DENTAL MARKETING

How Well-Managed Practices Waste 30% to 80% of Their Marketing Budget

And 14 Ways to Stop the Hemorrhaging

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PATIENT PRISM®

Many dental practices unknowingly waste 30% to 80% of the money they spend on their marketing.

For a dental practice that generates revenue of $1.25 million a year and spends $50,000 a year on marketing, it's likely to be wasting between $15,000 and $40,000 a year.

John Wannamaker, the nineteenth century American retail magnate, famously said, "Half the money I spend on advertising is wasted. The trouble is, I don't know which half."

In this article, you'll see where your practice is likely wasting much of its marketing investment. And you'll read 14 practical suggestions to reduce your waste.

Practices often look at the wrong growth metrics

How is it possible for dental practices to waste 30% to 80% of the money they spend on marketing?

They do it by focusing on the wrong metrics.

As long as they feel they're growing "fast enough," they don't pay much attention to the money they misspend.

Here's an example. Can you say with confidence how many phone calls your practice receives each week from potential new patients?

In our experience at Patient Prism, most practice owners and business managers simply don't know how many calls their office receives.

The number of inbound phone calls is an important metric for any dental practice. And even more important is the percentage of inquiries the office books for a first appointment.

These metrics are important because they are good indicators of the productivity or wastefulness of marketing investments.

Why practices should track marketing waste

We define as waste any marketing investment or activity that doesn't add revenue.

Productivity (or efficiency) is the inverse of waste. As you reduce waste, you achieve higher marketing productivity and efficiency.

What could you do if you were to reduce waste—or, if you prefer, increase your productivity—by 30%?

You could cut your marketing budget by the same amount without reducing revenue. Or you could grow much faster without increasing your marketing budget.

If your practice is in an intensely competitive area, you can't afford to operate at such a high level of waste. Any practice that achieves better marketing efficiency could eat your lunch.

If you're concerned about competition from Dental Service Organizations (or DSOs), waste reduction offers a good way to strengthen your defenses. Maybe you can even go on the offensive, as you'll see in a moment.

If you work for a DSO, you're probably already thinking about ways to cut marketing waste. Stay tuned for worthwhile tips.

EXAMPLE:

How a practice can grow nicely, even with marketing waste

Let's consider a hypothetical example that shows how the numbers might work.

An independent practice generates $1.5 million in annual revenue. It spends $60,000 a year (or $5,000 a month) on marketing. That's 4% of their annual production.

Four percent of revenue is the very low end of the recommended range for marketing investment. Most knowledgeable dental-practice consultants suggest that dentists spend 7% to 9% of revenue on marketing.

The suggested percentage should vary with the life-cycle stage of the practice and the growth aspirations of its owners.

Marketing delivers to this practice, on average, 6 new-patient calls a day. That's 30 calls per week (counting voicemails received on Fridays when the office is closed) and 120 calls per month.

The practice invests $41.66 in marketing per phone call generated.

The practice books an average of 30 new patients a month. This means they book a first appointment with one-fourth of the people who call to inquire. To put it another way, they have a *conversion rate* of 25%.

The average new patient at this practice spends $1,250 within their first year with the practice. That's an average of $104.17 per new patient per month.

The calculation of annual revenue growth is a little more complicated. For the 30 new patients the practice adds in the first of 12 months, it generates about $3,125 per month over the following 12 months.

MARKETING COST PER PHONE CALL

$5,000 spent on marketing per month
÷ 120 calls per month
= $41.66 per call

NEW-PATIENT CONVERSION RATE

30 new patients per month
÷ 120 new-patient inquiries per month
= 25% conversion rate

REVENUE PER NEW PATIENT PER MONTH

$1,250 spent over 12 months
÷ 12 months in a year
= $104.17 in revenue per new patient per month

ANNUAL REVENUE FOR NEW BOOKINGS IN THE FIRST MONTH

30 new patients in the first month
x $104.17 revenue per new patient per month
x 12 months
= $37,500 for the 30 patients who sign up in the first of 12 months

Then for the 30 new patients who sign up during the second month, the practice generates $34,375 during the remaining 11 months of the year.

ANNUAL REVENUE FOR NEW BOOKINGS IN THE SECOND MONTH

30 new patients in the second month
x $104.17 per new patient per month
x 11 months
= $34,375 for patients who sign up in the second of 12 months. patients who sign up in the first of 12 months.

The same pattern continues for months 3 through 12.

The revenue growth looks like this:

Figure 1. Monthly and annual revenue growth at 25% new-patient conversion rate

Month	1	2	3	4	5	6	7	8	9	10	11	12	
New patients added	30	30	30	30	30	30	30	30	30	30	30	30	
Cumulative new patients added	30	60	90	120	150	180	210	240	270	300	330	360	
Monthly revenue from new patients													12-month total
Month 1	$3,125	$3,125	$3,125	$3,125	$3,125	$3,125	$3,125	$3,125	$3,125	$3,125	$3,125	$3,125	$37,500
Month 2		3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	34,375
Month 3			3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	31,250
Month 4				3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	28,125
Month 5					3,125	3,125	3,125	3,125	3,125	3,125	3,125	3,125	25,000
Month 6						3,125	3,125	3,125	3,125	3,125	3,125	3,125	21,875
Month 7							3,125	3,125	3,125	3,125	3,125	3,125	18,750
Month 8							3,125	3,125	3,125	3,125	3,125	15,625	31,250
Month 9								3,125	3,125	3,125	3,125	12,500	25,000
Month 10									3,125	3,125	3,125	9,375	18,750
Month 11										3,125	3,125	6,250	12,500
Month 12											3,125	3,125	6,250
Monthly revenue from new patients	**$3,125**	**$6,250**	**$9,375**	**$12,500**	**$15,625**	**$18,750**	**$21,875**	**$25,000**	**$28,125**	**$31,250**	**$34,375**	**$37,500**	
Cumulative revenue from new patients	$3,125	$9,375	$18,750	$31,250	$46,875	$65,625	$87,500	$112,500	$140,625	$171,875	$206,250	$243,750	**$243,750**

At the end of 12 months, the practice has added $243,750 of revenue from new patients.

Patient attrition reduces revenue growth

But the practice also loses some of its current patients to attrition. Patients move, they retire, they switch dentists, and so on.

Our example practice has 1,500 active patients, and it loses about 10% to attrition every year. Its average annual revenue per current patient is $1,000 per year.

ANNUAL REVENUE PER PATIENT

$1.5 million annual revenue
÷ 1,500 patients
= $1,000 revenue per patient

So the practice loses 150 patients per year, or 13 patients per month.

AVERAGE PATIENTS LOST PER MONTH

10%
x 1,500 patients
= 150 patients lost per year
÷ 12 months
= 13 patients lost per month

For each patient lost, the practice loses $83.33 per month in revenue.

AVERAGE MONTHLY REVENUE LOST PER PATIENT

$1,000 average annual revenue per current patient
÷ 12 months in a year
= $83.33 lost per patient per month

The revenue lost for these patients is also a little complicated to track, because the practice doesn't lose them all at the same time.

Here's what the spreadsheet looks like for revenue lost to attrition:

Figure 2. Monthly and annual loss of revenue at 10% patient attrition rate

Month	1	2	3	4	5	6	7	8	9	10	11	12	
Patients lost to attrition	12.5	13	13	13	13	13	13	13	13	13	13	13	
Cumulative patients lost to attrition	12.5	25.0	37.5	50.0	62.5	75.0	87.5	100.0	112.5	125.0	137.5	150.0	
Revenue lost to patient attrition													**12-month total**
Month 1	$1,042	$1,042	$1,042	$1,042	$1,042	$1,042	$1,042	$1,042	$1,042	$1,042	$1,042	$1,042	$12,500
Month 2		1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	11,458
Month 3			1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	10,417
Month 4				1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	9,375
Month 5					1,042	1,042	1,042	1,042	1,042	1,042	1,042	1,042	8,333
Month 6						1,042	1,042	1,042	1,042	1,042	1,042	1,042	7,292
Month 7							1,042	1,042	1,042	1,042	1,042	1,042	6,250
Month 8							1,042	1,042	1,042	1,042	1,042	5,208	31,250
Month 9								1,042	1,042	1,042	1,042	4,167	25,000
Month 10									1,042	1,042	1,042	3,125	18,750
Month 11										1,042	1,042	2,083	12,500
Month 12											1,042	1,042	6,250
Revenue lost to patient attrition	**$1,042**	**$2,083**	**$3,125**	**$4,167**	**$5,208**	**$6,250**	**$7,292**	**$8,333**	**$9,375**	**$10,417**	**$11,458**	**$12,500**	
Cumulative revenue lost to patient attrition	$1,042	$3,125	$6,250	$10,417	$15,625	$21,875	$29,167	$37,500	$46,875	$57,292	$68,750	$81,250	**$81,250**

At a 10% attrition rate, the practice loses $81,250 in revenue over 12 months.

If it weren't for new-patient revenue, this practice would see its revenue decline to $1,418,750 after a year.

When you add new-patient revenue of $243,750 and subtract $81,250 revenue lost to patient attrition, net new revenue growth is $162,500 after 12 months.

Add that to the $1.5 million in revenue that the practice started with, and total revenue grows to $1,662,500 a year later.

Compared to the $1.5 million the practice started with, that's about a 10.8% increase in net revenue in 12 months.

It's good, but not great. What could this practice do differently?

By commonly used measures, marketing efficiency for this practice looks acceptable

At its current 25% conversion rate, the practice spends $166.67 to acquire each new patient.

Many businesses call this number their customer acquisition cost (or CAC).

Is a CAC of $166.67 a good number for this practice? Let's see.

ANNUAL REVENUE AFTER ATTRITION

$1.5 million prior-year revenue
– $81,250 revenue lost to attrition
= $1,418,750 revenue after attrition

TOTAL ANNUAL NET REVENUE

$1.5 million current revenue
– $81,250 revenue lost to attrition
+ $243,750 revenue from new patients
= $1,662,500 total net revenue.

MARKETING COST PER NEW PATIENT

$5,000 in monthly marketing cost
÷ 30 new patients per month
= $166.67 in marketing cost per new patient.

Business normally evaluate CAC as a percentage of the lifetime value (LTV) of a customer. If the CAC is less than 10% of the LTV, it's often thought to fall well within a range considered to be good.

For example, a CAC-to-LTV percentage of less than 10% is considered efficient for software companies.

To acquire a new patient, our example practice spends about 16.6% of the revenue it will generate from that patient over the next 12 months.

This looks a little high.

But if the practice retains the patient for several more years, its customer LTV could easily be many thousands of dollars. In that case, the CAC-to-LTV ratio looks much better.

CAC AS A PERCENT OF FIRST-YEAR REVENUE

$166.67 Customer Acquisition Cost
÷ $1,000 average first-year revenue per new patient
= 16.6%.

But marketing waste is very high

By another set of metrics, the practice could—and should—be doing much better.

In our experience at Patient Prism, a caller-to-patient conversion rate of 30% or lower is typical for dental practices that don't pay much attention to their conversion rates.

It's less than stellar performance.

Look at it this way. If a practice converts 25% of callers, it misses the potential revenue for the 75% of callers who don't book appointments. This means 75% of its marketing investment goes down the drain.

What conversion rates are realistic?

Let's be clear. No practice will ever achieve 100% conversion rates. Practices probably shouldn't strive for conversion rates higher than about 80%.

For a number of possible reasons, some potential patients are simply a bad fit for a practice. Your front-office staff shouldn't try to book them. Maybe as many as 20% to 25% of callers fall into this category. So the highest realistic conversion rate is probably around 75% to 80%.

By our prior definition of marketing waste, this means that 20% to 25% waste is probably inevitable.

But It's not so hard to achieve a 50% conversion rate. At Patient Prism, we often work with dental practices that have average conversion rates as high as 60% to 75%.

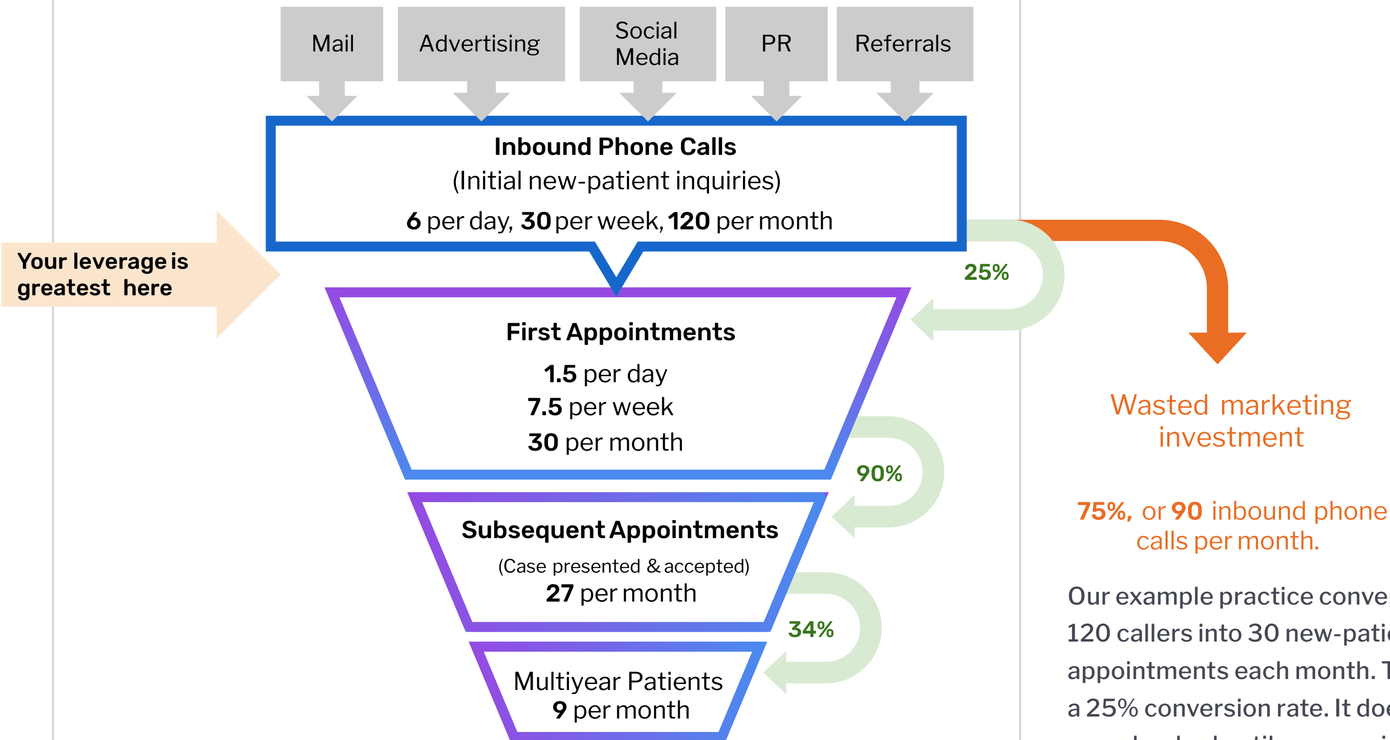
No practice will ever achieve 100% conversion rates. Practices probably shouldn't strive for conversion rates higher than about 80%.

Where is the opportunity?

The following figure is a “conversion funnel.” It shows the new-patient acquisition process for the practice we’ve been talking about.

Note that the practice wastes 75% of its marketing investment in the conversion point between inbound inquiries and booked appointments.

Figure 3. Conversion Funnel for New Dental Patients



Our example practice converts 120 callers into 30 new-patient appointments each month. That’s a 25% conversion rate. It doesn’t sound so bad until you consider that the practice wastes 75% of the inquiries for which it has paid real money. This waste occurs at the front office, not in the practice’s choice of marketing tactics or channels. Also note that subsequent conversion points are crucial for revenue growth: Does the new patient come back for additional appointments? And does she stay with the practice for multiple years?

What if this practice could improve its conversion rate to 50%? That would be a 100% improvement over their current conversion rate of 25%.

Clearly, it takes more effort and attention to improve a conversion rate that’s already high. But in our experience, you can probably do it.

To improve your conversion rates, you must focus. Your front office must commit to answering more phone calls before they roll over to voicemail during business hours. With proper training and coaching, your staff can become much more persuasive in fielding new-patient inquiries.

With help from appropriate software and better business processes, conversion rates of 65% and 75% are well within reach.

Is it worth the effort to improve conversions? Let’s see.

How higher conversion rates can benefit a dental practice

Even with a 50% to 75% improvement in conversions, most dental practices can achieve wonders.

They can book 50% to 75% more new patients a month, without spending another dime on marketing. In fact their marketing cost per new patient declines by 50% to 75%, even at the same level of marketing investment.

Let's see how a 50% conversion rate benefits our example practice. The changes are summarized in Figure 4. It shows the 25% conversion rate as Scenario A and the 50% conversion rate as Scenario B.

The numbers highlighted in yellow are the ones that change from Scenario A to Scenario B.

Figure 4. Comparison of practice growth metrics at 25% versus 50% new-patient conversion rates

	Scenario A	Scenario B	Percentage change
	25% conversion rate	**50% conversion rate**	
Annual revenue	$1,500,000	$1,500,000	0%
Number of current patients	1,500	1,500	0%
Average revenue per current patient (annual)	$1,000	$1,000	0%
Average revenue per current patient (monthly)	$83.33	$83.33	0%
Patient attrition rate (annual)	10%	10%	0%
Patient attrition (annual)	150	150	0%
Patient attrition (monthly)	13	13	0%
Revenue lost per patient due to attritition (monthly)	$83.33	$83.33	0%
Total revenue lost to patient attrition (annual)	$81,250	$81,250	0%
Net revenue after attrition (annual)	$1,418,750	$1,418,750	0%
Percentage of revenue spent on marketing	4%	4%	0%
Marketing budget (annual)	$60,000	$60,000	0%
Number of new-patient inquiries (annual)	1,440	1,440	0%
Average revenue per new patient (annual)	$1,250	$1,250	0%
Average revenue per new patient (monthly)	$104.17	$104.17	0%
New-patient conversion rate	25%	50%	100%
Number of new patients booked (annual)	360	720	100%
New patients booked per month	30	60	100%
Marketing cost per new patient booked	$167	$83	-50%
Revenue from new patients 12 months later	$243,750	$487,500	100.0%
Number of patients in practice 12 months later (including attrition and new-patient growth)	1,710	2,070	21.1%
Net new revenue after attrition	$162,500	$406,250	150.0%
Total practice revenue 12 months later (including new-patient growth, less revenue lost to attrition)	$1,662,500	$1,906,250	14.7%
Percentage change versus starting revenue of $1.5M	10.83%	27.1%	

The practice still generates 120 new-patient inquiries a month. Each inquiry still costs the practice $41.66 in marketing expense.

But now the practice books 60 new patients a month.

At 60 new patients a month, the practice books 720 new patients a year.

With an average first-year revenue of $1,250 per new patient, the practice now collects $487,500 a year in new-patient revenue. Please see Figure 5.

NEW PATIENTS BOOKED PER MONTH

120 inquiries
x 50% conversion rate
= 60 new patients per month

NEW PATIENTS BOOKED PER YEAR

60 new patients per month
x 12 months in a year
= 720 new patients per year

Figure 5. Monthly and annual revenue growth at 50% conversion rate

Month	1	2	3	4	5	6	7	8	9	10	11	12	
New patients added	60	60	60	60	60	60	60	60	60	60	60	60	
Cumulative new patients added	60	120	180	240	300	360	420	480	540	600	660	720	
Monthly revenue from new patients													**12-month total**
Month 1	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$75,000
Month 2		6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	68,750
Month 3			6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	62,500
Month 4				6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	56,250
Month 5					6,250	6,250	6,250	6,250	6,250	6,250	6,250	6,250	50,000
Month 6						6,250	6,250	6,250	6,250	6,250	6,250	6,250	43,750
Month 7							6,250	6,250	6,250	6,250	6,250	6,250	37,500
Month 8								6,250	6,250	6,250	6,250	6,250	31,250
Month 9									6,250	6,250	6,250	6,250	25,000
Month 10										6,250	6,250	6,250	18,750
Month 11											6,250	6,250	12,500
Month 12												6,250	6,250
Monthly revenue from new patients	$6,250	$12,500	$18,750	$25,000	$31,250	$37,500	$43,750	$50,000	$56,250	$62,500	$68,750	$75,000	
Cumulative revenue from new patients	$6,250	$18,750	$37,500	$62,500	$93,750	$131,250	$175,000	$225,000	$281,250	$343,750	$412,500	$487,500	**$487,500**

But the 10% attrition rate for the practice still applies. The practice still loses $81,250 to attrition every 12 months.

After subtracting the $81,250 lost to attrition, the practice achieves net revenue growth of $406,250.

ANNUAL REVENUE AFTER ATTRITION

$1.5 million prior revenue
– $81,250 lost to attrition
= $406,250 annual revenue after patient attrition

When you add this net annual growth of $406,250 to the $1.5 million in annual revenue the practice already had, total revenue 12 months later rises to $1,906,250.

That's net revenue growth of about 27%.

Remember, the practice achieves its 27% growth without spending any more money on marketing. In fact, it now spends half as much per new patient. And it grows almost three times as fast—simply by improving its conversion rate from 25% to 50%.

What a practice could do with added revenue from higher conversion rates

What might a practice do with the added revenue? Here are some ideas.

Owners of new practices can pay down debt faster.

If they prefer to focus on growing faster, they can:

- Buy more equipment or offer new services.
- Hire more staff to manage the business.
- Open another office or acquire another practice.
- Borrow money at more favorable rates.
- Attract outside investors while giving up less equity and control.

Owners who want an exit plan can increase the valuation of the practice before they put it up for sale.

All owners could improve their personal or family life by:

- Paying school tuitions.
- Building a strong retirement plan.
- Investing.
- Buy the flat they've been dreaming about in Florence, Italy, or Naples, Florida.

Higher conversions shore up defenses against competitors

For each new patient a practice gains, it takes one away from a possible competitor.

If our example practice continues to spend 4% of its revenue on marketing, next year it could invest about $76,000 a year on marketing. That's about $6,300 a month, 27% more than it now spends.

With more money to spend on marketing, this practice has less to fear from aggressive competitors.

Lower marketing waste starts a virtuous cycle

This is what you call a virtuous cycle. It's the opposite of a vicious cycle.

Some practice owners already see the opportunity. They may participate in DSOs or Dental Management Organizations (DMOs). Or they may want to become a DSO or DMO.

Or they may simply want to enjoy life more, knowing they've achieved the practice of their dreams.

Either way, they have growth ambitions. They aren't passive. They've run the numbers. They're smart entrepreneurs. And they see higher conversions as a clear path to achieving their goals.

What holds many dental practices back

Why don't other practice owners think this way?
Here are five common reasons:

- **They're in small, independent practices, and they're happy with their growth.** Or they're concerned about the challenges of managing a practice that's growing too fast.
- **They're using the wrong metrics to evaluate their practice.** They're looking at their annual growth rate or their cost to acquire a new patient. They're not thinking about the number of calls they receive or the number of conversions they achieve. They don't see their front office as a possible constraint on their growth.
- **They haven't run the numbers for their practice.** They're unaware of the level of marketing waste they generate, and they haven't considered its implications.
- **They don't know how to increase their new-patient conversion rates.** Even if they see the opportunity to reduce waste and improve conversions, they don't know how to do it.
- **They believe, maybe correctly, that their practice doesn't have much growth potential.** Maybe they're in an area that doesn't have enough population to achieve growth, or they serve a demographic that doesn't have enough income to spend more on dental care.

For owners who think their practice doesn't have much growth potential, one alternative still offers hope: They can reduce marketing waste to increase revenue as much as possible. Then they can use the added revenue to start or acquire a practice in a better location.

Note that no practice can continue growing indefinitely unless it increases its clinical capacity and throughput.

The full revenue potential of a single-location practice is about $3.5 million. Practices can generate revenue up to that level by increasing their staff and operatories. But for further growth, they will likely need to open another office.

Note that no practice can continue growing indefinitely unless it increases its clinical capacity and throughput.

How to improve front-office conversions

If your front-office conversion rates are as low as 20% or 30%, you can improve them without much effort.

Here are 14 ideas for where to start:

1. **Monitor the total number of phone calls your office receives at all times of the day and night.**

   Keep a record of the number of calls by time of day, day of week, month of year, etc.

2. **Note how many calls roll over to voicemail during business hours.**

   Monitor how many callers hang up without speaking to someone on your staff.

3. **Count how many inbound calls come *from potential new patients.***

   You get all kinds of phone calls. Some from current patients. Some come from vendors: sales reps, lab service providers, etc. Count only the inquiries from potential new patients.

4. **Count how many inbound calls your front office converts to first appointments.**

   Calculate your conversion rate. (Beware of the tendency to undercount.) Here's an easy way to calculate it: Take the average number of new-patient appointments you book in a month. Divide it by the number of new-patient inquiries you receive in a month. That gives you your conversion rate. Do this for a few months.

5. **Set front-office quotas for higher conversion rates.**

   Create incentives. Monitor progress toward achievement of goals. Recognize individual performance.

6. **Record calls with potential new patients.**

   See what your staff is doing well or poorly.

7. **Provide suitable training and coaching to front-office staff who need it.**

8. **If you use an automated phone-answering system, review your recorded tree.**

   Make sure you provide a fast track for potential new patients who want information. Respond to these calls first.

9. **Tell your front-office staff to try to make appointments with anyone who inquires about your practice.**

   Suggest an appointment even if they appear to want something your practice doesn't offer.

   A free first consultation may help. Get callers into the chair. They may have misunderstood or misrepresented what they need. Someone else may have misdiagnosed their condition.

10. **Count how many inbound calls come from various marketing tactics or sources.**

    You can do this manually, by asking callers how they heard of the practice. But manual recording of sources is notoriously inaccurate. Sometimes your front-office staff don't ask. Sometimes they forget to enter the number, or they enter the wrong number in your computer system.

11. **Monitor what happens after the first appointment.**

    How many patients come back for a second appointment? Look at your case acceptance rate.

12. **Track other metrics relevant to your business growth.**

    Know your average annual attrition rate for current patients. Know your average first-year revenue for new patients. And understand the average lifetime value for your patients.

13. **Explore software that can help you do all these things more easily and efficiently.**

14. **Seek other relevant and helpful resources from Patient Prism.**

    For other resources to help you grow your practice, please see the list that follows.

Other helpful resources

1. Start a conversation and **request a Patient Prism demo**.
2. **Download** the document “Dental Practice Guide to Winning New Patients on the Telephone: Ideas for Owners and Leaders.”
3. **Download** the document “Front-Office Guide to Booking More Appointments with New Dental Patients.”
4. **Download** a brochure about Patient Prism’s software and services.

About Amol Nirgudkar

Amol Nirgudkar helps dentists grow their practices and reach their goals. As a certified public accountant, business consultant, author, entrepreneur, and owner of a dental practice, he has 19 years of experience in working with dental practices, both large and small.

Through the three companies he founded, Amol has served more than 500 dentists across the United States.

With Dentist Profit Systems, founded in 2013, he successfully challenged the common ways that dental practices marketed their practices online. Dentist Profit Systems also created new ways for dental practices to measure the effectiveness of their marketing investments. Through that work, Amol saw firsthand a growth challenge that all dental practices face. No matter how successfully they may market their practice, they lose many new patients because their front office is ineffective in handling phone inquiries.

To help solve that problem, he founded Patient Prism in 2015 as the world's first immersive call visualization platform. The software uses both machine learning and human learning to evaluate the way dental offices handle phone calls in near real time. It has helped hundreds of dental offices convert more new patient calls into booked appointments.

Amol co-invented two patent-pending technologies used in Patient Prism. He continues to work with artificial intelligence and machine learning to help dentists build commercially successful practices.

In 2017, Amol co-founded ConstantCoach.me, an online learning management system (LMS) that allows dental practices to acquire relevant online education at a reasonable price. Through continuous training delivered right at their fingertips, dental teams use this platform to perform at their peak. Constant Coach seamlessly integrates with Patient Prism and provides back-bone education to prevent problems from recurring.

About Patient Prism

Since the early 2000s, Patient Prism's founders have worked with hundreds of dental practices. They started in the role of certified public accounts. As CPAs, they prepared the books of diverse practices.

That experience helped them see the differences between thriving practices and others whose growth had stalled.

They saw how fast patient attrition can cause a practice to shrink. It happens unless the practice constantly invests in marketing to win new patients.

For several years, Patient Prism's founders offered marketing services to dental practices. They built and managed websites. They ran pay-per-click ad campaigns.

From that experience, they learned which marketing investments consistently deliver high returns.

More important, they saw how many practices waste money on marketing. To their surprise, they noted that many practices waste a lot of money even on tactics that generate plenty of new-patient inquiries.

Although the phone rings often in these practices, inbound calls don't bring in as many new patients as they could.

The waste occurs when dental practices don't monitor how effectively their front-office staff manages incoming phone calls.

With that insight, they switched their focus to helping dentists manage calls from potential new patients.

Working with dentists, they developed and tested patent-pending technologies to measure key marketing performance metrics.

Today, Patient Prism's software shows which marketing investments generate the highest-value phone calls from potential new patients. The technology also enables busy practices to convert more of these callers into patients.