The primary care practice environment has changed dramatically in recent years as patients have become better informed about medical conditions and feel more empowered to take control of their healthcare—and their choice of healthcare provider. In addition, the impact of today’s tough economic times on patients’ coverage and healthcare decisions makes it more important than ever for physicians to market their services.

**Chapter in Brief:**

▲ Be clear on what your practice offers before you proceed with any marketing effort. Patient and practitioner perceptions are often very different. Research will help you better understand your patients’—as well as your staff’s—viewpoints in order to meet their needs.

▲ A traditional marketing analysis based on strengths, weaknesses, opportunities, and threats will help you shape your marketing plan. Only then can you establish specific marketing goals.

▲ Your practice should know as much as possible about the audiences you are targeting, such as potential patients or referring physicians.

Who would have thought 10 years ago that you could get a flu shot in between flights at Chicago’s O’Hare International Airport or be diagnosed with dermatitis at a CVS drugstore? Who would have imagined that patients would use information found online to self-diagnose and decide if they want to make appointments with specific clinicians? It’s
I have type 2 diabetes. This is... my 24/7 glucose control.

Indications and usage

Levemir® is indicated for once-or twice-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

Important safety information

Levemir® is contraindicated in patients hypersensitive to insulin detemir or one of its excipients.

Hypoglycemia is the most common adverse effect of all insulin therapies, including Levemir®. As with other insulins, the timing of hypoglycemic events may differ among various insulin preparations. Glucose monitoring is recommended for all patients with diabetes. Levemir® is not to be used in insulin infusion pumps. Any change of insulin dose should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may require adjustment.

Inadequate dosing or discontinuation of treatment may lead to hyperglycemia and, in patients with type 1 diabetes, diabetic ketoacidosis. Levemir® should not be diluted or mixed with any other insulin preparations. Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy. Dose and timing of administration may need to be adjusted to reduce the risk of hypoglycemia in patients being switched to Levemir® from other intermediate or long-acting insulin preparations. The dose of Levemir® may need to be adjusted in patients with renal or hepatic impairment.

Other adverse events commonly associated with insulin therapy may include injection site reactions (on average, 3% to 4% of patients in clinical trials) such as lipodystrophy, redness, pain, itching, hives, swelling, and inflammation.

*Whether these observed differences represent true differences in the effects of Levemir®, NPH insulin, and insulin glargine is not known, since these trials were not blinded and the protocols (eg, diet and exercise instructions and monitoring) were not specifically directed at exploring hypotheses related to weight effects of the treatments compared. The clinical significance of the observed differences in weight has not been established.

For your patients with type 2 diabetes, start once-daily Levemir®

Levemir® helps patients with diabetes achieve their A1C goal:1,2,3

- 24-hour action at a once-daily dose:4,5
- Provides consistent insulin absorption and action, day after day:4,6,2
- Less weight gain:5,6

To access complimentary e-learning programs, visit novomedlink.com/Levemir

References:

Please see brief summary of Prescribing Information on adjacent page.
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Levemir®
insulin detemir (rDNA origin) injection

Rx ONLY
BRIEF SUMMARY. Please see package insert for prescribing information.

INDICATIONS AND USAGE
LEVEMIR is indicated for once- or twice-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

CONTRAINDICATIONS
LEVEMIR is contraindicated in patients hypersensitive to insulin detemir or one of its excipients.

WARNINGS
Hypoglycemia is the most common adverse effect of insulin therapy, including LEVEMIR. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations.

Glucose monitoring is recommended for all patients with diabetes.

LEVEMIR is not to be used in insulin infusion pumps.

Any change of insulin dose should be made cautiously and only under medical supervision. Changes in insulin strength, timing of dosing, manufacturer, type (e.g., regular, NPH, or insulin analogs), species (animal, human), or method of manufacture (rDNA versus animal-source insulin) may result in the need for a change in dosage. Concomitant oral antidiabetic treatment may need to be adjusted.

PRECAUTIONS
General
Inadequate dosing or discontinuation of treatment may lead to hyperglycemia and, in patients with type 1 diabetes, diabetic ketoacidosis. The first symptoms of hyperglycemia usually occur gradually over a period of hours or days. They include nausea, vomiting, drowsiness, flushed skin, dry mouth, increased urination, thirst, and loss of appetite as well as acetone breath. Untreated hyperglycemic events are potentially fatal.

LEVEMIR is not intended for intravenous or intramuscular administration. The prolonged duration of activity of insulin detemir is dependent on injection into subcutaneous tissue. Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia. Absorption after intramuscular administration is both faster and more extensive than absorption after subcutaneous administration.

LEVEMIR should not be diluted or mixed with any other insulin preparations (see PRECAUTIONS, Mixing of Insulins).

Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy.

Lipodystrophy and hypersensitivity are among potential clinical adverse effects associated with the use of all insulins. As with all insulin preparations, the time course of LEVEMIR action may vary in different individuals or at different times in the same individual and is dependent on site of injection, blood supply, temperature, and physical activity.

Adjustment of dosage of any insulin may be necessary if patients change their physical activity or their usual meal plan.

Hypoglycemia
As with all insulin preparations, hypoglycemic reactions may be associated with the administration of LEVEMIR. Hypoglycemia is the most common adverse effect of insulins. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as long duration of diabetes, diabetic nerve disease, use of medications such as beta-blockers, or intensified diabetes control (see PRECAUTIONS, Drug Interactions).

Such situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to patients' awareness of hypoglycemia.

The time of occurrence of hypoglycemia depends on the action profile of the insulins used and may, therefore, change when the treatment regimen or timing of dosing is changed. In patients being switched from other intermediate or long-acting insulin preparations to once- or twice-daily LEVEMIR, dosages can be prescribed on a unit-to-unit basis; however, as with all insulin preparations, dose and timing of administration may need to be adjusted to reduce the risk of hypoglycemia.

Renal Impairment
As with other insulins, the requirements for LEVEMIR may need to be adjusted in patients with renal impairment.

Hepatic Impairment
As with other insulins, the requirements for LEVEMIR may need to be adjusted in patients with hepatic impairment.

Injection Site and Allergic Reactions
As with any insulin therapy, lipodystrophy may occur at the injection site and delay insulin absorption. Other injection site reactions with insulin therapy may include redness, pain, itching, hives, swelling, and inflammation. Continuous rotation of the injection site within a given area may help to reduce or prevent these reactions. Reactions usually resolve in a few days to a few weeks. On rare occasions, injection site reactions may require discontinuation of LEVEMIR.

In some instances, these reactions may be related to factors other than insulin, such as irritants in a skin cleansing agent or poor injection technique.

Systemic allergy: Generalized allergy to insulin, which is less common but potentially more serious, may cause rash (including pruritus) over the whole body, shortness of breath, wheezing, reduction in blood pressure, rapid pulse, or sweating. Severe cases of generalized allergy, including anaphylactic reaction, may be life-threatening.

Intercurrent Conditions
Insulin requirements may be altered during intercurrent conditions such as illness, emotional disturbances, or other stresses.

Information for Patients
LEVEMIR must only be used if the solution appears clear and colorless with no visible particles. Patients should be informed about potential risks and advantages of LEVEMIR therapy, including the possible side effects. Patients should be offered intensified education and advice on insulin therapy, injection technique, life-style management, regular glucose monitoring, periodic glycosylated hemoglobin testing, recognition and management of hypoglycemia, and adherence to meal planning, complications of insulin therapy, timing of dosage, instruction for use of injection devices, and proper storage of insulin. Patients should be informed that frequent, patient-performed blood glucose measurements are needed to achieve effective glycemic control to avoid both hyperglycemia and hypoglycemia. Patients must be instructed on handling of special situations such as intercurrent conditions (illness, stress, or emotional disturbances), an inadequate or skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, or skipped meals. Refer patients to the LEVEMIR “Patient Information” circular for additional information.

As with all patients who have diabetes, the ability to concentrate and/or react may be impaired as a result of hyperglycemia or hypoglycemia.

Patients with diabetes should be advised to inform their health care professional if they are pregnant or are contemplating pregnancy (see PRECAUTIONS, Pregnancy).

Laboratory Tests
As with all insulin therapy, the therapeutic response to LEVEMIR should be monitored by periodic blood glucose tests. Periodic measurement of HbA1c is recommended for the monitoring of long-term glycemic control.

Drug Interactions
A number of substances affect glucose metabolism and may require insulin dose adjustment and particularly close monitoring.

The following are examples of substances that may reduce
the blood-glucose-lowering effect of insulin: corticosteroids, danazol, diuretics, sympathomimetic agents (e.g., ephedrine, albuterol, terbutaline), isoniazid, phenothiazine derivatives, somatropin, thyroid hormones, estrogens, progestogens (e.g., in oral contraceptives).

The following are examples of substances that may increase the blood-glucose-lowering effect of insulin and susceptibility to hypoglycemia: oral antiadipic drugs, ACE inhibitors, disopyramide, fibrates, fluoxetine, MAO inhibitors, propranolol, salicylates, somatostatin analog (e.g., octreotide), and sulfonamide antibiotics.

Beta-blockers, clonidine, lithium salts, and alcohol may either potentiate or weaken the blood-glucose-lowering effect of insulin. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia. In addition, under the influence of sympathomimetic medicinal products such as beta-blockers, clonidine, guanethidine, and reserpine, the signs of hypoglycemia may be reduced or absent.

The results of in-vitro and in-vivo protein binding studies demonstrate that there is no clinically relevant interaction between insulin detemir and fatty acids or other protein bound drugs.

Mixing of insulins
If LEVEMIR is mixed with other insulin preparations, the profile of action of one or both individual components may change. Mixing of LEVEMIR with insulin aspart, a rapid-acting insulin analog, resulted in about 40% reduction in AUC(0-180) and Cmax for insulin aspart compared to separate injections when the ratio of insulin aspart to LEVEMIR was less than 50%.

LEVEMIR SHOULD NOT be mixed or diluted with any other insulin preparations.

Carcinogenicity, Mutagenicity, Impairment of Fertility
Standard 2-year carcinogenicity studies in animals have not been performed. Insulin detemir tested negative for genotoxic potential in the in-vitro reverse mutation study in bacteria, human peripheral blood lymphocyte chromosome aberration test, and the in-vivo mouse micronucleus test.

Pregnancy: Teratogenic Effects
Pregnancy Category C
In a fertility and embryonic development study, insulin detemir was administered to female rats before mating, during mating, and throughout pregnancy at doses up to 300 nmol/kg/day (3 times the recommended human dose, based on plasma Area Under the Curve (AUC) ratio). Doses of 150 and 300 nmol/kg/day produced numbers of litters with visceral anomalies. Doses up to 900 nmol/kg/day (approximately 135 times the recommended human dose based on AUC ratio) were given to rabbits during organogenesis. No drug-dose related increases in the incidence of fetuses with gall bladder abnormalities such as small, bilobed, bifurcated and missing gall bladders were observed at a dose of 900 nmol/kg/day. The rat and rabbit embryofetal development studies that included concurrent human insulin control groups indicated that insulin detemir and human insulin had similar effects regarding embryotoxicity and teratogenicity.

Nursing mothers
It is unknown whether LEVEMIR is excreted in significant amounts in human milk. For this reason, caution should be exercised when LEVEMIR is administered to a nursing mother. Patients with diabetes who are lactating may require adjustment in insulin dose, meal plan, or both.

Pediatric use
In a controlled clinical study, HbA1c concentrations and rates of hypoglycemia were similar among patients treated with LEVEMIR and patients treated with NPH human insulin.

Geriatric use
Of the total number of subjects in intermediate and long-term clinical studies of LEVEMIR, 85 (type 1 studies) and 363 (type 2 studies) were 65 years and older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly.

ADVERSE REACTIONS
Adverse events commonly associated with human insulin therapy include the following:

Body as Whole: allergic reactions (see PRECAUTIONS, Allergy).

Skin and Appendages: lipodystrophy, pruritus, rash.

Mild injection site reactions occurred more frequently with LEVEMIR than with NPH human insulin and usually resolved in a few days to a few weeks (see PRECAUTIONS, Allergy).

Other:
Hypoglycemia: (see WARNINGS and PRECAUTIONS).

In trials of up to 6 months duration in patients with type 1 and type 2 diabetes, the incidence of severe hypoglycemia with LEVEMIR was comparable to the incidence with NPH, and, as expected, greater overall in patients with type 1 diabetes (Table 4).

Weight gain: In trials of up to 6 months duration in patients with type 1 and type 2 diabetes, LEVEMIR was associated with somewhat less weight gain than NPH (Table 4). Whether these observed differences represent true differences in the effects of LEVEMIR and NPH insulin is not known, since these trials were not blinded and the protocols (e.g., diet and exercise instructions and monitoring) were not specifically directed at exploring hypotheses related to weight effects of the treatments compared. The clinical significance of the observed differences has not been established.

Table 4: Safety Information on Clinical Studies

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Hypoglycemia (events/subject/month)</th>
<th>Treatment</th>
<th># of subjects</th>
<th>Baseline</th>
<th>End of treatment</th>
<th>Major*</th>
<th>Minor**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study A</td>
<td>LEVEMIR</td>
<td>N=276</td>
<td>75.0</td>
<td>75.1</td>
<td>0.045</td>
<td>2.18</td>
<td></td>
</tr>
<tr>
<td>NPH</td>
<td>133</td>
<td>75.7</td>
<td>76.4</td>
<td>0.35</td>
<td>3.063</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study C</td>
<td>LEVEMIR</td>
<td>N=492</td>
<td>76.5</td>
<td>76.3</td>
<td>0.029</td>
<td>2.397</td>
<td></td>
</tr>
<tr>
<td>NPH</td>
<td>257</td>
<td>76.1</td>
<td>76.7</td>
<td>0.025</td>
<td>2.564</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study D</td>
<td>LEVEMIR</td>
<td>N=232</td>
<td>N/A</td>
<td>N/A</td>
<td>0.076</td>
<td>2.677</td>
<td></td>
</tr>
<tr>
<td>Pediatric</td>
<td>NPH</td>
<td>N=115</td>
<td>N/A</td>
<td>N/A</td>
<td>0.083</td>
<td>3.203</td>
<td></td>
</tr>
<tr>
<td><strong>Type 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study E</td>
<td>LEVEMIR</td>
<td>N=237</td>
<td>82.7</td>
<td>83.7</td>
<td>0.001</td>
<td>0.306</td>
<td></td>
</tr>
<tr>
<td>NPH</td>
<td>239</td>
<td>82.4</td>
<td>85.2</td>
<td>0.006</td>
<td>0.595</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study F</td>
<td>LEVEMIR</td>
<td>N=195</td>
<td>81.8</td>
<td>82.3</td>
<td>0.003</td>
<td>0.193</td>
<td></td>
</tr>
<tr>
<td>NPH</td>
<td>200</td>
<td>79.6</td>
<td>80.9</td>
<td>0.006</td>
<td>0.235</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Major = requires assistance of another individual because of neurologic impairment
** Minor = plasma glucose ≤56 mg/dl, subject able to deal with the episode him/herself

OVERDOSAGE
Hypoglycemia may occur as a result of an excess of insulin relative to food intake, energy expenditure, or both. Mild episodes of hypoglycemia usually can be treated with oral glucose. Adjustments in drug dosage, meal patterns, or exercise may be needed. More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid reoccurrence of hypoglycemia.

More detailed information is available on request.

Rx only
Date of issue: October 19, 2005
Manufactured for Novo Nordisk Inc., Princeton, NJ 08540
Manufactured by Novo Nordisk A/S, 2880 Bagsvaerd, Denmark
www.novonordisk-us.com

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A new practice world, one that requires primary care physicians to confront an issue they may not have given much attention to since starting their practice: determining what their practices stand for and communicating that to existing and potential patients through effective marketing.

**Times have changed,** business pressures have mounted, and physicians need to understand that it’s not only okay, it’s imperative to consider their marketing options.

In today’s tough economic times, all medical practices—new or established—need to find and keep patients. While that’s a particularly difficult issue for specialists who “lose” a patient once the medical problem is solved, all physicians need to be constant marketers in order to bring in people who need their services. This effort requires a paradigm shift in thinking for many physicians who struggle with marketing just as they do with other aspects of running a small business, such as hiring and firing staff, keeping up with paperwork, or managing their time effectively.

**Overcoming Your Bias Against Marketing**

Many physicians not only think they don’t have to market their practice (and themselves), they also think it’s somehow inappropriate for their profession. However, that’s not the case, says Patrick T. Buckley, president and CEO of PB Healthcare Business Solutions LLC in Pewaukee, Wis., and author of *Physician Entrepreneurs: Marketing Toolkit.* “The market is changing. All of a sudden you’re going to get up in the morning and say, ‘A third of my patients are going to Walgreens. How did this happen?’” he says.

While a good doctor may get good word of mouth (more on that later), few would feel that physicians are out of line by taking the next step: treating their practice as a business. It may take some physicians, especially those who never considered this an option, some time to feel comfortable with that idea.
“Doctors don’t see their practices as businesses that should be marketed,” says Kenneth R. Bertka, MD, a family physician in Toledo, Ohio, and a member of the American Academy of Family Physicians (AAFP) board of directors. “They don’t understand it or equate marketing with advertising.” But times have changed, business pressures have mounted, and physicians need to understand that it’s not only okay, it’s imperative to consider their marketing options. In today’s world, you should know patients don’t have a problem with physicians’ being online—that’s where they are looking for information anyway—and that there’s nothing wrong with sharing public health information with the press or introducing your newest employee with a postcard mailing. In this new reality of practicing medicine your next step is figuring out how to make the moves that fit your style, your budget, and your goals.

Doing It Right

Those physicians who do understand the need to market don’t always know how take action on it since the topic isn’t taught in medical school. “Doctors have no training in this,” says Neil Baum, MD, a New Orleans urologist and author of Marketing Your Clinical Practice. “They join a practice and do whatever has been done there before. All those bad habits continue to be passed along.”

Even if marketing were part of the curriculum, the tools available in the past few years have expanded dramatically, making
it hard for even the most marketing-savvy physician to stay current. “The better [marketed] practices are thinking well past Yellow Pages ads and going online with interactive Websites that are loaded with information,” Dr. Bertka says. Today’s business marketers are using online resources and social networking tools that didn’t exist just a few years ago.

The good news is that it’s not hard to be a good marketer; and while it can be expensive to create and put a plan in place or hire someone to do that for your practice, there are cost-saving options. Even better, most of the marketing tools and resources that physicians need to build a practice, improve awareness of public health issues, or showcase their expertise are easy to use. All it takes is a thoughtful marketing plan that begins with fully understanding your practice.

**Conducting Patient and Practice Research**

Too many businesses—large and small—base marketing decisions on assumptions or intuition rather than on facts. Sometimes those assumptions are correct, but often they are not. Because creating a marketing plan around false assumptions wastes money, be certain you understand the situation as it is, not as you think it is. That probably means you will have spend at least a few thousand dollars (or more, depending on the nature of the work you need) to conduct research or hire someone to do it for you.

Start with your practice’s patient database, which holds a wealth of patient demographic information (e.g., age, marital status, hometown, and employer). These data will help you better target your practice’s marketing efforts by revealing details about the people who already seek your care. You might discover, for example, that a surprising percentage of your practice’s patients work for the same company. Knowing this might encourage you to host an informational lunch-hour workshop at the organization in order to generate even more patients from that business.

Use anonymous questionnaires or focus groups to survey current patients about what they do and don’t like about the practice and what they would suggest for improvements (see “Patient Research Methods,” opposite). This information is essential,
says healthcare marketing consultant Linda Pophal, because there is often a disconnect between what patients want and what physicians think they want. “The ways in which patients evaluate healthcare services are different from how medical professionals evaluate them,” says Ms. Pophal, CEO of Strategic Communications in Chippewa Falls, Wis. “Patients are evaluating doctors on the softer sorts of things—the relationship, attentiveness, and how well the provider listens to them—because they aren’t able to judge a doctor’s level of quality and accuracy.”

Seeing things from the patient’s point of view is critical, Mr. Buckley says. “We need to understand patient perceptions and determine patient goals, then make changes within the practice according to patient needs,” he says.

If you have the staff and expertise, you can manage the patient

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**Patient Research Methods**

Consider one or more of the following ways to survey your patients:

- **Web-based questionnaires** are easy to use, administer, and analyze. However, because they are Web-based, the patient has to take the initiative to go to the provided Website in order to answer the questions. SurveyMonkey ([www.surveymonkey.com](http://www.surveymonkey.com)) and Zoomerang ([www.zoomerang.com](http://www.zoomerang.com)) allow users to create their own survey at no charge when the number of responders is fewer than 100; a small fee enables you to increase the number of participants and will allow access to more sophisticated analysis tools.

- **Mail paper questionnaires** to homes with a postage-paid response envelope or ask patients to complete them in the waiting room when they arrive for an appointment. If the in-office questionnaires are designed to be anonymous, use a collection box.

- **A focus group** is a form of qualitative research involving a small gathering of patients or non-patients, depending on your intentions, who talk freely about the topic at hand. This method allows for more interaction with participants than questionnaires do, providing an opportunity for more in-depth discussion or probing follow-up questions. Focus groups can be used to test marketing messages or, when starting a practice, to learn how patients in your area make medical care decisions.
research process in-house. Otherwise, you can farm it out to a vendor who specializes in patient satisfaction research, such as the Myers Group (www.themyersgroup.net) or Press Ganey (www.pressganey.com), or to a local market research consultant. Focus the questionnaires on your practice’s performance in three areas already known to be patient hot buttons nationwide:

- The quality of the service you provide
- The accessibility of healthcare providers
- The degree to which patients are treated with courtesy

Questionnaires should be short, specific, and easy to answer (see “What to Ask on a Patient Survey,” page 25).

In Dr. Baum’s urology practice, patient research is an ongoing process. Before their appointments, patients complete the flip side of the card, which asks them to write down three questions they would like to ask the doctor. “This eliminates the ‘doorknob’ response,” Dr. Baum says, explaining that patients often remember their questions only as the physician is leaving the examining room. His patients then complete a short questionnaire after each appointment, answering such questions as these: “Was the doctor on time?,” “Were the staff pleasant and helpful?,” and “Would you recommend us?"

Conduct secondary research to identify what your patients are saying about you online—good or bad, right or wrong. This type of information audit, which is easy to conduct with Google or another search engine, tells you how some patients perceive you and your practice. If you find comments, view them as part of your marketing education process. They will help shape the messages you create in your marketing efforts.

Your online research will also identify information about you that appears on the sites of health plan networks, hospitals, uni-
versities you’re affiliated with, medical societies, and other sites. Make a list of the links and note any inaccuracies that need to be corrected or updates to be added. Your marketing plan will include ways to try to control your online presence.

Next, consider conducting secondary research about the region in which you practice. Who are the primary employers? Who are your competitors and what can you learn about them? Is the population growing or declining and why? What is the distribution of primary care physicians versus specialists? How do people decide where to go for care? Much of this information is available from your local or state medical association, other medical organizations, and the U.S. Census Bureau. An experienced research consultant will be able to help you identify not only what you need to find out, but also where to find it and how to analyze and use research results.

Dr. Bertka notes that research related to his former practice revealed that the smoking rate in the area was about 25 percent higher than in other parts of the country. He says that helped him in his interactions with patients. “In our population, that’s a particular concern … so I needed to make sure I communicated this to my patients,” he says.

Conduct internal research as well. How happy are your own staff with their jobs or workplace conditions? What changes would help them do their jobs better or enjoy them more? What changes would they recommend for patient satisfaction? For staff satisfaction? Allowing anonymity will always earn more honest responses, which are crucial because staff may be reluctant to tell you what you need to hear if they fear retribution. While you may not implement all of the suggestions, some will be easy to execute and could greatly improve staff satisfaction.

**Answering ‘The Big Question’**

Your research will not only allow you to identify trends and opportunities, but will also help you answer the big question: Does their perception match yours? Suppose, for example, you thought your front office was operating smoothly, but anonymous patient satisfaction surveys reveal that some patients felt they were greeted at their appointment with indifference or even borderline hostility. Uncovering this difference of perception
MOXATAG is indicated for the treatment of tonsillitis and/or pharyngitis secondary to *Streptococcus pyogenes* (*S. pyogenes*) in adults and pediatric patients 12 years and older. MOXATAG should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. The full 10-day course of therapy should be completed for effective treatment. Patients taking MOXATAG should not chew or crush tablet.

Important Safety Information

Use caution in patients with known serious hypersensitivity to amoxicillin or to other drugs in the same class or patients who have demonstrated anaphylactic reactions to beta-lactams. Serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported in patients on penicillin therapy. If an allergic reaction occurs, MOXATAG should be discontinued and appropriate therapy instituted. *Clostridium difficile* Associated Diarrhea (CDAD) has been reported with nearly all antibacterial agents, including

Introducing MOXATAG™ — Refining the delivery of amoxicillin therapy with innovative proprietary technology

- Extended-release tablets efficiently deliver amoxicillin using a once-daily dose of 775 mg for 10 days¹
- Proven efficacy for the treatment of tonsillitis/pharyngitis secondary to S. pyogenes¹
- Convenient, once-daily dosing potentially leading to improved compliance²,³
- Favorable safety profile with observed minimal GI upset¹

Once-Daily Amoxicillin Is Formed

New for the treatment of tonsillitis and/or pharyngitis secondary to Streptococcus pyogenes...
MOXATAG (amoxicillin extended-release tablets) 775 mg

The following is a brief summary only; see full Prescribing Information for complete product information.

RX ONLY

INDICATIONS AND USAGE

MOXATAG is a once-daily amoxicillin product indicated for the treatment of tonsillitis and/or pharyngitis secondary to Streptococcus pyogenes (S. pyogenes), more commonly referred to as 'strep throat,' in adults and pediatric patients 12 years or older.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of MOXATAG and other antibacterial drugs, MOXATAG should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

DOSAGE AND ADMINISTRATION

The recommended dose of MOXATAG is 775 mg once daily taken within 1 hour of finishing a meal for 10 days. MOXATAG should be taken approximately the same time every day. The full 10-day course of therapy should be completed for effective treatment of tonsillitis and/or pharyngitis secondary to S. pyogenes.

Do not chew or crush tablet.

CONTRAINDICATIONS

MOXATAG is contraindicated in patients with known serious hypersensitivity to amoxicillin or to other drugs in the same class or patients who have demonstrated anaphylactic reactions to beta-lactams.

WARNINGS AND PRECAUTIONS

Anaphylaxis and Hypersensitivity Reactions
Serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy, it has occurred in patients on oral penicillins. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity and/or a history of sensitivity to multiple allergens. There have been reports of individuals with a history of penicillin hypersensitivity who have experienced severe reactions when treated with cephalosporins. Before initiating therapy with MOXATAG, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens. If an allergic reaction occurs, MOXATAG should be discontinued and appropriate therapy instituted.

Clostridium difficile Associated Diarrhea (CDAD)

Clostridium difficile Associated Diarrhea (CDAD) has been reported with nearly all antibacterial agents, including amoxicillin, and may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of C. difficile.

CDAD must be considered in all patients who present with diarrhea following antibiotic use. Careful medical history is necessary since CDAD may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of C. difficile.

If CDAD is suspected or confirmed, ongoing antibiotic use not directed against C. difficile may need to be discontinued.

Superinfections

The possibility of superinfections with mycotic or bacterial pathogens should be kept in mind during therapy. If superinfections occur, amoxicillin should be discontinued and appropriate therapy instituted.

Development of Drug-Resistant Bacteria

Prescribing amoxicillin in the absence of proven or strongly suspected bacterial infection or treating prophylactically is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

False-Positive Urinary Glucose Tests

High urine concentrations of amoxicillin may result in false-positive results when testing for the presence of glucose in urine using Clinistix® or Benedict’s Solution or Fehling’s Solution. Since this effect may also occur with amoxicillin, it is recommended that glucose tests based on enzymatic glucose oxidase reactions (such as Clinistix®) be used.

ADVERSE REACTIONS

In a controlled Phase 3 trial, 302 adult and pediatric patients (≥12 years) were treated with MOXATAG 775 mg once-daily for 10 days. The most frequently reported adverse reactions (>1%) which were suspected or probably drug-related were vaginal yeast infection (2.0%), diarrhea (1.7%), nausea (1.3%) and headache (1.0%).

DRUG INTERACTIONS

Probenecid

Probenecid decreases the renal tubular secretion of amoxicillin. Concurrent use of MOXATAG and probenecid may result in increased and prolonged blood levels of amoxicillin.

Other Antibiotics

Chloramphenicol, macrolides, sulfonamides, and tetracyclines may interfere with the bacterial effects of penicillin. This has been demonstrated in vitro; however, the clinical significance of this interaction is not well documented.

Oral Contraceptives

As with other antibiotics, amoxicillin may affect the gut flora, leading to lower estrogen reabsorption and potentially resulting in reduced efficacy of combined oral estrogen/progestogen contraceptives.

USE IN SPECIFIC POPULATIONS

Pregnancy: Teratogenic Effects. Pregnancy Category B.

Reproduction studies have been done in mice and rats at doses up to 2000 mg/kg (12.5 and 25 times the human dose in mg/m²) and have revealed no evidence of impaired fertility or harm to the fetus due to amoxicillin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Labor and Delivery

It is not known whether use of amoxicillin in humans during labor or delivery has immediate or delayed adverse effects on the fetus, prolongs the duration of labor, or increases the likelihood that forceps delivery or other obstetrical intervention or resuscitation of the newborn will be necessary.

Nursing Mothers

Penicillins have been shown to be excreted in human milk. Amoxicillin use by nursing mothers may lead to sensitization of infants. Caution should be exercised when amoxicillin is administered to a nursing woman.

Pediatric Use

The safety and effectiveness of MOXATAG in pediatric patients 12 years of age and older have been established based on results of a clinical trial that included adults and pediatric patients (12 years or older). The safety and effectiveness of MOXATAG in pediatric patients younger than 12 years has not been established.

Geriatric Use

This drug is known to be substantially excreted by the kidney, and the risk of adverse reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

Renal Impairment

MOXATAG has not been studied in patients with renal impairment; however, a reduction of amoxicillin dose is generally recommended for patients with severe renal impairment. Therefore, MOXATAG is not recommended for use in patients with severe renal impairment (CrCl <30 mL/min) or patients on hemodialysis.

OVERDOSAGE

In case of overdose, discontinue medication, treat symptomatically, and institute supportive measures as required. If the overdose is very recent and there is no contraindication, an attempt at emesis or other means of removal of drug from the stomach may be performed. Intestinal nephritis resulting in oliguric renal failure has been reported in a small number of patients after overdose with amoxicillin. Crystalloids or lactated Ringer's solution leading to renal failure, has also been reported after amoxicillin overdose in adult and pediatric patients.

Renal impairment appears to be reversible with cessation of drug administration. High blood levels may occur more readily in patients with impaired renal function because of decreased renal clearance of amoxicillin.

For additional information about overdose treatment, call a poison control center (1-800-222-1222).

HOW SUPPLIED/STORAGE AND HANDLING

MOXATAG tablets for oral administration are provided as blue film-coated, oval-shaped tablets that contain 775 mg of amoxicillin. The tablets are printed with “MB-111” on one side in black edible ink. MOXATAG is packaged in bottles as follows:

Presentation

NDC Code

Bottles of 30

11042-142-03

Storage

Store at 25°C (77°F); excursions permitted to 15–30°C (59–86°F) [See USP Controlled Room Temperature.]

MiddleBrook

PHARMACEUTICALS* Germantown, Maryland 20876 USA U.S. Patents 6,544,555; 6,669,948; 6,723,341

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Issue Date 02/2009

910-0209-0075

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gives you an opportunity to fix your front office in order to provide what most business owners consider an imperative: a friendly greeting.

Physicians starting a practice can use research to shape their business into one that patients will embrace. Pamela L. Wible, MD, a family practitioner in Eugene, Ore., invited members of the community to help her design the ideal medical practice at a town hall meeting that attracted nearly 100 people. She then created a practice that reflected their input. Hallmarks include a guarantee that appointments will start on time; that patients’ physical, psychological, and spiritual issues will be addressed during the 30- to 60-minute appointments; and that Dr. Wible will offer same-day, evening, and weekend appointments. Based on input at the town hall meeting, she also makes house calls.

“Patients feel empowered [to be] part of the practice as co-owners” because they helped design it, she says.

Research can help a practice assess how well it is living up to its promise to patients. The Cardiovascular Institute of the South, headquartered in Houma, La., conducts patient satisfaction surveys on an ongoing basis to identify and then resolve problems (read more about them at www.cardio.com/site1.php).

“We have made countless changes as a result of these surveys,” says David C. Konur, CEO. He says when patients complained about having to wait a long time for an appointment, the organization added practitioners. Then when patients told them that the registration process required too much duplication, the practice made a change: “We streamlined the process and now enjoy a high rate of patient satisfaction in that area,” he says.

The Institute, which uses Press Ganey services to implement its patient survey program, posts the results in the lobbies of its 10 locations throughout Louisiana. “If you’re on a team and the quality of your work is going to be publicly posted, you’re going to be on top of that,” Mr. Konur says.

Address Internal Issues First

It’s not unusual for research to reveal discrepancies between the business you’re running and the business you thought you were running. For this reason, experts recommend addressing internal concerns before creating a marketing campaign. Mr.
Buckley stresses that the changes need to be embraced and implemented throughout the organization in order to be effectively implemented.

“I’ve been brought into situations where I talk to the staff about how we’re going to gather information that will help us improve patient satisfaction, and the employees tell me they’ve heard it all before,” he says. “Their responses are usually along the lines of ‘[The doctors] tell us this, but they treat people horribly,’ or ‘They treat us like we’re second-class citizens.’ It’s unrealistic to expect employees to act one way while physicians act another way.”

If the internal operation is broken, even a well-executed marketing campaign won’t make a difference. You might acquire new patients, but they won’t stay. “I’ve seen a change in focus group patients,” Mr. Buckley says. “They used to be more passive, saying, ‘Well, this doesn’t always happen,’ or ‘But he’s my doctor and I don’t want to change.’” He says he’s now seeing more patients who are frustrated with their current physicians leave for other doctors.

**Conduct a SWOT Analysis**

Much of what you uncover in the self-reflection phase will help in the next step toward a marketing strategy. Marketers call this phase “SWOT,” an acronym for strengths, weaknesses, opportunities, and threats. This analysis process has been used for decades because it is easy to understand and implement and because it still works today even with new and ever-changing communication vehicles.

Marketers will tell you that strengths and weaknesses apply to your internal operations while opportunities and threats apply to situations outside the practice. You may find these definitions too confining since an internal weakness can present both an opportunity and a threat. Keep this in mind as you make your SWOT analysis. Conduct the analysis by meeting with key staff members and discussing your practice’s strengths, weaknesses, opportunities, and threats. Complete a SWOT matrix (see “Example of SWOT Matrix,” opposite) with them as a critical part of the discussion.

Next, review each item in the matrix. How can you leverage
strengths? Are the weaknesses severe enough that they must be fixed, or can you work around them? Which opportunities should you pursue? How can you minimize threats? Can you look at any of those threats so that they become an opportunity instead? What specific steps, if any, do you need to take before you can comfortably move forward with a marketing campaign? For example, you might find that you need to update the waiting or examining rooms or make staff changes before you’re ready to expand your patient base. You will find the SWOT analysis useful in the next chapter, too, when you develop your unique brand identity and determine your positioning for your marketing strategy and campaign.

**Identify Target Audiences, Set Goals**

In most cases, the target audience for your marketing effort will include patients, referrers, and payers. But in some situations the target audience may be the media, members of a specific organization or association, or other groups depending on

<table>
<thead>
<tr>
<th>Example of a SWOT Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td>State-of-the-art-facility</td>
</tr>
<tr>
<td>Plentiful parking</td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
</tr>
<tr>
<td>Consumer education campaign funded and implemented by national specialty association</td>
</tr>
<tr>
<td>Celebrity talks publicly and often about the disease you treat</td>
</tr>
<tr>
<td>Groundbreaking research calls attention to conditions you treat</td>
</tr>
</tbody>
</table>

**Just What You’re Looking For**

It’s easier than ever to find the specific practice tips you’re looking for on Doctor’s Digest’s iPhone/iTouch App. Our new 1.1 version offers a search tool, lets you view tips by subject, and has an “unread” icon to keep track of tips you’ve already read. Check it out today.
your goals. Learn as much as you can about each of these target
audiences, including their demographics; their attributes relating
to personality, values, attitudes, interests, and lifestyles; and
their interests in terms of what they read, listen to, or watch. The
objective is to learn how to get your message in front of your
target audience repeatedly and to determine what types of mes-
sages will resonate with them.

Use the results of your research and other information to help
you set goals for reaching these target audiences with the mar-
keting campaign. Goals will help you make decisions about
tools and tactics (read more about these in Chapter 4); they also
will allow you to evaluate the success of your marketing plan.
To be useful, goals must be both specific and measurable. For
example, it’s not specific enough to make “generate more
patients” a goal because a marketing plan to generate three more
patients a month will be different from a plan designed to bring
in 30 more patients a month. Here are examples of specific mar-
keting goals:

- In the next 60 days, make changes in the clinic so that the
  experience patients receive is more in line with the experi-
  ence they want.
- Generate XX (fill in the blank) more patients each month for
  a six-month period.
- Design and implement a plan to boost referrals from other
  practices by 30 percent this year.
- Create an internal system that generates 25 percent more
  referrals from current patients than we are receiving at this
  point.
- Position Dr. XX (fill in the blank) as the local expert in (fill
  in the blank).
- Secure publicity in the daily newspaper at least twice—and
  on one of the three local network affiliate TV stations at least
  once—in the next six months.
- Update the practice’s Website to include downloadable blank
  copies of all patient intake forms.

Individual goals often aim for specific target audiences. For
example, if the goal is to position Dr. Smith as the local expert
in infectious diseases, the local media becomes a target audi-
ence. Another target audience for this goal is other local health-
care providers, who will refer patients to the infectious disease expert. Other target audiences include not only current patients but also prospective patients who are most susceptible to infectious diseases.

In this chapter you’ve seen how to accurately assess, improve, and describe your practice situation. You have learned why research is important, identified your target audiences, and set goals for your marketing campaign. This is the first half of the marketing planning process. The next chapter will explore the process more deeply by showing you how to create brand for the practice and using it to develop key marketing and communications messages that will become an integral part of your marketing plan.

What to Ask on a Patient Survey

Your survey will yield the most useful results if you include two types of questionnaire strategies:

**Questions or statements that can be ranked on a scale of 1 (“poor”) to 5 (“excellent”), such as the following:**

- I was able to get an appointment as quickly as I needed to.
- I did not have to wait long in the reception area or the examining room for my appointment.
- I had enough time with the doctor to get my questions answered.
- After my last appointment, I understood my diagnosis, the treatment, and the next steps I needed to take.
- My doctor listens to me when I explain my problems.
- I am greeted by the receptionist in a friendly and courteous manner.
- I feel I can trust the advice I receive from the staff.

**Open-ended questions that will take you beyond ratings to more substantive input, such as the following:**

- What do you like most about the practice?
- What do you like least about the practice?
- What do you think needs improvement?
- What is the most important thing you look for in a healthcare provider?
- Would you recommend this practice to a friend or relative? Why or why not?