Spreading the Word: Involve Physician Customers in Your Branding Efforts

By: Kriss Barlow

Picture this: Your physician relations representative is at the physician practice, meeting with the orthopedic surgeon. The physician says, “The hospital has all kinds of money to run full-page ads about quality and excellence in the paper. I wish I could see a little bit of that quality when I try to start a case on time…”

In this situation, it’s the personal reality that drives most marketers (and some physician relations staff) crazy. Instead of reverting to defensive posturing, a wonderful opportunity exists to step back and work to enhance how we communicate with this vital customer group and create internal collaboration.

Connect the Brand

The outcome of focused positioning is essential within today’s cluttered market—which makes branding a critical tool for organizations. Often, however, the brand isn’t reflected in our communication or interactions with physicians. Crafting a brand that shows how we work with the medical staff should be foundational within the process.

This goes beyond getting a physician to attend a meeting to discuss branding, or soliciting their input on new promotional messages. This is about their *feel and experience* of the brand when they’re in our hospitals. And it likely goes without saying: This also means that we need to groom them how to be a part of that brand—and to be effective representatives of the hospital—for their patients and community connections.

Take a Temperature

First, simply evaluate the brand at your organization and explore ways to create inclusive mechanisms with the medical staff. How does that work? Likely your brand is focused on a key aspect of either what you deliver and/or how you deliver it. Let’s assume your brand emphasizes quality. Working with a small task force of physicians, gather insights on how quality is perceived. This can be operational quality but it’s every bit the same process if we choose to evaluate the quality of the hospital’s communication.

Frame it around something where you know you can find success. If you believe you are in a position to impact quality communications that may be the starting point. Set up a meeting with some physicians who are local and part of the inner circle. Add some who are young, new and interested in marketing and growing their practices.

Prepare a specific agenda of the plan, how many meetings in total you anticipate, and expected outcomes of the task force. The meeting should be facilitated by Marketing, with support and assistance from a representative from Physician Relations. Ask a member from Senior Leadership to attend, or at a minimum, start the meeting.

Recognize that physicians, among others, often think marketing is about advertising. It's critical that you set the stage and clearly articulate the role of each.

A caution here: Don't try to "push" what you want them to want. Central to any branding is the recognition that it's not about who you want to be, but who the customer will allow you to be. Step back, formulate good questions, carefully listen to the replies, and then work to visualize how that could happen. While some physician customers may not be great at brainstorming, they'll respond to good questions.

Have Physicians Invest in Your Brand

The second element within brand delivery is to bring physicians into the fold of the patient experience. This is absolutely something that needs to occur with Marketing and the physician relations staff working together. Full strategies must be delineated in getting physician buy-in, offering guidance and support, and managing the outliers.

At a high level, there are some fundamentals. The physician's role in the patient care experience is significant. As messages are developed for staff, the physician relations person can work with marketing to support messaging to the medical staff.

The brand implementation team will often create internal communication tools and special events to demonstrate the new brand. Give some thought to creating parallel tools that involve the physicians, using their own activities to create the connection. Assuming branding is done correctly and is in line with what the customer groups currently perceive, this should be more experience than education.

4 Keys to Physician Buy-In and Involvement

1. Senior leadership
2. Clear goals and expectations
3. Ability to implement based on suggestions they provide
4. Agenda management for priority setting and consensus

Formalize Methods for Physician Communication

The best approach to ensure things don't fall through the cracks when communicating with physicians: Formalize who's responsible for talking to whom, including how and when it needs to occur. To be truly effective, you need built-in accountability. Checklists are a great tool to make this happen. And while developing a detailed checklist can be tedious, in the long run it's a time-saver.

Marketing has a pivotal role in communication with each customer group, including physicians. This is true whether or not your hospital has physician relations representatives. It's worth noting that in most organizations, one physician relations representative will connect with 15 to 18 physicians per week—and those meetings may or may not be with loyal members of the medical staff. So, while important messengers, representatives can't be the standalone resource for consistent communication to all the medical community.

It's most effective when Marketing takes ownership of "message management" for the physicians for media stories, hospital happenings, or promotions. Certainly, the physician relations staff needs to have this information—and can be a resource for providing background on physician perception—but they're not the best source for

coordination of messages to the masses. Marketing has much more expertise in this regard.

Do pay attention to the little things, such as:

- A communication chain and method for updates on media stories.
- Distributing ads to the practices before they're printed or broadcast.
- Selection of "go-to" physicians for media comments.
- Involvement of physicians and physician relations staff in the development of physician-focused marketing materials.
- Ongoing opportunities for physicians to share the type of information they want and need from the hospital.

One Size *Doesn't* Fit All

In an effort to streamline your workflow and budget, you may be tempted to create a single marketing piece that appeals to multiple audiences. While it's logical, it's generally not the way to go. Typically, physicians won't read consumer-focused materials to gain information about hospital services.

For medical staff members that are targeted for regular visits, the physician relations representative should provide information relevant to them specifically. Based on the dialogue, there is often a need for data that can then take the clinical applications to a deeper level. It may include internally created fact sheets with types of information that change rapidly—such as outcomes, research findings, and patient profiles with clinical treatment regimes.

Are there ever times that consumer materials make sense for the practice? Yes, absolutely: when markets depend of referrals into their center from the region. Then, materials—or mechanisms for patient access to resources— should to be provided to the office staff.

Again, the physician relations person can be a field resource to determine the type of information the office staff prefers. While some physicians would rather have just a card to call and ask you to connect with them directly, others would like to have a packet to share with the patient at the time of referral.

Reaching Them Where They Work

Beyond the needs of the physician relations staff (who often serve a limited number of the total medical staff), it's important to have other tools in place to provide messages at multiple times, in multiple ways.

Organizations use newsletters, faxes, teleconferences, CMEs, grand rounds and medical staff meetings to communicate with the medical staff. Web sites with physician only portals are marvelous, *if* they're used. As you develop your plan, assess what you have and what your physicians would like and use to stay connected.

Where Do We Go From Here?

The logical course is to look at what you have, what's working and where there are opportunities. The best motivator is often the satisfaction scores on communication,

along with anecdotal information from the physicians whom you're targeting for growth.

Once you understand the situation, someone must take the proactive position of bringing the parties together. You'll need to create the brand message for physicians and begin discussions about internal collaboration in communication and a more cohesive approach. The result: fewer gaps and/or overlaps, enhanced physician involvement at the right level, and more efficiency in the process.

Take a Look Inside

Ready to enhance your organization's process? Here's one way to start your internal assessment:

- What are the last six promotional opportunities you've been involved with at the organization?
- Who was the target audience/
- Was there an impact for physicians?

If Yes:

- How and when did you communicate with them prior to the event?
- Who made the communication?
- Was it for feedback or simply informational?
- How did you communicate the outcomes to the physician after the event?

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