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## INSIGHTS WITH A PRACTICE CONSULTANT WITH CATHERINE MALEY, MBA

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David Mandell:

Hello, this is David Mandell, host of the podcast. We've got a very interesting guest today. I'm excited about Catherine Maley. And let me tell you about her bio and then we'll bring her on.

Catherine and I actually met at a number of different conferences and we were on the same platforms, et cetera, so I said we should have her on.

Catherine Maley:

Thanks David. Appreciate you having me.

David Mandell:

So let me give you everybody your bio here. So since 2000, Catherine Maley MBA has been a cosmetic practice, growth, business and marketing consultant. She's also an author, speaker, trainer, and blogger. She also has a podcast as well called Beauty and the Biz. In her popular book, the Aesthetic Practice, What Your Patients Are Saying, has been studied by thousands of plastic surgeons and their staff all over the world.

Catherine's an international speaker, regular contributor to medical publications in the industry and has been interviewed by the New York Times, ABC News, and Newsweek. She and her team specialize in growing cosmetic revenues using creative patient attraction, conversion, follow-up and retention strategies, as well as staff training to turn team members into converting rock stars. So with that, Catherine, welcome.

Catherine Maley:

Thank you.

David Mandell:

So before we get into the first question, I want to let all the listeners know, obviously I know you and I know many of you are in the cosmetic space in various specialties, et cetera, but there's many of you who are not.

And when we have someone like Catherine on who specialize in that space, and that is a little bit different than reimbursed medicine and how that all works, I think it's important to just note that I think, because I've heard Catherine speak many times and I know what we're going to talk about, there's



a number of things that we will cover that you should pay attention to, and that might be some good nuggets for your own practice.

And even if you're an employed physician listening to this really more for investments and taxes and some of the other things we cover, you may have an entrepreneurial streak in you. And if you do, there's a business there on the horizon, either in medicine or perhaps totally unrelated to medicine. And we've got some docs, as those of you who are listeners to podcasts know, who have businesses that are pretty tangential to medicine and some that are completely unrelated.

So with all of that said, let's get into it. So Catherine, tell us about your business. We heard a little bit in the bio. How do you help physicians and practices?

Catherine Maley:

Sure. My business used to be called... Well actually it's called Aesthetic Practice Consulting, LLC, but that's so long and cumbersome. So now, and because of branding issues, I now just go with my name, [catherinemaley.com](http://catherinemaley.com). People love to call me Maley, but it's Maley, whatever.

So I got into this many years ago. I was that cosmetic patient who, I used to call it my face fund, and I would spend five grand a year just on my injectables. And I remember thinking, my Lord, the customer service in these practices is horrendous. Nobody understood customer service. They certainly didn't understand how to take a cosmetic patient with a credit card to a yes, I'd like to invest a lot more thousands into you.

So I realized that there was a hole in this industry that I could fill because I had a really long track record of sales and marketing. And then I also got an MBA, so I've got the business and the marketing side down.

So that's how I got into this. I just wanted to help doctors get a lot better at understanding the cosmetic patient with a credit card versus the other kind of patient with an insurance card. They're just different.

David Mandell:

That makes sense. And your client base, I imagine, is all over the country because you're doing the kind of things I'm doing, which is speaking at national conferences and things like that.

Catherine Maley:

Actually, it's international. I've been to Australia, gosh, Saudi Arabia, Milan, all over the place. This is no longer just for the affluent or certain practices. Quite a few doctors actually in your audience might even be thinking about jumping over to the, I call it the 'fun side' of medicine. Because of what's been happening with the world politically, economically, all the forces happening, it's starting to look good to jump into the aesthetic industry.

So I would just stay open to that because maybe today you're not interested, but maybe tomorrow you're so fed up, you might get interested. And I'll tell you what, there's demand like crazy. So we've got the demand. The secret is to get good at the marketing and the business side so you can compete effectively.



David Mandell:

Right. Exactly. And when I sit in lectures like yours and others, when I'm at a cosmetic medical meeting, and obviously I do a bunch of those, but a ton of traditional medicine stuff too, I'm always learning something. Because the marketing lessons remind me of my MBA program. And obviously being an expert, putting yourself out there with content, et cetera is something that in some ways we can all do better with.

And in fact, as we're talking, because I know my next question's going to be on branding, we had a orthopedic surgeon on this podcast from Hospital of Special Surgery HSS, Dr. Michael Apt, who talked about branding yourself as a physician even as an orthopedic surgeon. Just forget about the branding the practice or thinking of it more of a business point of view, but he was saying as a kind of a CEO of your own career, you want to brand yourself, have a personal brand. Even if you never go out and create your own practice, even if you're employed by a hospital your entire career, you still want to have a brand that other physicians know and they refer you. So these topics I think are pretty universal.

So let's get to branding. What in the aesthetic space are there kind of branding strategies that you're talking about and that are effective in that arena?

Catherine Maley:

We've always talked about branding in a macro way. When we think about branding, we think of Coca-Cola and Mercedes and the big guys. But if you really think about it, it's a brand called you. We all have our own, whatever you want to call it, persona, way about us. But branding is about telling the patients what they can expect from you and then being consistent with that.

So branding is everything. It's details. It's your office, your furniture, your shoes, your hair, your jewelry, your car. It's your staff's hair and jewelry and tattoos and all of that. It's everything. All these details count when you're branding.

I've seen so many practices put a ton of money into their websites, and it's the perfect place for branding because at that point the patients don't know you. When they're searching around online, all they've got to go on is do you have a nice website? And so it does make sense to invest in that.

But then you have to see that through. Let's say you have a really nice website and it all looks good and everything's great, right up until that patient picks up the phone to make an appointment and your receptionist is horrendous. She's the kind of receptionist that says, "Doctor's office, hold please." Click. And then comes back two minutes later, "Yes, what can I do for you?" That kind of thing. You've just blown all the branding budget you spent on the website that didn't carry through to the rest.

And then you have to look at the patient's experience. The patient is saying to themselves, "Is this the right practice for me?" And it doesn't always have to be the highest end practice. Do you know, consumers are just businesses. Some like the lower end, some like the middle, some like the higher end, some like the ultra-luxurious. All you are trying to figure out ahead of time is what is my brand? What do I want to be? And then who do I want to attract who is like me and who cares about what I care about?

So gosh, I would spend more time on that. Who is your preferred patient? Anybody in any specialty, stop and think to yourself, what do I value? Who am I? Because you are going to attract who you are. So think about that. Who would be my preferred patient? If I could have anything I wanted, how old would



they be? What gender, ethnicity, what problem can I solve for them? I think if you spend more time there, it makes the rest of this so much easier because you're more focused and you have a lot more clarity. Does that make sense?

David Mandell:

Yes it does. And I have two personal stories about this. One is my wife recently has been interviewing some dentists. It's a combination of sort of medical and cosmetic and she's been looking at them and interviewing, sort of going to a couple of them in South Florida. And she went to one the other day who was going to charge her the most, but the office wasn't nice. It didn't match up. I mean she literally said, "You're charging me X," she didn't say it to them, she said in her head, "and you have popcorn ceilings."

Now, my wife's very detail-oriented and she's very, how am I saying, knowledgeable of interiors because we've redone our house and all that. I'm not so good about that. But that was something that clearly didn't click. There was a branding disconnection between where that dentist was putting themselves out in terms of the way they were styling their practice website, et cetera and then the actual office.

I'll use a different example is OJM Group you mentioned. We purposely... Very few of our clients come to our office. But if they do, they come to Fort Lauderdale, I have a very nice office in the class A building. We have a very nice office in Cincinnati and same with Phoenix. But we're not trying to be the highest end office. And you know why? Because our doctors say, "Listen, I don't really want you to charge me enough to have to pay for the most beautiful office in town with the corner office on the 25th floor, et cetera." Because ultimately they know, my docs are pretty smart, they know ultimately they pay for it.

So I want something professional, but it doesn't have to be state-of-the-art. And with most of our clients, were working with them like this anyway – through zoom or phone calls mostly. But we've made that choice to say, we want something professional, solid, et cetera when our clients, and some of them do come to us and we have local clients, but it doesn't have to be anything more than solid and professional and something where people are comfortable. So these things matter in any business or any industry that you're in.

Catherine Maley:

Just know your audience.

David Mandell:

Know your audience.

Catherine Maley:

Know your audience and know thyself. If you could stay consistent with that, you are so right. I have been in so many practices that charge a \$500 consult fee and you walk in the office and you're thinking, am I in the right place? I'm already turned off thinking, how dare you? Who do you think you are charging 500 and I'm walking in this very subpar office where he hasn't put a dime into it for 20 years.

And that's what happens. I think we all get so caught up in our every day that we don't think about somebody else's perception. And whose perception matters the most? The patient who's going to give



you money or choose you. You have to start thinking from their point of view. And if you're going to charge 500, you better have a \$500 experience to go with it.

David Mandell:

That's right. Exactly. And we see that. But that's great. Know your patient and know thy self, I mean, that really is what it comes down to.

So what do you see today in terms of practice marketing in your space? What are the kind of trends, what's going on in 2023? What's on its way up, maybe what's on its way down? Give us some insights there.

Catherine Maley:

For sure. That has changed. I mean, I've been around for 23 years, so it doesn't look anything like it used to look. It was very easy to market years ago and we didn't even know it. Now that it has been so uber-competitive and everybody has jumped into the ring and put their hat in and saying, "Okay, I want a piece of this pie." You have to get so good at marketing.

So some of the things that are really working well, I'll tell you what's out. You can no longer have a website with your headshot on it. It's not enough. Patients want to know who you are. And you have to be multi-dimensional. So in the old days, I hate to say that, but the doctor would put on a white lab code and he was good to go. And he was pretty much on the God level and the patients just listened to whatever he told them to do and that was that. And they chose him because he was the best because there weren't many of them.

Nowadays, they've got so much choice. The cosmetic patient with a credit card has so much choice. However, there's plenty of them. So don't get caught up on that. There's plenty for everybody if you can play the game right.

But the real things that are happening are instead of having a headshot in today's world, you've got to have videos. And I know this is uncomfortable for a lot of doctors, but what I would suggest is just have a roving reporter in your office, some staff person who's really good with the iPhone or the iPad and have them video the life in the day of you and what you do. People love to see behind-the-scenes, what you do, what your staff's up to, what your patients are up to.

And they also want to know the personal side. And a lot of surgeons are uncomfortable with that, but the ones that win are sharing themselves with their prospective patients. They're cooking, they're skiing, they're doing magic tricks, they're traveling, they're speaking around the globe. All of us have to brag about ourselves in today's world because there's no room for the silent.

I'll tell you what, a really good marketer can beat a really good surgeon any day, at least in the short term, because they're just really good at getting the word out.

So some of the other marketing trends are it's content marketing. So you can't just say, "Hi, I'm the best." You have to prove it, obviously, with your word of mouth referrals, with your video, testimonials, with your patients' stories. We patients love patient stories, and this goes for any specialty. When we have a problem and we're looking for somebody to solve it, when we see a video of somebody who had that same problem who is very similar, and now they talk about their journey of how this doctor helped



them so much and now they've transformed their life so they have their life back again, that's what we love.

So I would get a lot more... It's going to be a lot more relationship building and a lot more personal. So the doctor has to become a real person who cares about his patients. He's not afraid of social media. Social media, personally, I think it's a waste of my time, but it's not a waste of my staff's time. Somebody's got to do it because all arrows now point... You have to put so many poles in the pond to get seen on the internet. You can't assume someone's going to find your website anymore. You have to use all these marketing channels that are all leading to the website, and you're being found. You have such a nice digital platform online that people are going to stumble on you more often than if you didn't.

So reviews are never going to go away. I would make those a top priority. Get good reviews. You're always going to get some bad ones. Instead of fighting them, just get some better ones and drown them out. Word of mouth will never go out of style. People who love you want to talk about you to their friends and family. I would constantly always just be super nice to your patients, quite frankly.

And then texting of course has taken over the world. You have to figure out, if you have a patient demographic that wouldn't even dream of emailing like that younger generation, they don't even know anything about emailing. They don't even know how to text anymore. They just do it through Snapchat. And you're like, "Really? What are you talking about? How would that work?"

But you just have to know your audience. Most of us now nowadays are texting. If you can figure out how do you add texting to your practice processes, that would make a lot of sense. If you want those patients, make it convenient for them to do business with you pretty much.

David Mandell:

So I'll even relate that to our business. So we do all these lectures, we have books that we've written like you, and many physicians, even the ones listening here have gotten our books maybe from those kinds of outlets.

And it used to be, again, not that long ago, we'd hand out things, people would fill them out and I'd collect them at the end. We don't do that anymore. Then it was, okay, up on the slide, here's OJMbookstore.com. You can come there with this code and you can get it for free. We still put that up there because some people are old school. But then it was pull out your phone, here's a texting app and text this number and you'll get a link back already prepopulated with the American Academy of Orthopedic Surgeon Code. And so you get the books for free that way. Now we actually have it like a QR code that's there, and so people just have to take a pic on the QR code. They don't have to type anything.

So we're doing the same thing just in outreach to physicians, which is just make it easier for them. Use technology to make it easy for someone when they're interested in talking to you or interested in finding out more about your practice. Put less barriers up to do that. And that's kind of MBA 101 these days. And so we're doing that ourselves.

So another question I wanted to ask you that I think has applicability to anybody who's running any kind of private practice or any entrepreneurial venture, is staffing. We all deal with it. We want great people, great people make our organization, and they're the difference between success and not success. But



it's not always so easy to find great people. And I think that's more true today than maybe ever, but everybody always says that it probably wasn't easy in the past either.

So that's part of what you're helping your clients with. So give us some lessons, give the docs out here some lessons and things to think about when it comes to getting your team set and finding the right people and hiring the right people.

Catherine Maley:

Actually Dave, it has gotten a lot more complicated and I don't know if that's temporarily because of our Covid situation or the after effects and hopefully we'll go back to normal, I don't know, but it has gotten much, much more difficult to find the right people that fit your practice well. But there is a motto called get the right people on the bus, then get them in the right seats, then give them the right tools so they can do their job. But then you have to hold them accountable. So that's the formula.

So in a nutshell, when it comes to hiring, here's a couple of thoughts I have. You have to find people, they're not easy to find anymore. I used to be able to go to Indeed and within literally in a couple hours, I'd have 50 resumes, I went through them, it was no big deal.

Now you have to stay there a lot longer to rifle through a lot more of them. I would say though, write a killer ad. You don't need 200 resumes, you need 10 really good ones that had the courage to answer this ad because you're setting such good expectations. You're telling them exactly what you're looking for. And don't be vague about it. I would be so specific.

For example, if I were looking for a patient coordinator, that's a revenue generating position, I would literally say your close rate needs to be 70% or more. There's a commission structure involved. You want somebody who wouldn't be afraid of that. So do a really good ad.

Then so where do you find them? I would also be creative with finding people. You could actually have a finder's fee for people who work for you because a lot of them have friends that understand you and your practice and they understand their friend. So they could put that fit together.

In your meanderings, if somebody is really a friendly person at Starbucks or that favorite restaurant you go to, just find people who are people people. That's what we're looking for. You can always train skill. You can't train character and honesty and friendliness and kindness and compassion. So if you see that in the world, always grab that person and say, "By the way, I love your personality. Are you looking to make a change in the world? Because I'd love to have you join my practice." That that's how I would do it.

So you're also setting expectations. When I'm hiring people, I would have many points of contact because you're looking for their consistency. A lot of them, in the hiring process in today's world, do you know how many no-shows there are? You literally have appointments set up with them and they're gone. And I'm just so surprised by that because I'm not from that world. I show up when I say I'm going to show up. But that's why you want to have many points of contact. I would have them email you, text you, call you several times to see are they going to play the game, are they going to do what they say they're going to do?

And then in today's world, there's something going on where people don't work just to work to make money. They work for fulfillment. And that's an issue because most jobs are not fulfilling, they're work.



That's why it's called work. So that's why you want to make that environment at least a fun environment. Add some perks to it.

For example, this is what I would do. In your office, I would say, "You know what, here's going to do. We're going to have a contest all the time, and it's called Strive for Five. And what's that? Five star reviews."

So it's called Strive for Five. And you would have signs up in your lunchroom, come on team, let's Strive for Five. And then you would have a rule. If we get five reviews this week by Friday, a perk happens, like a carrot. Like a taco truck shows up on Monday or we have a catered lunch or we all get some kind of a gift card, something to make it fun. And I would do that regularly just to keep the staff on their game.

And staff tells me constantly and I read about it all the time, why do they leave? They don't leave for money, they leave because they were not acknowledged. So if you could acknowledge and recognize when people do a good job, I believe they need it more now than ever. There wasn't so much patting on the back before. Now there needs to be. If you want them to show up, they've got to feel good about it.

David Mandell:

I'm different generation a little bit, but everything that I see, we see a bit in our practice and certainly from colleagues who are business owners that it's a bit of a different mindset in the generations, feeling appreciated, which is always good. I mean, that's always good business. You can read Harvard Business School articles back 40 years saying you want to acknowledge and give credit to your team. But I think it's even more so today.

And these perks, these non-monetary perks, I think is something that I've read a lot about and that it's pretty consensus that the data shows that that makes a difference. It's not just paying somebody more. Oh, they should be happy they're getting paid more. That doesn't do it. At OJM, we let different members of the staff choose offsite events. And sometimes it's things you think might be silly. People really appreciate it. And they have some ownership of it because we let them choose whatever the thing is that they want to do that kind of goes around so everybody can have a say in it. Yeah, I agree. And again, that's applicable to any kind of business that's out there.

Speaking of that, my last question for you really is, as you're dealing with different practices, what are some of the takeaways from the top practice? What are the pearls from the highest performers or the ones you see are doing a great job, whether it's with the staffing or the marketing or operations or something in between? Give us some things people can think about in terms of takeaways from top practices.

Catherine Maley:

So here's what I did. Three years ago I started my own podcast called Beauty and the Biz. And I interviewed the top, top practices. Most were here, some were international. And then on my 100th episode, now we're almost at 200 episodes, but on my 100th, I did a breakaway and I called it Top 10 Takeaways from the Top Practices, because I kept hearing the same things coming up for that what made them top, so I thought I would share those with you.





One of them was the surgeon had a growth mindset. He wasn't thinking lack, he wasn't thinking I don't have enough money, there's not enough patients, there's too much competition. He was thinking growth. Instead of complaining, he was thinking, how can we pull this off? How can we do better?

Also, they were willing to spend money to make money, but not stupid money. I call it smarketing. You want to know your numbers. The top practices know darn well if they put in 10 grand a month for advertising, they at least break even because there's a really beautiful backend to cosmetic patients. If you can get a cosmetic patient, they will come back for a lifetime. So even if you only break even, that's brilliant. And if you make money on it, keep doing it. So really know your numbers.

Most surgeons are afraid of numbers, are afraid of accounting. They just know at the end of the month they say to the office manager, "How are we doing?" Knowing your numbers, it's not that difficult. It's actually really fun once you stop running from it. And it's better than being blindsided. That can often happen.

Also, they looked at staff as an asset versus a liability. They realize that staff is their secret weapon. Some people say, "Oh, this is all commoditized." And that's for every specialty. But that's not true. Professional services are varied. Some people are really good at what they do. Some people are terrible at what they do. Some are mediocre, some are ultra great. So it really matters. So please make sure.

But if it were commoditized, then staff is your only differentiator because at that point then it's not about the result. They expect the result, but now it's about the patient experience. So they spend a lot more time on the patient experience, but they also treat their staff very well. The staff, they're recognizing them as important, they're meeting with them regularly, and the surgeon is going over their values and their vision regularly.

So for example, if you are one of those practices where the surgeon wants to be the best, he wants to be the lion in the jungle, tell the staff that, and then have that kind of staff working for you. If you have some meek, mild person who's scared to death to talk to patients, and the doctor is this ultra huge personality, there's another disconnect. Everything has to be cohesive in a practice for that patient to get that journey that they're looking for.

And then the surgeon should be setting goals and making sure people are getting them. And if they're not able to reach the goals, then let's change the goals to something that they can, or give them more help to get to those goals.

But it all comes from the top. The doctor has got to tell the staff, where are we going, what are we trying to do here, how do we make money, how can we make more of it, how can we make your life easier, how can we make the patient's life easier? So just constantly asking questions is really a great way.

Also, what kept coming up was be who you want to attract. So the doctors complained to me constantly, "These patients are so cheap, they negotiate constantly." And guess what the doctor is doing? He's negotiating with me. If you're looking for a deal, you're going to attract patients looking for a deal. So just watch that because it kept coming up.

And then also, focus on people and relationships. The really top docs, they get that this one relationship that they have spent a few more minutes with the patient building, makes all the difference in the world on the backend with the referrals, the returning, the reviews, the agreeing to their before and after



photos. Relationships have become the hottest trend right now. You can't play this game as much by quantity as you used to. It's gotten more complicated and more costly to do it that way.

You're better off trying to do that 80/20 Pareto rule where 80% of your revenues will come from 20% of your relationships that you have built. Watch everything in your life, you'll see that. The money is coming from these certain groups and I'll bet you've been nurturing them. You're friendly with them, you like them. That is going to be more important than ever.

Also, those top practices really had that patients for life mentality rather than that one and done. Enough said there. And this is really interesting, they all give back. Every one of them had a percentage of their revenues going to charity of some sort. And that brought back to the team as well because the team now realized, oh, we have a why, a bigger why than just let's make the doctor rich. That was super. Every one of them was giving back. And it was part of their social media. And frankly it's a marketing as well. It's a good business model and it's a good marketing channel as well. You're showing off that you're not just a capitalistic pig. You really are trying to give back and help your community.

And then lastly, the top practices, everything I heard from each one of them was this striving for excellence. They have this innate desire to do their best, be their best and be the best. So that striving for excellence kept coming through.

David Mandell:

Yeah, so many good ideas there. I mean, each one of those could be a separate podcast in itself.

Catherine Maley:

Right?

David Mandell:

What you said at the end, we studied, this dates me a bit, but you studied Japanese business practices. They called it continuous improvement. And the idea is you're trying to get better, always.

David Mandell:

A lot of sport people who watch sports, professional teams are kind of like that. It's all about the perfect game. You'll never get there. But you're always striving to do that because there's always something to prove.

I think one of the things I will just call out of all the things you said, and there's a lot of good ones there, but I like the idea of the staff as an asset, not as a liability or cost. I think that's crucial. And also, embracing the data, that's important. Have whatever data analytics that you need to have. How many patients came in, or how many consults, and how many turned into patients, and how many referrals or follow-ups. Or for many practices, how long did it take to get paid by the insurance company, and what's their accounts receivable, and how quickly did those get aged? And all these kinds of things.

Someone at the practice has to be on top of it, right? Ideally it's the physicians. Now, they may outsource that in larger practices to a practice manager or a CEO even, but ultimately the physicians



should have some ownership on it, even if it's a quarterly meeting or a monthly meeting or a weekly check-in. And that'll depend on how big the practice is and all those kinds of things.

But ultimately, I think every doc who's listening to some degree, unless they're employed at a large institution, should try to get some ownership of the data and understand what's going on in there.

So great stuff. Really applicable, really valuable. Do a lot of it in my own practice. Catherine, thanks so much for being on. I really appreciate it.

Catherine Maley:

Thank you for having me. I really appreciate it too. Thanks.

David Mandell:

And to all the listeners, we will have another episode in two more weeks. We hope you spread the word and tell some of your friends and colleagues about us. And if you're a physician who's listening, who has an interesting story to tell, something you think might be of interest to your colleagues, feel free to shoot me an email and we'll talk about it, maybe have you on as a guest. And with that, thank you, Catherine, thank you to everybody.

Catherine Maley:

Thank you.