

Marketing for the Oncology Practice

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Marketing of health care has changed drastically. Not so long ago, traditional marketing of health care through advertisements was virtually nonexistent outside the insurance and technical product industries. Today, however, hospitals routinely advertise and market their services, and promotion of elective medical services has reached a fever pitch.

Health care marketing—no matter what the product—is “a complex and continual process of collecting data, improving the way your practice functions and how it looks, and getting the word out...,” according to Megan Rieder of *Physicians Financial News*.¹ Marketing services for a life-threatening disease such as cancer is not so different from marketing traditional health care.

Although print and broadcast advertising are key marketing components, marketing encompasses far more than ads. The goal of any marketing effort is to create an awareness in the potential customer’s mind of a product or service. A solid marketing plan will first seek to build that awareness and then move to expand on that foundation by creating an affinity for the specific product or service that will drive the customer to choose your version over someone else’s.

In medicine, the idea of marketing has been slow to gain accep-

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tance. Even today some physicians still question whether they should enter this arena. Since marketing is often perceived as expensive and ineffective, many physicians are hesitant to pursue an outright marketing plan for their practices and believe that marketing is an unnecessary expense.

The truth is that most physicians just don’t know how to market themselves for winning results.

Any marketing plan must begin with the question: “Why would I want to market my practice?” If you are the only provider of your particular expertise in the region, then you may not need to worry too much about marketing. But competition is a fact of life within most health care markets. Physicians compete for patients, hospital support, staff, and payer contracts. If you want to see your practice grow and flourish, you need to market. Indeed, “[m]arketing programs make the biggest, most direct and longest-lasting contribution to profits—increasing monthly revenue by changing the payer mix, attracting new patients from desirable market segments...”²

The next step in a marketing plan is to define and prioritize the target audience. Awareness is key. Payers, hospitals, patients, and referring physicians need to know about you. They must each understand that you can meet their differing needs and that you are the best one to do so. Each audience requires a different approach and focus. Prioritize your targets so you can get the biggest return for your investments, and always measure those returns.

MARKETING TO PAYERS

Marketing to payers in a capitated market for “per member/per month” revenue is often not applic-

able in oncology because such contracts continue to be largely the domain of primary care providers. In other environments, payers may offer contracts to anyone who will sign, leaving provider choice to the enrollees. In still others, payers play one provider against another on the basis of cost, contracting only with the lowest bidder. Occasionally, payers actually attempt to consider “quality” in their contracting. In this case, marketing to payers might still be a worthwhile endeavor. You can change a payer’s perceptions about your practice “by providing quality care, selling yourself, and providing information about what you are good at.”³

Not all payer contracts are desirable, and because price often is the driver, you must decide whether the potential patient volumes will make the payment agreements worthwhile for your practice. In areas where payers offer desirable rates and populations, physicians should learn what other factors will bring contracts. Patient satisfaction and quality are hard to demonstrate; identifying and communicating with the appropriate individuals can be equally difficult. Still, building relationships with your payers should be part of your total marketing plan.

MARKETING TO HOSPITALS

Although hospitals represent an often overlooked target audience for the physician practice, the hospital is an excellent partner for marketing. Physicians should develop the kinds of relationships that will allow them to share in the benefits of hospital marketing activities.

Hospital marketing professionals recognize that the best “product” available for them to promote is their physicians. You want to be the one they call when they need an

expert to be interviewed on the local news. You want to be the one they spend money showcasing. Being interviewed as an expert in your field is one of the lowest cost marketing avenues open to a practice. You do not have to place ads or print and mail brochures; your cost is simply in time and energy.

Learn what your hospital wants and likes in a physician. Committee work is a good way to show your commitment: attend, participate, and accept project assignments, such as writing up your analysis of a tumor registry patient-care evaluation study. Volunteer to do screenings and public lectures. Keep the responsible director and administrator informed when you do something noteworthy so they can promote your actions through their marketing and public relations efforts. If you are named to a cooperative group committee, let the hospital know. If you publish an article in a respected journal, send a copy. If you have a particularly salient patient success story, share it. If you are the first in town to be certified in a new technique, tell the hospital. Hospital marketing and public relations departments struggle to find material to promote to the press and to include in their own advertising. They won't always be able to make use of it, but by keeping them supplied with material, you will become their "go-to" person, and their promotions will benefit you.

MARKETING TO PATIENTS

Should a medical practice attempt to market directly to consumers? Absolutely. Even in markets where payers are able to heavily influence where patients go for care, developing a positive image with the general public is valuable. It is not uncommon for patients to seek care "out of plan," if they believe that their care will be significantly better. In places where payers compete heavily for enrollees, public opinion can sometimes influence the payer-driven referral patterns. The real question is not "should we do it?," but "how do we market to patients?"

Who exactly is the target? In oncology, the most influential decision-makers for physician selection are not the patients themselves. With the majority of cancer patients older than age 65, their adult chil-

dren often tend to assume the lead. The older the patients, the more trusting and willing they are to simply go where the primary care physician sends them or where the insurance company says they should go. Younger patients and decision-makers are more inclined to question recommendations and research options. For oncology, the consumer audience will depend in part on the demographics of your region.

Tools to measure market share and analyze demographics are available and probably close at hand. Your hospital's tumor registry maintains useful data, including information that can be sorted by patient residential zip code and treating physician. The marketing and planning departments may also have some useful information on referral patterns in the region. In addition, your own information systems may provide some "real" numbers that you can compare to regional statistics from state cancer registries and publicly available data bases. Modeling and analyzing this information can help clearly define the target consumer audiences by demographics and geography.

When developing a plan to market your practice to the consumer, you do not have to engage a public relations or advertising firm. You can develop the plan yourself after carefully determining what message you wish to convey. In oncology, the most successful patient-directed marketing plans communicate that the physician/group is both caring and qualified. Spell out what is it about your practice that your patients and their families praise. When your staff receive notes of thanks, what specifics are cited? The most common praise, of course, is for the nurses who spend so much time with patients undergoing treatment. Speed of reply to questions is another frequently praised quality. To learn what your patients think, consider taking a small satisfaction survey. A simple voluntary and confidential questionnaire can reveal both strengths and weaknesses as perceived by your patients.⁴ No doubt, their perceptions *will* be shared with others, and word-of-mouth "advertising" is extremely powerful.

Establishing professional credibility is equally important in oncology (not necessarily as true for

other specialties). There has been so much media coverage of cancer in recent years that the American public has been effectively trained to ask questions about credentials and training. Such questions apply as much to nursing and support staff as they do to the physicians in the group. Educational background, professional certifications, awards and honors, and other specialized staff training need to be included in your marketing message.

With your messages of quality, caring, service, and expertise now defined, select your marketing tools. While paid advertising is not a recommended strategy for non-elective medical care (although some still consider a yellow pages listing a must⁵), taking part in the hospital's efforts is an excellent move. As already mentioned, you can become the hospital's "go-to" person, and their promotions will benefit you.

Volunteering at the community level can also bring positive attention. As an advisor or board member for a public service agency, your name becomes recognized as a resource for cancer-related information. The local media are more likely to seek a quote or an interview from an American Cancer Society board member than from a less prominent oncologist in town.

Volunteer to head a charitable event. Chairpersons for high-profile charitable events are likely to be featured in news stories and public service announcements. A regularly contributing author to the local newspaper can become a household name.

Finally, don't forget the Internet. More than 40 million Americans are online health care shoppers. By 2003, some 27 million Americans older than age 50 will be online. Approximately 45 percent of adults online seek health care information, and 35 percent of adults seek cancer information specifically. These people are researching topics from dietary supplements to physician credentials and clinical trials. Yet only about 35 to 40 percent of medical groups presently have a web site. At the very least, every practice should have a home page with basic information, including specialty and services offered, location and contact information, and

pages with staff biographies or curriculum vitae.

Much research and literature are being developed regarding the extent of web site content. By all means, post electronic reprints of publications by you and your staff. This includes technical and scientific articles as well as those with a psychosocial or other supportive focus. However, consider that any clinically detailed content can present a risk to the practice, and you should use caution with technical material that has not had the benefit of peer review and professional journal editing. Besides the risk, keep in mind the expense of maintaining the site with current information. For an oncology practice, we suggest using publicly available text (e.g., National Cancer Institute, American Cancer Society), and we strongly recommend hot links. These too need to be monitored to make sure they remain current, but the time and expense is far less than maintaining pages of text and images. If possible, ask other oncology-related web sites to link to yours. Your hospital may be willing to place your link on its site.

Be aware of others in the community whose web visitors might be valuable viewers for you, such as local cancer service agencies; radio, television, and newspaper health web sites; libraries; and search engine "yellow pages" listings, among others. You may have to spend some time contacting the appropriate individuals, but the time is well spent.

MARKETING TO YOUR REFERRAL BASE

The final audience—referring physicians—is by far the most important in oncology. Even with today's educated and choosy consumers, cancer care is still largely driven by referral. Do not take your referral base for granted in today's health care environment. You must work to retain your referring relationships and to develop new ones.

When asked whom they refer to for cancer diagnosis and treatment and why, the most frequent response by referring physicians is: "I send all my cancer patients to Dr. X. He's a great guy, I see him around and feel comfortable with him." Yes, they also cite reasons such as sending copies of notes,

putting patients onto the schedule quickly, and of course, technical skill and knowledge. But the first rule is that referring is a business of relationships. If you are not coming across as a real person—a face and a voice—you are probably losing some referrals. If referring physicians attend tumor boards or cancer committees, make sure you take a moment to greet and perhaps update on a shared patient. When you see a referring physician in the doctors' lounge or at a medical staff meeting, make the effort to chat briefly. Calls and notes to thank for a referral are appropriate. Some recommend gifts such as welcome baskets to new practitioners in town or game tickets to frequent referrers, although gifts can become a slippery slope. In the strictest sense, such action is payment for referrals and therefore suspect under antikickback statutes. But inviting your referral-base physicians to your annual office holiday party is quite reasonable, as is a periodic golf outing together or sending seasonal gift baskets from your office staff to theirs.

Once you receive the referrals, you need to assure that the relationship continues. Make sure to return patients to their primary care practitioners at the appropriate time; work out a plan for "sharing" the patient over the longer term for follow-up; and provide copies of visit summaries including tests ordered. Just as you should share your accomplishments with the hospital marketing department, share with your referring physicians. For example, send a copy of an article in a professional journal (with a personal note relating it to a shared patient, if possible).

HOW MUCH DOES IT COST?

A review of the tools and mechanisms through which an oncology practice can market mostly shows a remarkable lack of direct dollar costs. The challenge may be in deciding which indirect/hidden costs are acceptable to you. Indirect/hidden costs may include postage or clerical support time and your own personal time spent implementing these strategies. If you wish to pursue an in-depth analysis of your patient market, you will have to decide whether to do that analysis with your own staff

and expertise or engage consultants.

Some marketing tools, including developing a web site and distributing printed materials, have a direct financial cost. If you wish to develop a web site, decide if you can do it alone or need to outsource. The cost of web site development can range from \$3,000 to more than \$15,000. Maintaining content, search engine indexing, hot-link checks, site hosting, for example, are additional costs to consider, as is staff time, especially if you elect to offer electronic mail communications to web visitors. Printed materials such as brochures may be appropriate if you have specialized technological expertise, but these are generally best distributed only to the appropriate patients. For other printed materials, consider obtaining copies of the various patient-directed National Cancer Institute and American Cancer Society brochures. Most are completely free, and you are relieved of any liability concerns for content. If you decide to publish your own materials, you can expect to pay as little as a few pennies for regular copies or you can spend far more for professional graphic design and glossy color brochures.

Competition has become a natural and expected condition for private practitioners of all specialties. As reimbursement pressures continue, medical oncologists must focus on ways to make their practices as financially sound as possible. Marketing for increased patient volumes and increased "market share" is no longer a luxury. Fortunately, the costs can be predicted, managed, and relatively modest with a well-conceived marketing plan. ■

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