

Forward-Thinking Strategies for Marketing Employed Physicians

by Carolyn Merriman

If you asked people 15 years ago to describe the medical profession, they might have labeled it a cottage industry because it was made up of small, independent practices. In 2011, those same people might describe it as an aligned strategy that allows physicians to focus on what they do best - practice medicine - while their hospital employer runs the business and manages operations.

Consider these statistics:

- According to a Medical Group Management Association (MGMA) study of recruiting practices in 2009, 65 percent of established physicians were placed in hospital-owned practices and 49 percent of physicians hired out of a residency or fellowship program joined hospital-owned practices.
- Nearly 50 percent of practices with three or more doctors were hospital-owned in 2008, up from 24 percent in 2002, according to another MGMA study.
- According to a Health Care Advisory Board survey, 40 percent of active primary care providers will be employed by a hospital by 2012.

A survey conducted by the Center for Studying Health System Change found that hospitals gave several reasons for employing physicians, such as to:

- Compete with other hospitals.
- Direct profitable service lines.
- Employ specialists to be on call because this method is more cost-effective.
- Hire specialists who otherwise might build competing ambulatory surgery centers or specialty hospitals.
- Increase hospital leverage with health plans.
- Gain physician cooperation in pay-for-performance and quality reporting programs.
- Prepare for health care reform issues, including bundled payment rates.

A 2010 national survey by *Strategic Health Care Marketing* showed that 89 percent of hospitals marketed employed physicians, while 59 percent marketed non-employed medical staff physicians. Marketing, public relations, physician relations, and Web departments were most involved in these marketing efforts.

For hospital marketers, this shift in relationships with doctors means a tremendous change in strategy and a new juggling act to support both non-employee community physicians and hospital-employed physicians. It's critical to approach this landscape with an eye on the future because even more changes will occur as health care reform issues are debated and addressed. In the meantime, there are solid strategies to help position employed and non-employed physicians for success.

Set expectations

The term "marketing" may mean one thing to the professional marketer and something totally different to the physician. It's important to clearly outline what marketing is and does so that there is no room for miscommunication. Tess Niehaus, vice president of marketing, communications, and physician relations at St. Anthony's Medical Center in St. Louis, believes that marketers must first establish their credibility with a new physician. In their initial meeting with a new doctor, they should introduce themselves and their department and share examples of their experience and success in working with physicians. In that meeting, they should also gain an understanding of the doctor's needs, challenges, and personality for preparation of a recommended marketing strategy.

Marketers should:

- Ask about the physician's goals, budget, and operational challenges. They need to understand the physician's practice, referral sources, patient mix, scheduling, and the doctor's traits and qualities.
- Understand the physician's office staff expertise and customer service expectations. Find out if there are certain staff qualities that can be promoted. Ask about customer service standards and what the physician does with customer feedback.
- Establish the doctor's preferred communication method and use it consistently. It's not going to do any good to send an e-mail if the physician depends on voice mail.
- Help the physician understand what marketing can do as well as what the department doesn't do. Above all, help the physician understand that marketing is more than just advertising.

Importantly, marketers also need to gauge the new physician's personality so that the marketing plan matches the individual's style and character. "A physician who is very shy and not comfortable in a 'lunch and learn' setting ... where staff and physicians wander in and out, should not be placed in that type of [situation]," says Bev Miller, director of physician relations for the Valley Hospital in Ridgewood, NJ. "I learned this the hard way with an employed surgeon who was extremely ill at ease in a meet-and-greet format. I learned that the best way to promote him was through more formal one-on-one sessions with the targeted physicians."

Define before and after

Some organizations have successfully developed two checklists for employed physicians - one that details activities before the physician starts and another that spells out activities once the physician is in place. The checklists help ensure that nothing falls through the cracks. They also become a convenient communication tool and a way to help the marketing team and the physician know what to expect.

"Before" tactics include having a professional photo taken, placing an announcement in medical journals and on physician Web sites, and sending a letter to referral sources. "After" tactics include sending a news release to local media outlets, placing a video about the physician on the hospital's Web site, and arranging for speaking engagements at community events.

The marketing department should also understand if the physician or someone else in the practice will act as the point person in helping execute various activities. Each party's responsibilities and timelines for each tactic should be clearly defined.

Partner with physician liaisons

Working with members of the physician sales and services team is important because they have an inside track about physicians' wants and concerns. If the newly employed physician is a specialist, the sales team can help make introductions to primary care physicians and relevant specialists.

Marketing can partner with physician sales to:

- Formulate the right message for critical audiences.
- Disseminate a targeted message about the new employed doctor to a network of physicians and referral sources.
- Identify beneficial relationships early on in the physician's employment.
- Orient the physician to hospital processes.
- Solve problems and address concerns.
- Accompany the new physician on calls to targeted non-employed physicians or arrange one-on-one meetings with other doctors. More than 75 percent of participants in the *Strategic Health Care Marketing* survey indicated that facilitation of doctor-to-doctor personal communications was an extremely or very beneficial offline marketing activity.
- Determine the new doctor's position in the hospital's physician relations strategy. A liaison should be assigned for ongoing communication, referral development, and retention.

A large hospital in the Southeast developed a service grid to show what exams are

offered at each of the organization's 13 outpatient imaging sites. The hospital's physician advocates include this information in a welcome packet given to all new credentialed physicians. The packet also includes photos and credentials of radiologists, a list of accepted insurance plans, and a file of insurance codes for commonly ordered imaging exams.

Be visible

In addition to calling on non-employed physicians, new employed physicians need to make themselves visible to other external as well as internal audiences. Marketers can help facilitate this strategy in the following ways:

- Organize meetings with hospital and medical staff leaders. Arrange for physicians to be introduced at leadership meetings and placed on the agenda of clinical department meetings so that doctors can share their care philosophy with colleagues.
- Make a personal connection. Offer to meet new physicians at a hospital event and sit at their table and help with introductions.
- Schedule community education seminars or staff "lunch and learns" featuring the doctor's area of expertise.
- Update the hospital Web site with the physician's photo, profile, and video. Include articles, podcasts, and other items relevant to the physician's area of expertise. Be sure that appropriate links are established with the hospital's call center and online physician directory.

Brainstorm ideas

Think outside the box to find new ways to develop the physician's patient base. Carol Hemker, director of physician services and marketing for Christian Hospital in St. Louis, noticed that chiropractors could potentially send a lot of business to a new neurosurgeon's practice. Her insight resulted in a surgical observation program, whereby chiropractors are invited to join the new neurosurgeon in the operating room to observe those cases requiring back surgery that they have referred to the new doctor.

Hemker recalls, "They've actually said to me, 'In chiropractor college we learn about the physiology of the body but never get to see the actual internal organs or muscles. This is a great way for us to see what's inside our patients.'"

Valley Hospital's Miller suggests using the employed physician's business card as a marketing tool because these cards provide an easy way to connect a patient with the doctor. "For example," she says, "be sure all of your OB/GYN offices have plenty of cards for your newly hired breast surgeon." Marketers can get further mileage by printing the card's reverse with an appointment reminder form that scheduling staff can complete and hand to patients.

Marketers should also seek ways to fill gaps in a physician's schedule. Consider offering

- and promoting - free services such as blood pressure checks, flu shots, or mini checkups. Use these "free" events to establish a chart for potential new patients and follow up with participants by sending a thank-you note signed by the physician. Also look at appropriate ways to connect new physicians with their peers in order to promote cross-referrals.

Physicians are logical in their way of thinking. The simple explanation of their clinical process is that they look for clues, make a diagnosis, and apply a solution. In the same way, they don't want to discuss a lot of marketing ideas and then find that only one or two survive in execution. Marketers need to:

- Formulate a strategy based on detailed information about the physician and practice.
- Present the physician with a plan that outlines the best tactics.
- Get the doctor's buy-in and agreement on timing, responsibilities, and expected outcomes.

Build relationships

Strategic Health Care Marketing's survey showed that hospitals spread their marketing efforts among traditional offline tactics (physician-to-physician visits and print advertising and newsletters) and online tools (Web site videos, e-newsletters). Medical Group Management Association data shows that better performing physician practices have a higher marketing return on investment because they focus on a few targeted strategies.

Hands down, the personal approach leads as the most effective of physician marketing efforts. Building relationships between new physicians and their referral sources is key. This strategy, in combination with a strong call to action designed to appeal to a specific audience, will produce positive results.

Help with change

The marketing department can also help physicians as they move from private practice to hospital employment. Physicians typically like that business decisions are being handled by the hospital, but they also may struggle with the loss of control.

"The liaison can assist the physician by maintaining an advocacy relationship between the physician and the new practice administration," says Jim Lawrence, referral services manager for Saint Francis Medical Center in Cape Girardeau, MO. "To serve as a buffer during the transition, I typically visit the practice a couple of times per day during the first week, once per day during the second week, and then move toward a more traditional schedule of visiting the practice." Lawrence notes that this schedule helps him quickly intercede before small problems and disappointments become big ones.

Christian Hospital uses a physician retention strategy it calls the 1/6/1 program. New physicians get a visit from the hospital president or a physician liaison (sometimes both) after their first month, during their sixth month, and on their one-year anniversary. Each time, the visitor asks the physician, "What are we doing well? What are we not

doing well? And what else can we do to make your practice experience better?" Christian Hospital has found this program to be an excellent way to keep in touch with new physicians and head off problems that have the potential to sour the relationship.



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