

# "You Should See My Doctor": Cost-Effective Marketing Ideas for Your Practice

*Marketing doesn't have to be expensive, complicated or unethical. To begin, simply treat your current patients right.*

James M. Giovino, MD

Marketing is something of a dirty word among many physicians. Mention it, and they immediately picture that used-car salesman peddling his lemons on late-night television. True, that's a form of marketing, but it's marketing gone wrong. Done right, marketing is not synonymous with trickery. Instead, it is nothing more than influencing choice by demonstrating the real value of a particular product or service – in this case, health care.

## Understanding patient choice

To understand how marketing can help your medical practice, you first need to understand patient choice. True story: A friend of mine was the medical director in a busy ER. One fall, the seasonally adjusted volume jumped significantly, and the administrator in charge of the ER asked my friend, "How did you get the volume up? Can you do it again?" Of course, the idea of increasing the number of emergencies in a given community is ludicrous, and my friend had to explain to the administrator that no, he couldn't do it again. The administrator didn't understand that some things are out of the control of the physician and his or her best marketing efforts. Arranging for more patients to have an emergency is one of them.

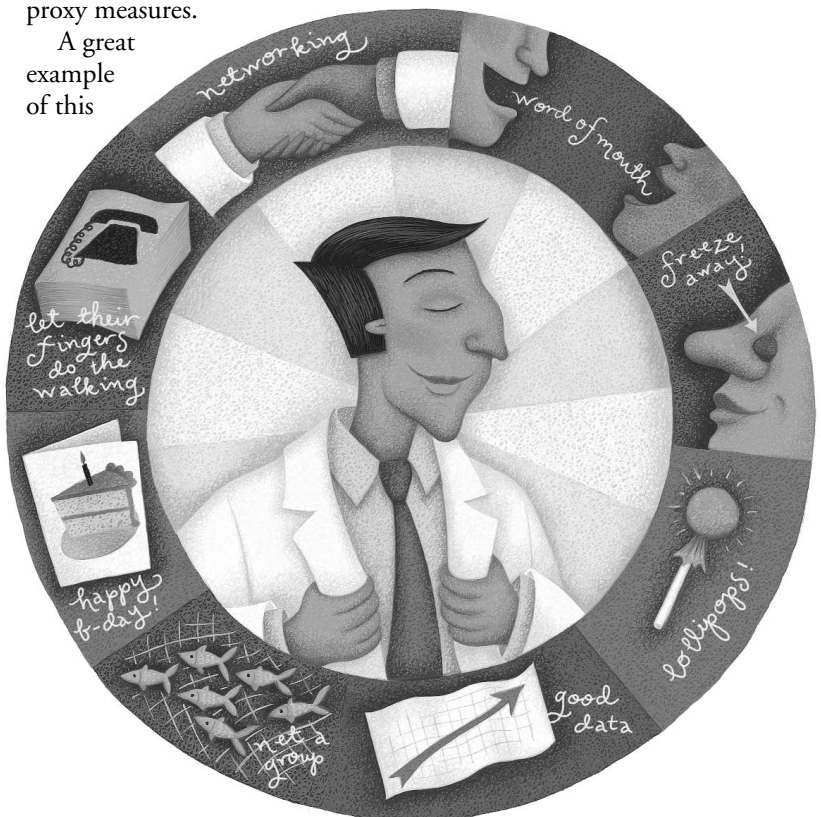
The portion of your practice that focuses on acute, episodic care depends on individuals getting sick, something that is largely beyond your influence. Once they are sick, you can capture their business through influencing their choice *if they have a choice*

*to make.* What makes this story more amusing is that this particular ER was the only one in town. The patients had no choice. The administrator didn't understand random fluctuation.

When given a choice, patients use a variety of factors to help them determine where they will receive their health care. Quality of care is one important determinant, but it's extremely difficult for patients to assess. Instead, they often rely on proxy measures.

A great example of this

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Marketing isn't synonymous with trickery. It is simply influencing choice by demonstrating the value of your services.



When given a choice among physicians, patients often rely on proxy measures, such as a practice's appearance or its staff members' friendliness, in order to assess quality.



Physicians should learn to project quality through proxy measures, and then back it up with real quality.



To begin your marketing efforts, educate your current patients about your specialty and the full range of services that you offer.

is in the airline industry. How do passengers know whether the engines are well maintained on the plane in which they are about to take off? Since they can't look in the engines themselves, passengers subconsciously think of cleanliness as a proxy for maintenance because cleanliness is immediately accessible and understandable to them. It turns out that, in the minds of airline passengers, coffee rings on the tray tables equal sloppy maintenance.

Are out-of-date magazines an indication that your skills are out of date? Are dirty exam rooms an indication of dirty needles? Your image is a marketing tool, for better or for worse. Why do you think so many marginal physicians have packed waiting rooms? Image. Perception. Proxy measures. If you are a good physician, why not use these same tactics to attract patients? Project quality through proxy measures. Then back it up with real quality.

### Marketing to the converted

Your current patients may be the most powerful marketing tool you have, so make them the focus of your initial efforts. If you treat your current patients right, their recommendations to family and friends may do more to build your practice than you could do on your own.

**Patient education about family practice.** Marketing often begins with education, helping patients understand what you as a family physician can do. For example, if your patients don't know you do flexible nasopharyngoscopy, your scope will go unused. If your patients with children don't know you enjoy seeing kids, they'll take their kids to a pediatrician. And if your patients don't know you can treat acne, you will lose this business to a dermatologist.

To get the message across about your full range of services, you can use any number of simple tools: table tents, posters, signs and banners in your waiting room or exam rooms, refrigerator magnets or patient handouts. [For an example of one family physician's patient handout designed to communicate his broad range of services, see "Remind Patients of Your Scope of Practice," *FPM*, October 1998, page 60.] Also, the AAFP is conducting a national marketing campaign to educate the public about family practice. To learn more, visit [www.aafp.org/cgi-bin/catalog.pl?uid=cat100852](http://www.aafp.org/cgi-bin/catalog.pl?uid=cat100852).

### KEY POINTS

- Marketing isn't necessarily a dirty word; it's simply influencing choice by demonstrating the value of your services.
- The best way to begin your marketing efforts is by providing excellent care and service to your current patients.
- In competitive markets, physicians need to embrace the marketing methods of other industries and shouldn't be afraid to do so.

**Expanded services.** Another way to market yourself to your current patients is to expand your services. For example, you could start offering extended hours, treadmill testing, house calls, nursing home service, sports physicals and so on. To be sure the services you're thinking about adding are actually important to your patients, simply ask them via a patient survey.

**"Welcome to the practice" letters.** Since I throw away about an oak tree's worth of junk mail each day, I'm astounded that this tactic works, but it does. Just imagine yourself sorting through your stack of mail at the end of a busy day and then finding a letter from, say, your new dentist welcoming you to his or her practice. How would you react? If you're like most people, you'd

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think, "Well, that was nice!" And that's exactly what your new patients will think.

**The "happy birthday" letter.** The incredible value of small acts of kindness toward our patients was driven home to me several years ago when I found out that the most sought-after physician in our practice was one of the residents (Takaji Kittaka, MD). I knew he was a nice guy and a good doctor, but why the line of patients? It turned out that he went the extra mile for his patients. For example, on his own he started sending birthday cards to each of his patients. He also saved the toys from his kid's "Happy Meals" and gave them to his pediatric patients. We stole the ideas for our own patients immediately.

**Appointment reminders.** Appointment reminders are typically thought of as interventions to enhance office efficiency and production, but they also serve a marketing purpose. If your office is organized enough to call patients the day before their visits or to send postcards alerting patients that it's time for their checkups, the impression you will leave them with is "my doctor's office is organized," another proxy measure for quality.

**Attention to the door-to-door patient experience.** How hard is it to get into your office from the parking lot? How many forms do patients have to fill out in the waiting room? How many people do your patients have to talk to before they get to see you? The patient's total experience, from car door to car door, determines his or her satisfaction with your service. Try this experiment: Walk in the front door of your office, register and be roomed a few times, and see if you can spot anything in the experience that might be improved. Attention to this level of detail pays off in repeat business and word-of-mouth advertising. You can't keep them well if you can't get them to come back.

### Working the system

Outside of your own practice, your next best marketing field is the larger health care system within which you operate. This includes your local hospital, emergency room, urgent care center and specialty colleagues.

**The ER.** In most health care systems a large population of patients use the emergency room instead of a doctor's office for episodic care of non-emergent illnesses. Some have identified a primary care physician for insurance purposes but have never seen that physician, while others have no association with a physician at all. Taking your turn as the on-call doctor for unassigned (or "no doc") patients is a tried and true method for building your practice – and for assisting people at a time of crisis, when they need a personal physician but don't have one.

Another way to interact with unassigned ER patients is to take overflow urgent care patients in your office and let the ER or urgent care center know that you will accept their patients without appointment. Or you might agree to take on unassigned patients who are discharged from the ER and need follow-up care. The ER clerk can even make those follow-up appointments with your office before the patients leave the ER.

**Professional recommendations.** Never underestimate the importance of collegial relationships. For example, the cardiologist you asked for help today may return the favor tomorrow when one of his hypertensive patients needs office follow-up for arthritis. In addition, nurses can play a key role in helping you gain new patients. Nurses at the hospital (and your office) are asked about you by patients all the time and can be a great marketing resource. Have you ever given the hospital nurses small gifts on spe-

### Have you ever given the hospital nurses small gifts on special occasions? Maybe you should.

cial occasions? Maybe you should – and put this expense in your marketing budget.

### Netting a whole school of fish

Managed care contracts can be an effective way to capture a whole panel of patients at once. Each type (e.g., capitated, discounted fee for service) has its own risks and benefits, but if you can negotiate favorable terms, these contracts will benefit you and your practice.

To gain the best contracts, you're going to have to sell yourself to the health plans by projecting quality through proxy measures and by being able to back it up, as discussed earlier. In other words, project an image of quality and professionalism, and then bring data to the table that shows how you provide high quality, cost-effective care and how you differ from your competition. Present data such as the average HbA<sub>1c</sub> rate for your patients with diabetes. Outline your care-process models (a.k.a. critical pathways or protocols) for asthma, hypertension and hypercholesterolemia. Highlight your low waiting times in the office, short waits for preventive health visits or after-hours access. If your price is about the same as your competition's, the deciding factor will be quality (or the perception of quality that you have projected).

In some cases, to win the contract you may need to offer new services that give patients choices they don't already have. For example, if no one in your community offers after-hours services, weekend hours, workplace services, house calls, etc., consider offering them. ►

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You may want to expand your services, for example, by adding treadmill testing, house calls or sports physicals to your practice.



Simple "welcome to the practice" and "happy birthday" letters can build your image as a caring, thoughtful physician.



To understand what image your office is projecting to patients, walk in the front door of your office, register and be roomed.



By taking your turn as the on-call doctor for unassigned patients in the emergency room, you can build your practice while helping people at a time of crisis.



By demonstrating your value to health plans, you can secure favorable managed care contracts and capture a whole school of patients at once.



The key to successful advertising is identifying your target audience and making your ads appropriate to those patients.



Before you invest your marketing dollars, consider what type of practice you are trying to build and what services and patients should be your focus.



In today's environment, patients are eager to find a true health care advocate and will appreciate your reaching out to them.

## Taking it to the streets

Competitive markets will require that you use mass marketing methods as well to appeal to a broader population of potential patients. [For information on developing a formal marketing plan for your practice, see "Nine Steps to a Strategic Marketing Plan," *FPM*, November/December 2001, page 39.]

**Advertising.** Don't be afraid to advertise yourself as other professionals do. Even hospitals and health plans are getting into the act these days with billboards, print ads, radio ads and television ads (which work but are cost-prohibitive for most practices). The key to successful advertising is identifying your target audience. For example, if you want more kids in your practice, advertise to their parents by placing ads in the local newspaper or by speaking to parent-teacher groups. If you want to reach inner-city patients, use a bus billboard that runs in your target neighborhood. If you want more seniors in your practice, *don't* place a radio spot on a heavy metal station at 3 a.m. It's largely common sense, but get some professional help. Poorly done advertising is a waste and can even be counterproductive. If you

look like Frankenstein in your print ad, no one will want to come to your practice.

**The phone book.** Perhaps the best mass-marketing tool of all time is the phone book, whose ads account for a majority of commercial foot traffic. Phone books are kept in virtually every house and business in your city (some are even available online), and the ads are fairly cheap. For an extra \$500 a year, you can get a color, quarter-page ad (instead of the standard two-line entry). To get some idea of what you can do, check out the ads in your city's phone book.

## Last thoughts

Marketing, whether it's simply through word of mouth or through professional-looking print advertisements, doesn't have to cost you a lot of money or time or cause you a moral dilemma. It is simply a means for letting patients know that you are willing and able to care for them. Given today's environment, in which patients are eager to find a true health care advocate, it shouldn't be a tough sell but a welcome invitation. **FM**

Send comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org).

## WHAT KIND OF PRACTICE ARE YOU TRYING TO BUILD?

**B**efore spending your marketing dollars, ask yourself, "What do I want my practice to look like in five years?" Your answer to this question will help you decide what services you want to market and to whom. Here are some options:

**High-income/low-cost procedures.** If you're going to market something, invest first in needed services that generate the most income per dollar spent. The best example of this is cryotherapy. You can build this part of your practice by raising patients' awareness of the risks of sun exposure and promoting skin exams for at-risk patients, young and old.

The reimbursement for cryotherapy is usually more than what family physicians get for taking care of the same patients' hypertension, hypercholesterolemia and gout. If these patients go to a dermatologist for this service, the dermatologist won't take care of their other health concerns. You will. Freeze away.

**High-volume/low-acuity visits.** Often the most highly compensated family physicians in a health system are the ones who have high-volume, low-acuity practices. These are the doctors who don't admit patients, don't do obstetrics, don't do lengthy procedures and tend to refer more often. I'm not suggesting this is the "right" way to practice family medicine, but it illustrates a style of practice that tends to produce higher income in discounted fee-for-service environments, where a higher volume of visits will make up for lower revenue per patient over time.

If you're interested in this approach, your marketing efforts will need to focus on younger families. You will need to offer extended hours to accommodate working adults and their kids, and your schedule will need to accommodate walk-ins in greater numbers. You will see plenty of patients with hypertension and hypercholesterolemia, but more often, you'll be treating sick children, patients with acne and patients with sports injuries.

**High-reimbursement/low-volume visits.** The other end of the spectrum is high-reimbursement/low-volume visits. To make this work for you, will need to do two things. First, market your practice to middle-aged adults and seniors. Second, learn to bill a 99214. (For help, see "A Quick-Reference Card for Identifying Level-4 Visits," *FPM*, July/August 1999, page 32.)