Polish Your Practice’s Image With Creative Marketing

As a physician in private practice, you probably know at least one or two colleagues who may be approaching their breaking points. Their days start at 7 a.m.; they see 50 patients a day, work straight through lunch and don’t leave their offices until 7 p.m. By the end of the week, they have worked at least 60 hours. Their families and friends hardly recognize them anymore. These doctors can’t remember the last time they played golf, watched a good movie, played with their kids or took time out for themselves.

Maybe that scenario describes you. Overwhelmed, overworked and sometimes out of control, you keep pushing along, trying to gather up enough steam to meet each day’s challenges. Personal happiness or enjoyment is nowhere in sight.

Ironically, one of the ways out of this self-imposed exile is through marketing, advertising and public relations (PR).

“Often people who have a busy practice and who have schedules where patients can’t be seen for six to eight weeks are under stress, have burnout, have burned out their office staff and are working hard doing things they sometimes don’t like to do,” says Dr. Neil Baum, a urologist in private practice in New Orleans. “They built this monster over which they have no control.”

Dr. Baum, who is also a clinical associate professor of urology at Tulane University School of Medicine in New Orleans, believes that marketing allows you to “sculpt” your practice by...
picking and choosing the number and types of patients you want to see, along with the procedures you want to perform, thus building an environment where staff enjoy coming to work. In essence, the right marketing strategies can help you regain control of your practice and create the type of practice you enjoy.

Consider marketing as you would a patient who comes to you for help with an ongoing medical problem. You would create a consistent treatment plan rather than haphazardly experimenting with different medicines or therapies. The same holds true with marketing, advertising and PR: you must develop a plan. Working blind can send out mixed or wrong messages, waste valuable time and money, attract undesirable patients and jeopardize the overall health of your practice.

According to Dr. Baum, author of Marketing Your Clinical Practice Ethically, Effectively and Economically (Jones and Bartlett Publishers, 2004), the first step is to evaluate your current practice by performing a SWOT analysis, which is a common marketing acronym for strengths, weaknesses, opportunities and threats. Ask yourself what makes your practice strong. What are its weak points? What new opportunities exist that you may be able to capitalize on? What is threatening your practice, preventing it from thriving or becoming exactly the kind of practice you want it to be? Be honest with your diagnosis; otherwise, the marketing plan that you prescribe may have little or no impact or may possibly make matters worse.

Part of this first step includes conducting a demographic analysis of your community. Most local chambers of commerce can provide you with ample information about your community, everything from your city’s population and migration patterns to new industries or jobs being created. Once you have obtained this data, you will be better able to evaluate the realities of your practice’s environment.
Next comes developing your goals and objectives. What do you want to accomplish? For example, maybe you would like to increase your market share by 3 percent within the next six months or increase the number of new physician referrals by 5 percent over the next year. How do you reach the type of patients you want to treat? And what needs to change to make that happen? To boost their incomes, primary-care physicians may need to offer ancillary services, such as bone-density tests or weight-loss services, or alternative therapies like acupuncture.

These next steps are critical. Document your goals and objectives. But don’t just store them in a three-ring binder that sits on a dusty shelf. Share them with everyone in your office. This gives everyone the opportunity to climb aboard and support your goals or voice their concerns. If they believe your goals are unrealistic or idealistic, you may never achieve them.

Once everyone is in agreement, strategize on ways that you can accomplish your goals and set time lines. For example, if one

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**Defining Terms**

What exactly is marketing, and how does it differ from advertising or public relations? The American Marketing Association ([www.marketingpower.com](http://www.marketingpower.com)) provides the following definitions:

- **Marketing**: An organizational function and a set of processes for creating, communicating and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stakeholders.

- **Advertising**: The placement of announcements and persuasive messages in time or space purchased in any of the mass media by business firms, nonprofit organizations, government agencies and individuals who seek to inform and/or persuade members of a particular target market or audience about their products, services, organizations or ideas.

- **Public relations**: That form of communication management that seeks to make use of publicity and other non-paid forms of promotion and information to influence the feelings, opinions or beliefs about the company, its products or services, or about the value of the product or service or the activities of the organization to buyers, prospects or other stakeholders.

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goal is to see more patients each day, your strategy may include setting target dates for achieving this goal. Set a date for adding more time to the workday by starting earlier, adding evening or weekend hours or scheduling more time for walk-in patients or same-day appointments.

Then create a budget for marketing. Excluding time and labor, what is it going to cost? Usually, Dr. Baum says, marketing budgets range anywhere from 1 percent to 3 percent of a practice’s gross collections. While he does not believe in costly advertising, Dr. Baum does suggest working with local media. Although you can’t control your message in the same way you can with advertising, you can still get your message out to the community; and in many cases, it will be far more effective because it is perceived as objective.

Part of your PR strategy can include contacting local radio stations to offer to serve as a guest on a talk show or to address members of civic groups at a monthly luncheon. Maybe you’re introducing a new procedure, can provide fresh preventive tips about a common ailment or offer straight talk about a health issue that’s creating concern among residents in your town.

Whatever marketing strategy you choose, its effectiveness must be evaluated and measured. For example, if your goal is to increase the number of patients by 3 percent and to boost your overall revenue, count the number of patients scheduled each day before the strategy was implemented, then afterward. Then follow the same approach with your practice’s income.

“[Physicians] only have a gut feeling that it’s working,” says
Dr. Baum. “They don’t have objective evidence that it is or isn’t working. They don’t measure the results and modify their plan—that’s their biggest mistake.”

Consider your marketing, advertising or PR program as a work in progress, he says, adding that the initial plan is never the end result. This is because many factors, such as demographic changes in your community, can impact your business’s success and steer it in different directions.

A good example is Dr. Baum’s practice. Until August 2005, Dr. Baum says that he had built the ideal practice. He accepted and treated only patients with specific types of diagnoses—urinary incontinence or erectile dysfunction—and his practice was organized exactly the way he liked it. Then disaster struck, namely Hurricane Katrina. He left town for eight weeks; but when he returned, he discovered there were no patients. The majority of the people living in the area had dispersed to Houston, Atlanta, Baton Rouge and other cities.

In fact, he recalls one day when he saw more pharmaceutical representatives in his office than patients. Not surprisingly, the marketing plan he had previously used would no longer work. He totally revamped it to reflect the city’s new environment.

A big part of his new strategy included building awareness among primary-care physicians in the community that he would now accept all types of patients with general urological conditions, like urinary infections, kidney stones or prostate cancer.

“I have to go back to the basics and attract those kinds of patients to my practice and let the referring doctors know I’m not just an impotence-and-incontinence doctor any longer,” he says. “As a result, I’m building up my practice again. If I didn’t do this, I would probably be still labeled an impotence-and-incontinence doctor and waiting months—maybe years—to get my practice back in order.”

Marketing in Cyberspace

More physicians are turning to the Web as a medium for marketing their practices. This makes sense, given that millions of patients use the Internet to search for health information. Also, many managed-care plans have on-line provider directories that allow links to participating physicians’ Websites. A patient
searching for a participating physician in the community can easily locate your practice through a well-designed Website.

Medem, a San Francisco-based physician communication network sponsored by the American Medical Association and other medical organizations, hosts Websites for 90,000 physicians, the company says. Medem allows physicians to customize their sites to include credible healthcare information from leading medical societies and secure links to messaging and patient records services. For more information log on to www.medem.com.

Many doctors choose to set up their own customized sites and purchase editorial content from publishing firms to boost their credibility and exposure. But no matter how interesting, informative or creative the content, if the Website design doesn’t immediately grab people’s attention, stand out from other healthcare Websites and target its audience, the content won’t even be seen, let alone read.

John Ondre, lead designer at Medical Web Designs in Dana Point, Calif., says that unlike brochures or written material, people frequently compare medical Websites.

“When that home page loads, it’s probably not the first site they’ve looked at and probably won’t be the last site they look at,” he says. “These people are looking at a minimum of two to three sites. Some may have looked at five, six or seven per day when looking for a clinic, medical practice, physician or specialist.”

Since Websites have less than a few seconds to attract people’s attention, stay away from inappropriate colors like a black background with white writing. Websites using these colors usually focus on some type of entertainment, Mr. Ondre says. Instead, stick to soothing colors like blues, greens or light browns, he says. Or check out other medical Websites for color and design ideas so that you can develop a better feel for what is appropriate and what is not.

Mr. Ondre adds that you should use your Website to promote unique or interesting services that you provide, such as weight-loss counseling or a specific type of treatment. Devote a full page to your medical experiences in these areas instead of simply a sentence or two. More physician Websites are following this path because it makes them appear more professional and helps them earn more credibility, especially when compared with other prac-
tice Websites that offer only very brief descriptions. If your content is generic, it may receive only a quick glance.

Still, the number-one issue with Website information is credibility. Don’t make claims that you may not be able to back up. Present material in a dignified and professional-looking format. Don’t keep stale or outdated information on your Website because it can turn people off and away. Remember, people will often check out numerous Websites before choosing a physician, specialist or clinic.

Another important tip: don’t write content with only your patients in mind. Also consider the search engines, which scan content before deeming a particular page or entire Website as both relevant and important enough to get a good ranking.

Mr. Ondre explains that Web designers write Web pages in code. Within the code are different formats. A properly formatted page will attract search engines and allow them to index each of your Website’s pages and links. For example, you may have a link on your home page that reads “cancer care.” The search engine will read that link and text, then store it in a database. Depending upon all the other topics on your Website, it may be ranked toward the top if someone searches the topic of cancer care.

Likewise, try to establish inbound links to your Website. The higher the number of links from appropriate topic-driven directories, medical Websites or healthcare providers, the more important your Website becomes and the higher it will be ranked by search engines, such as Google and Yahoo. The more inbound links from suitable sources, the more important your position.

But be careful. Bad or unrelated links to your site can hurt
your positioning. Consider establishing inbound links from Websites of local hospitals, medical associations to which you belong, magazines that have published your articles or nonprofit organizations that focus on your specific area of medicine.

Mr. Ondre recalls several medical clients with poorly designed Websites that weren’t usable at all because they failed to target their audience, didn’t work properly, featured amateur designs and were text heavy or too wordy.

“Primarily, Websites are used for marketing,” he says. “The information that’s provided should support your marketing effort. People looking at your site will compare it with the last site they saw and probably the next site if they move on. What you want them to do is hit the site, gather the information and contact you. Those are the three steps. If the Website fails to do that, it’s not doing its job.”

These days, Mr. Ondre says, physicians need a Website to compete successfully. Those who don’t may have a large gap in their marketing strategy. The only way to fill that gap is through

### Websites Offer Promotional Advantages

Building a Website for your practice can help market your services, mainly because it helps establish you as an expert source in your field. Although many doctors realize its promotional advantages, many fail to utilize the technology to its full potential. Whether you already have a Website or are about to create one, check to see how it compares with the template offered by John Ondre, lead designer at Medical Web Designs in Dana Point, Calif.:

- **Home page.** Although many physicians mistakenly post their resume on this page, it actually needs to focus on the practice, such as how old it is and a brief listing of the type of services offered.
- **Physician’s biography.** On this page, physicians should post their curricula vitae and any other information about their experiences or background along with a professional photograph of themselves.
- **Staff.** You can create a more patient-friendly feeling for your practice if you post information on this page about support staff. Offer a short bio for personnel and/or their qualifications. Whenever possible, include their photographs.
- **Services.** Describe the services you offer. You can also insert links
traditional marketing techniques, which can be costly and ineffective because they typically broadcast information to large groups of people instead of aiming it at a specific audience as Websites do.

Besides, many people have grown accustomed to searching on-line for information, services and products. Some even prefer to shop on-line for everything ranging from airline tickets to professional services without having to wait for the next operator to assist them. While a lot of doctors shy away from practice promotion, Websites are becoming an increasingly important marketing tool, especially for physicians who want to attract younger patients.

Dr. Kelly Ahn, an internist at Sandy Springs Internal Medicine in Atlanta, says that he and the other five physicians at the practice all have stories about patients who found them via the Internet. “Websites allow us to tell our story,” he says, adding that they may be an easier and more comfortable way for younger patients to access the healthcare system. “We can describe what

that help patients drill down further about a specific service.

■ **Frequently asked questions.** Devote this page to commonly asked patient questions, such as whether you offer same-day appointments or how test results can be obtained.

■ **Privacy.** Inform patients about the usage terms of your Website. For example, maybe you don’t use any cookies or tracking technology, or you record information from each patient’s visit in an electronic log.

■ **Office policies.** Using simple terms, explain your office policies on payment options, appointment cancellations, prescription refills, telephoning the physician, lab results, etc.

■ **Patient forms.** Post all forms on your Website so that patients can download them, print them out, fill them out and even fax them back before their visit.

■ **Patient education.** This page can offer helpful medical information and tips or brief articles on new or timely topics that affect patients. You can include links to reputable sources of medical information.

■ **Contact information.** List your complete mailing address, directions and a drive map to your office, telephone and fax numbers and your e-mail address.
our practice has been about in terms of its history and our philosophy in terms of the way we care for patients. Ours is a 50-year-old practice. We want to trumpet our horn on that.”

The practice’s Website (www.ssim.com), which receives thousands of hits every month, promotes physical exams, or what Dr. Ahn refers to as the centerpiece to preventive healthcare, and offers on-line scheduling. He says that about one-third of patients under the age of 50 schedule their office visits on-line.

But be careful whom you hire to create and manage your Website. Dr. Maurice Ramirez, who practices family medicine, geriatrics and sports medicine at Ramirez Medical in Kissimmee, Fla., ran into big trouble when his Web developer abruptly went out of business and left town without any notification. As it turned out, the developer had registered the Website in his own name, which meant that Dr. Ramirez couldn’t even update his own site.

“My Website is sitting out there, and I can’t do anything with it,” he says. “I’m working with the registry to recover my name and control of my site. It’s a big part of my brand.”

He recommends that physicians register their Websites in their own names, then give developers access to the site. He says that it costs roughly $9 to register a domain at www.godaddy.com or www.tucows.com.

To help his Website achieve a high ranking with search engines, he purchased Addweb 8, a software program that helps generate “sticky hits” or boost traffic on his Website by exchanging links with thousands of other Webmasters. Every week, new people check out Dr. Ramirez’s Website because of these links. After developing a track record of stickiness with smaller search engines, his site began to attract the big ones. So now when people do Web searches on a variety of medical topics, Dr. Ramirez’s site pops up within the first five pages of Google, even though he hasn’t been able to update it for the past nine months.
Dr. Darren Witte is also a strong supporter of Websites as marketing tools. He was without an office phone for nearly two months when he left a medical practice to open his solo practice less than two miles down the street—Internal Medicine and Pediatric Associates in Chesterfield, Va. But some of his former patients contacted him through his Website (www.doctorwitte.com). By the time his practice opened, 10 patients had already scheduled appointments for the very first day.

Besides offering standard information, such as office hours and directions, the Website handles patient requests for prescription refills and office appointments, and provides links to articles published by medical associations that address frequent patient questions like those related to pediatric vaccines. It also features an announcement section on the home page that notifies or reminds patients about flu shots, school physicals and other timely issues.

Tell Your Story

Some physicians rely on marketing and PR to help them launch new services. A good example is when Dr. Ahn transitioned from a traditional private practice into boutique medicine in October 2005. He began his three-month transition with help from MDVIP, a Boca Raton, Fla.-based company that specializes in concierge medicine. (A concierge practice is one with a limited number of patients, who pay an annual retainer fee to the practice in exchange for services, such as annual physicals and preventive care, and increased access to the physician.)

The first step was to send out a mass mailing to all his patients that explained his reasons for the change. According to Dr. Ahn, the letters basically stated that he wished to return to better days when physicians and patients were actually allies in healthcare and developed more therapeutic relationships.

But the letters also served another purpose. By offering an explanation several months in advance of the change, Dr. Ahn’s patients didn’t feel as if he were abandoning them. Trust or even anger didn’t become an issue, which can be largely attributed to the power of a good marketing, PR and advertising plan.

Postcards were also mailed to people who lived in areas adjacent to where his former patients lived. Each postcard fea-
tured a different cartoon about patients waiting forever to see their doctor. On the flip side was information about the advantages of MDVIP-type medicine. At the same time, monthly advertisements ran in a daily business newspaper—the Atlanta Business Chronicle.

The letters were backed up by several seminars in which Dr. Ahn personally explained the reasons behind the change, then asked those in attendance to consider signing up for the new service. After a second mailing was sent, an MDVIP representative came to the office to handle all related phone calls, answer patient questions and sign people up for the boutique service. While his initial practice supported 3,000 patients, so far 500 have opted to join. Dr. Ahn says that the maximum amount he can accept is 600.

Dr. Ahn’s coordinated approach employed a number of marketing techniques—direct mail, media advertising and public speaking—and included follow-up administrative support and a means of measuring the success of the campaign. Other marketing strategies are not as targeted but aim to promote the physician’s image in the community.

If that is your goal, consider conducting free presentations and seminars on topics you want patients to associate with your practice. Your practice can host a lecture series, which you can advertise through a practice newsletter, mailings and announcements in your local newspaper. Or you can sign up with a speakers bureau; your local hospital, medical society or healthcare organization may sponsor one. Speakers bureaus match community groups seeking a guest lecturer with a qualified physician.

Or you can write articles for the local newspaper or serve as a guest on local television or radio talk shows. The purpose is not to drive more patients to your office but to establish your reputation as an expert in the community and surrounding areas.

Dr. Ramirez established himself as an expert in Alzheimer’s...
disease and sports medicine by doing exactly that. “I did a lot of free talks that created me as the expert so that even when people were diagnosed by other doctors with Alzheimer’s or sports-related tendonitis or a rotary-cup injury nonoperative, all of a sudden, they’re in my office,” he says. “The other physicians in their mind see me as the expert in sports medicine. Patients say, ‘I know who that is already. I’m going to self-refer.’”

But many doctors are uncomfortable with public speaking, says Dr. Ramirez, who speaks from experience. To help ease his fear of speaking to a large audience about a specific ailment or disease, he would invite one of his patients who had been diagnosed with the illness. During his talk, he would establish eye contact with that individual, as if he were talking with the person one-on-one in an exam room. As his comfort level grew, his anxiety slowly dissipated. Then he shifted his attention to the rest of the audience.

Once you recover from stage fright, there are many opportunities for public speaking even in small communities. Speaking before a local audience is a chance to tell your story, to position yourself as the expert. Marketers refer to this as branding, which

**Standing Out in a Crowded Field**

Dr. Jason Buchwald practices internal medicine at Comprehensive Medicine and Nutrition in Livingston, N.J. But the area is supersaturated with physicians and other healthcare providers. He believes that there are at least 20 doctors on every block in the one-eighth-mile distance between his office and a local hospital.

If he wanted his practice to survive, he realized that he would have to carve out a niche for himself and use marketing tactics to promote himself and his unique services.

At his office, for example, he’s very involved with patients who have obesity and weight-management issues. At the local hospital, he conducts presentations for hospital employees and sometimes the general public on these same topics. Likewise, he treats hospital patients who are emaciated or need help in developing good nutritional habits.

“You have to do something that makes yourself different,” he says. “In my case, it’s a nutrition niche. That makes me different from the plain-vanilla internal medicine practice.”
is associating a specific message or story with your name. Through PR and branding, you can generate specific thoughts or images in people’s minds about yourself whenever they hear your name. You decide what image you want to present. Just be consistent in your message.

Set a Marketing Budget

Unfortunately, marketing, advertising and PR dollars are typically the last dollars spent by physicians when they should be their first, says Dr. Ramirez. “What doctors often do immediately is when money gets tight, they cut off marketing, which means they just cut off the flow of new patients,” he says. “They’ll be disappointed in their marketing because they don’t understand that the flow of new patients from any expenditure is six months behind the expenditure itself on average.”

When Dr. Ramirez formed his practice in 1992, he researched what the average small business spends on PR and marketing. New companies spend up to 25 percent of their start-up capital during their first year. But that number drops to roughly 10 percent of gross revenues after the company’s first year in business.

Just as small businesses lose and attract customers, so do physicians. Even the busiest of practices will need to replace patients due to natural attrition. People move, pass away or change jobs that offer different insurance plans. Few doctors are in a situation where placing a single-line ad in the Yellow Pages is sufficient to keep their brand or name alive in an industry faced with constant challenges and changes.

Dr. Ramirez has moved his practice three times to different cities throughout Florida. Each time, he went back to square one by examining what marketing activities worked well in the past. Sometimes he even copied strategies that had proved successful for small businesses in other industries.

In one community, for instance, he paid $15 a month to publish his name, logo and phone number on bus benches. His logo, which contains a triangle, pointed in the direction of his office. Every three months, the bench ads were repainted.

“Those generated on average 40 new patients a month from the community,” says Dr. Ramirez. “That was fantastic because tourists are one-time visitors who don’t take away from your
capacity to see patients on an ongoing basis. And because it’s a new visit each time they come—a new patient encounter—I received almost 50 percent more in revenue.”

While practicing in another city in 2000, he paid bargain-basement prices—$100 a month—for 12 prime-time ads per week that were broadcast on a small local radio station that had trouble attracting large advertisers. The only catch was that Dr. Ramirez had to self-record his own ads. After developing an advertising campaign and completing a $19 Internet course on how to write and record ads, he ended up with an advertising program and professionally produced ads that elevated his fledgling practice to the largest in the community in less than a year. He currently sees 50 patients a day.

If you don’t have time to do it on your own, you can hire a professional to create an advertising campaign. There are marketing companies that will do everything from designing a logo for your practice to implementing a full-blown multimedia advertising campaign for you.

Dr. Ramirez is lukewarm about that old standby—placing ads in the Yellow Pages. Since his last name begins with the letter “R,” people would have to thumb through hundreds or even thousands of other physician ads before they came across his ad. He says that there are much more effective ways to spend his advertising dollars.

Your marketing campaign may need to go beyond just getting your name out there. Sometimes you may need to use your campaign to change public perceptions. When practicing in a small beach community in Florida years ago, Dr. Ramirez realized that people were driving two-and-a-half hours to Tallahassee and other large cities to see a physician. Somehow they had developed the perception that the local healthcare professionals, specialists and facilities were insufficient to handle major problems, testing or work-ups. So Dr. Ramirez created a marketing cam-
campaign called “We’ve got the answers,” which was based on the concept that quality services were already being offered locally.

He used real patient concerns as part of the campaign. For instance, one ad featured a patient saying, “I have this stomach problem that nobody can find the answers to. Do I have to drive to Tallahassee?” The response was, “No, we have the answer.”

Ironically, one local doctor ran a counter-campaign promoting specialists and facilities outside the town, claiming that not everything could be done locally. Dr. Ramirez fought back. Since he’s board certified in five specialties, he promoted each of his board certifications, adding, “We’ve got an expert right here.”

His year-long campaign worked so well that other local doctors who shared the same mindset as local residents began

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**Face-to-Face Marketing**

Every Tuesday, the six physicians at The Surgery Group in Pensacola, Fla., visit several primary-care doctors in town who are either new to the community or who have made referrals to the practice.

“I’ll block my surgeons’ schedule for two hours so they can accompany me,” says Paul Henderson, practice administrator of the surgeons’ group. “They talk about what we do as a surgery group, procedures we do, the hospitals where we do surgery, etc.”

During the physicians’ meeting, Mr. Henderson chats with the office manager, referral nurses and front-desk staff to find out what the practice is doing right or wrong, areas upon which it could improve and how it can receive additional referrals. Sometimes, he says, the staff can be brutally honest. He recalls one nurse who vented her frustration about the practice’s phone line always being busy or that the surgery scheduler rarely returned her voice-mail messages.

The meetings—which are always scheduled—are well worth everyone’s time, he says, and generally result in increased referrals from the visited practices.

Primary-care doctors can follow a similar path by getting involved in hospital-based activities that typically support senior-citizen or family-based programs. Since many primary-care doctors don’t advertise, he says, this is one way they can boost their patient base.

“You can’t just rely on word-of-mouth, although it’s the best source of marketing,” Mr. Henderson says. “Sometimes you have to just get out and glad-hand a little bit to promote yourself.”
changing their own referral habits. Instead of referring patients to out-of-town specialists or facilities, they referred them to local doctors or the hospital for major testing.

Within two weeks of the campaign, Dr. Ramirez’s practice started filling empty time slots. Within four weeks, patients were being scheduled several weeks out. His patient load increased by almost 30 percent.

But not everybody has Dr. Ramirez’s knack for marketing, advertising or PR. Still, they must be considered vital components of any doctor’s practice.

“If you’re not comfortable doing marketing, hire an expert,” says Dr. Ramirez of Kissimmee, Fla. “Spend the money. It will pay you back tenfold every time. It should be the second-to-last thing that you cut out of your budget right before you cut paying malpractice insurance premiums. If you don’t feed your practice, your practice cannot feed you.”

When Dr. Witte set up his internal medicine and pediatrics practice in a shopping center, he and his physician assistant spent one slow afternoon making the rounds to each store.

“We introduced ourselves to each of the shopkeepers,” he says. “That was tremendously helpful. Some people had known about the construction but didn’t know who we were. We got our faces out there and explained that we serve the whole age spectrum.”

They also approached the two daycare centers around the corner in hopes of attracting its employees, children and their families as patients. Direct mail came next. He sent about 130 postcards that promoted his new practice to former patients and other nearby residents. Ten months later, he says people were still drifting into his office because of the postcards.

Since the practice was located in a small town, one of his nurses contacted the local paper and convinced the editor to feature the new practice. The article turned out to be three columns with a color photo. For a while, he says, it was the town buzz.
Then there were the refrigerator magnets resembling Dr. Witte’s business card that were passed out to neighbors and other prospective patients, the first-aid kits he developed for a Cub Scout meeting, tabletop displays and Chapstick giveaways at local health fairs, shopping center raffle prizes that drew people into his office to fill out entry forms, advertisements in local mailer packets—the list goes on and on.

But has it been worth the effort? Ten months after the doors to his practice first opened, Dr. Witte now treats between 30 and 33 patients a day. But by continuing his marketing, PR and advertising techniques, he hopes those numbers will climb to between 37 and 40.

“Multiple generations live in this town, and we’re getting the whole spectrum,” he says, adding that word-of-mouth still seems to be the best approach of all. “Not a day goes by where we don’t see between three to six new patients. Spread the word and get your patients to do the same.”

Not many doctors consider this approach: offering free teleconferences for local residents, an effective way to receive mass exposure and generate new patients, says Chet Holmes, chief executive officer at Chet Holmes International, an international training and consulting firm in Nevada, Calif.

He points to a company in Austin, Tex., called Voice-Text that charges $1 per person per hour. Prospective patients dial a toll-free number, then listen to your presentation covering a topic that

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**Personalize Messages**

Sending holiday greeting cards to referral sources is a good way to soft-sell your practice and services. At the very least, it helps build exposure. But here’s something many doctors fail to consider: are your cards printed or hand signed?

“Sending 1,000 Christmas cards that aren’t signed by human beings but by a machine—what does that mean?” says Dr. Michael Chan, an internist at the Hamilton Medical Group in San Jose, Calif. “If you are going to send someone a message, make it personal. It only takes a few seconds to hand write, ‘Dear Doctor X, I really appreciate the patients you sent me in the last year. It’s been a pleasure working with you.’”
has broad appeal, such as five easy ways to make yourself healthier than ever before.

Mr. Holmes says that doctors can promote teleconferences via direct mail, over the radio and in newspaper inserts, which are less expensive than traditional newspaper ads and can target specific audiences. He says that the more weapons you use to reach the same audience, the greater the response rate and penetration.

“If the doctor does a good job and is offering a lot of wows and good education, at least half of those people will want him

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**Getting the Message Out**

In 2005, Dr. Shailesh Dhaduk formed his own family practice in Bryan, Tex. To get the word out to a new community that he was seeking patients, he did what many other doctors do: he advertised in several phone books that encompassed the local community and surrounding counties.

But that was just the beginning. He also placed advertisements in the local newspaper on Sundays, sometimes on Wednesdays, and purchased even bigger ads on special occasions such as the holiday season. When writing copy for his ad, he capitalized on his competition’s weaknesses. For example, some local doctors do not accept walk-ins, do not treat all age groups or are unavailable during evening or weekend hours. So his ads boldly state that walk-ins are welcome, that evening and Saturday appointments are available and that he offers family medicine—including complete physicals—for men and women of all ages.

The ads have been so successful that he is considering expanding his reach by advertising in local Hispanic publications and on local radio. So far, he says, almost 20 percent of his patients are a direct result of these newspaper ads.

Meanwhile, the local hospital posts his name, specialty and contact information on its Website. He plans to exhibit at the spring children’s fair, held at the local mall. By passing out balloons, handing out educational materials for children and offering a health checkup, such as testing people for high blood pressure or diabetes, he can start forming relationships and building trust.

“Doctors don’t have time to think about this—life is so busy nowadays,” says Dr. Dhaduk. “Take advantage of every opportunity where your name can appear before the public.”
as their physician,” he says, adding that such programs can later be loaded onto a physician’s Website. “You need to drive those people to an educational experience in which you shine.”

This approach is called educational-based marketing, which can also be applied to building referral networks among other physicians. Trust and respect can be established more quickly if you offer information that can be of value to potential patients or referral sources.

According to studies conducted by Mr. Holmes’s company, if you placed 100 physicians in a room, only 3 percent at any given time would be interested in changing their referral or selection habits while another 6 percent to 7 percent would be open to change. Roughly 30 percent would have never considered it while another 30 percent would not be interested. The remaining 30 percent would never—ever—change. People in the last group, he says, could be doctors who refer patients to their golf buddies, for example, or patients whose doctor has become their longtime friend.

But by offering valuable information—either to other doctors or prospective patients—you establish yourself as an authority or as the most educated person on that topic in your community. Not only will your credibility soar, but you will earn the respect of doctors and patients alike and receive more referrals and even self-referrals.

Start the process by developing a core topic, then create a unique spin so that it has mass appeal. “If I sell carpet cleaning, and you don’t think you need it, it doesn’t matter what I say—you ain’t gonna buy it,” explains Mr. Holmes. “But if I can show you common things you’re doing in your home that are causing you to be four times sicker than you need to be, now I’ve got your attention. I can lead you through a logical progression of information and show you how having your carpets professionally cleaned twice a year can have a massive impact on your health at home.”

Of all the marketing techniques out there, Mr. Holmes says that personal contact is still the most potent of all. So talk it up. Give speeches to physician practices, local medical associations or civic groups. Either way, don’t underestimate the value of hiring a professional marketing, PR or advertising firm. While
many doctors are reluctant to spend money on such activities, it is unrealistic to expect someone in your office who is adept at coding or billing to develop a marketing plan, draft press releases or write copy for brochures.

“You can’t take back-office people and work them into [people with] a marketing or sales personality,” says Terry B. Brauer, chief executive officer at Healthcare Management Consultants in Portland, Ore. “Those are two different types of orientations and experiences.”

By doing so, you can inadvertently send out the wrong messages or mixed messages, which is often worse than doing nothing at all. As an example, Mr. Brauer refers to an internal-medicine practice that supports three physicians and 20 staff members. The doctors want to add occupational medicine to their menu of services and to become the favored medical practice of local corporations for treating employees who are involved in minor work accidents.

That means that the physicians or their staff would have to meet with benefit managers and vice presidents of human resources at various corporations in town. In this case, newspaper advertisements won’t do. Neither will mailing form letters or brochures. Mr. Brauer believes that the practice will need to hire an outside consulting firm that is experienced at promoting medical practices and addressing healthcare concerns from a corporate perspective.

Could anyone on your staff successfully handle this project? Probably not. But that doesn’t mean that a staff person couldn’t be trained to handle minor marketing, PR or advertising tasks down the road as needed.

Mr. Brauer says that if you hire a firm to design a marketing or PR plan for your practice, make sure it consists of ongoing activities that can be monitored or implemented with minimal effort by your own staff. The firm can handle the comprehensive or more sophisticated pro-
grams, which he says should take no longer than two or three months from start to finish. You don’t need to hire any such firm on retainer as you would an attorney, for example.

Still, no matter how effective the plan may be, marketing starts at home. In other words, you may be able to attract new patients with a dynamite plan, but won’t be able to keep them if you don’t treat them like valued customers, if you expect them to wait in the exam or waiting room for an hour or if you avoid technology systems that provide them with easy access to information like test results.

Do the same with internal customers. Respect your partners, vendors and staff, who can be the best referral sources for your practice. Remember, they have a choice—they can either tell all their friends and family about you or not. It also never hurts to sit down with staff every several weeks for feedback about in-house issues that could erupt into major problems.

“You can’t predict the future,” says Mr. Brauer, adding that marketing, advertising and PR help physicians be proactive so that they can retain the same or better patient base than they have now. “You have to stay ahead of the game in order to stay even.”

It is unrealistic to expect someone in your office who is adept at coding or billing to also handle marketing duties. “You can’t take back-office people and work them into [people with] a marketing or sales personality,” says Terry B. Brauer of Healthcare Management Consultants in Portland, Ore. “Those are two different types of orientations and experiences.”