our pediatric dental clinic that can head that off and be reviewed by an orthodontist in a way that we can say this patient is now ready

for treatment or they're not and let's just keep evaluating them out of the pediatric dentistry clinic. Let's not require Mom and Dad to take off another day of work and pull a kid out of school for another thing, particularly if that can go on for a year or two. So the multi-specialty approach has really been an area that we have sought out that not only is there a differentiator for us in that, but that we really can provide that lifetime dental home for a patient.

COREY: That's pretty cool. I hadn't heard that story or that mentality before. That's interesting. On the flip side, are there challenges that come with marketing that many services? I mean I didn't even have time to list them all out, but from general to pediatric, how do you stay organized with all that?

JAKE: The biggest thing that I think we've done from an organization standpoint is we did an evaluation when I first came on board of really trying to break the entire dental industry down into entry points. There are services that would or results that would make people walk off the streets or pick up the phone or do an internet search for a dentist or an orthodontist or a pediatric dentist or whatever the case may be. So really trying to break those down in a way to where we can understand that, yes, maybe that is braces or Invisalign and maybe that is cleaning or some toothache or a chipped tooth or cracked tooth or something that aren't all the big dental terms, the D-codes that we can bill. Just thinking of it from a consumer perspective of really boiling it down to our patients are either really focused on health or the health of their family, and so they're coming in for that regular maintenance to the general dentist or to the pediatric dentist or even to the orthodontist, or they are in some kind of pain; something has happened and they don't want to feel the way they're feeling, a perio issue or a tooth issue or whatever the case may be. Or they want to improve their appearance. A lot of times people will think of that as only beauty queens, but for folks who may have discoloration or may have gapping or any of those kinds of things, we've got the opportunity among any of those three verticals to serve you having the multi-specialty approach.

From an organization standpoint, it has been a really different approach, and so we've even built our teams out like my team and the Operations Team are mirrored in that we have teams for the specialties; there's an Ops Team that is only focused on general dentistry, there's an Ops Team that's only focused on pediatric dentistry, and the same for orthodontics. Our Marketing Team has followed the same suit so that we're not conflicting and competing in a way that allows for just whoever's yelling loudest to get the attention. That also allows for a really great accountability of, well, we're having a great month in pedo, let's not even worry about that we're coming up short in GP. It's a direct focus, it's a direct accountability, for providing, in our case, leads and completed appointments. But then from an Ops Team's perspective, that we are producing well and able to cover our commitments and all those kinds of things.

COREY: Wow. And you called it... what was the term you used? Points of entry was where you sat down and looked at it?

JAKE: Yeah.

COREY: Man. Marketers who are listening, that's something right there.

JAKE: Well, and really the nice thing about that, too, has just been thinking of it differently. If you look at particularly the GP space, there's honestly not been a ton of ortho and pedo direct marketing initiatives. There's been some different caveats there, but in the GP space, you find that so many people are competing on the same thing. It's all about my new patient special, and yours may be \$29 or \$49 or \$59 or \$89 or \$99, so what does that mean and is that a real differentiator and what's the motive behind that? Or let's give away free whitening for people to come in or a free toothbrush to come in or whatever the case may be. So just trying to step back and think of that in a different way that's a little bit more consumer-focused than it is with, "Hey, no, we just want more patients and here's the thing we're willing to do or willing to give away to get them in the door."

COREY: That's awesome. Thanks for listening to Part 1 of *Call Box Dialed In* with Jake Sligh of Rock Dental Brands. Stay tuned for Part 2 in the upcoming weeks!