n a high-end service business like refractive surgery, there is simply no substitute for face-to-face, in-per-
son communication between the provider and the
customer. If practitioners could entice all the con-
sumers interested in refractive surgery to meet them in
person, many more procedures would likely take place.
The closest many inquirers ever come to having refrac-
tive surgery, however, is picking up the telephone, so it’s
high time that surgeons recognized just how important
the phone is to their business.

DIRECTOR OF FIRST IMPRESSIONS

For any business, the person answering the telephone
is (or should be) part of the marketing department. In
fact, his title ought to change from Receptionist to
Director of First Impressions. This idea is based on age-
old wisdom: You only get one opportunity to make a
first impression, so you must make it a good one. Indeed,
it is sobering to realize that a con-
sumer’s impression of
your business—your
surgical skill, care for
patients, and invest-
ment in equipment
and facility—is
formed largely by
how the phone is
answered on that
first call. Notice in
the previous sen-
tence the use of
the word “how”; in
fact, how the
phone is answered
is initially much
more important
than what is actu-
ally said.

The Right Person for the Job

Your Director of First Impressions should be the most
pleasing person you can find—someone not easily rat-
tled who is never robotic in his response. If you pay
your staff based on what they can contribute to prac-
tice revenue, this person should be among the highest
paid, because he has the ability to make or break the
number of patients who actually walk through the door.
He must have a near-magical ability to juggle multiple
calls on several lines, empathize with callers (making
them feel important and special) and deliver to them
the information they need. You can easily cripple these
skills, however, by overloading your Director of First
Impressions with other duties and responsibilities for
the sake of staff efficiency. In the long run, this would
be a penny-wise but pound-foolish decision.

Only once you’ve addressed how your practice’s
phone will be answered will you be in a position to
move on to the next step—

what the designated Director
should say to callers
inquiring about your
refractive surgery offer-
ing. The order here is
important, because
most providers empha-
size the content rather
than the feeling. For
refractive surgery, the
“what” part of the phone
call should answer four
basic questions: (1) What
is the procedure? (2) How
much does it cost? (3) Why
would I choose you
over another provider?
and (4) Where can I learn
more?
The answers to these questions should be discussed with all staff, heavily scripted, and coached through a role-playing process in which every staff member sits in the “hot seat” and learns how to answer appropriately. The key is that staff members must develop enough skill to be nondefensive (especially when it comes to pricing), to be able to ask questions of the inquirer in order to understand his or her perspective, and to provide enough information to assist the caller in moving to the next step (which could be to receive an informational package, attend a seminar, schedule a consultation, or watch a procedure).

What often happens, though, is that the caller will sound hurried and impatient, and staff members respond in kind. It doesn’t take much from a caller to make a staff person defensive by asking: “Why do you charge so much for a 10-minute procedure?” The key is to avoid taking the bait. Whether the response is deadpan or humorous, the goal should be to relax the caller—if even for a moment—and create an opportunity to learn about and address his needs.

Communications Training
Your Director of First Impressions needs solid training in order to make the telephone an effective substitute for face-to-face communications. Surgeons too often take for granted the skills needed to be as communicative over the phone as in person. In order to be well-honed in each of those staff members who “touch” your patients and prospects via telephone, such skills require training and retraining. This idea also holds true with each alternative to face-to-face meetings: cell phones, e-mail, and snail mail, among others.

PLEASE HOLD
Have you ever noticed your own reaction when you make a phone call and hear an unpleasant voice on the other end? What about when you are put on hold? I personally can’t stand it. A friend of mine simply hangs up after 30 seconds on hold—even with his own customers! What do you do? Let the answer be a guiding force in how your staff handles calls to your office every day. Yes, the prospective patient must visit your office in person to determine his suitability for a refractive procedure, but don’t let that keep you from making the most of the telephone conversation.

The initial phone call is the moment when perception becomes reality; many of the battles to build interest in refractive surgery are lost at this very point in time. Your time and money are best spent finding and keeping the very best person(s) available to manage callers in an inviting manner and motivate them to learn more. No fancy psychology is required here, just basic politeness and a desire to help. This way, the phone becomes an important weapon in your business arsenal and paves the way for the next step: the face-to-face meeting. When performed effectively, telephone interactions go a long way toward building the relationship you need and want with your prospective patients before they ever walk through your door.

Each month, industry veteran Shareef Mahdavi looks at a different topic relating to the business of refractive surgery and explores how mistakes from the past can be used by all providers for effective marketing. He provides marketing counsel to medical manufacturers as well as individual physicians and is based in Pleasanton, California. Mr. Mahdavi may be reached at (925) 425-9963; shareef@sm2consulting.com.