

# Step right up!

## Marketing your medical practice

**D**o you want to expand your practice? Do you want more business? It's time to develop a marketing program.

Marketing strategies are universal, regardless of what you're promoting. With a basic understanding of marketing concepts, you can decide whether to develop your own program or hire a marketing firm.

Consider four key questions before developing a marketing campaign: Who are we? Where are we? Where are we going? How do we get there?

### Who are we?

Can you define your practice in one or two words? Do patients associate you with a strong feature? For example, when people hear Menninger, they associate the name with mental health.

If your competitor has captured a feature or attribute, stay away from similar words. Choose a word that distinguishes your practice. But forget about general words such as

excellence or quality — people expect those attributes from all medical organizations.<sup>1</sup>

### Where are we?

All products and services have a position on a marketing "lifeline." The location guides the type of marketing that generally makes a campaign successful. Identify your practice's position — "Where are we?" — on the services and products lifeline below.

**Introduction stage** — Your group is new. You want to reach potential patients and intermediaries, such as referring physicians. Focus on press releases and promotions such as seminars, handouts and educational material.

**Growth stage** — Your practice is increasing market share and differentiating itself from competitors. Develop personal relationships with intermediaries.

**Mature stage** — You want to maintain and retain your patient base. Keep in touch with patients and your referral network.

see **Know-How**, page 38

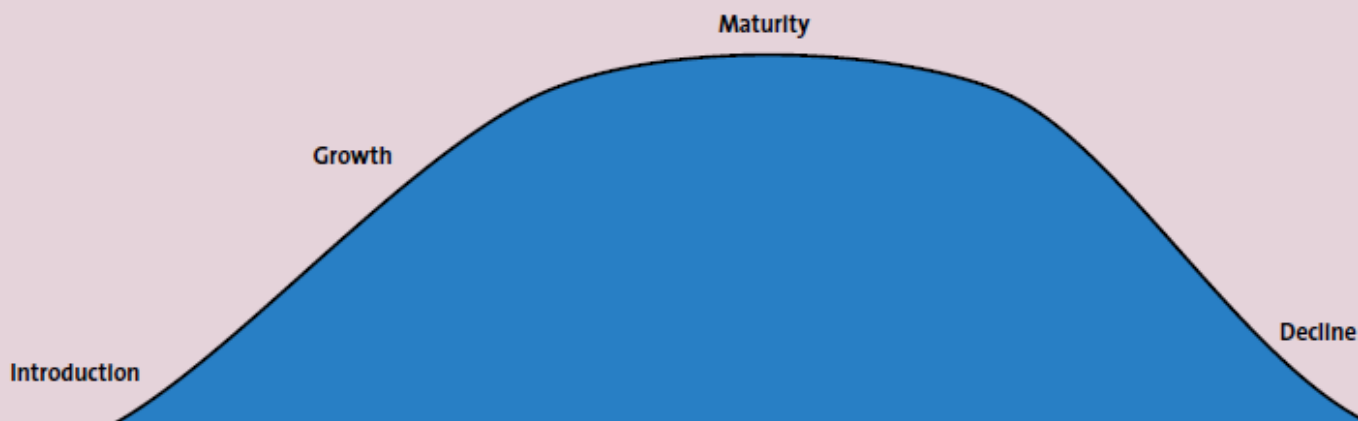
By **Christina Moschella**



### about the author

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## Services and products lifeline



# Know-How from page 37

## Position diagram



**Decline stage** — The practice will soon close its doors. Allocate few resources to marketing.

Next, find your group's place on the position diagram above.

**Quadrant No. 1** — If you are in this quadrant, you are considered the leader and perceived as the best. The "first" stays in peoples' minds. "It's better to be first than it is to be better."<sup>2</sup> If you can't be first in a category, set up a new category in which to lead.<sup>3</sup>

**Quadrant No. 2** — Those in this quadrant strive to offer alternatives to Quadrant No. 1.

**Quadrant No. 3** — Those in this quadrant carve out a market niche by differentiation via product, service or location.

**Quadrant No. 4** — All of the other medical practices fall into this category.

Generally, the first and second quadrants have two players that hold their positions. The third quadrant can hold several players. All other medical groups fall into the fourth quadrant.

### Where are we going?

If you're already in first place, your marketing strategy should emphasize leadership and market share. Second place stresses an alternative to first place. Third place differentiates, and the fourth quadrant handles the small- to medium-sized local and specialty markets.

Because most medical groups rely heavily on referrals from physicians and current

patients, attention to those intermediaries is crucial. Beware of mistaking expansion through satellite locations for growth. Your marketing goal is to increase the number of patients in your practice — not redistribute them.

### How do we get there?

Marketing uses two strategies: push and pull. The audience you want to target — patients or intermediaries — determines the strategy you use.

The push strategy directs promotions through intermediaries to gain cooperation in recommending your services or products (see diagram at right). For example, by joining a managed care network (the intermediary), your practice has patients "pushed" to it when its name appears in the network book.

The pull strategy campaigns directly to patients (see diagram at right). Employ it when you encounter referral resistance from intermediaries, such as insurers that won't cover certain procedures. You get patients to "pull" the service or product through intermediaries or, when possible, to bypass them and go directly to your medical group. For example, pharmaceutical companies urge consumers to ask their doctors for a drug, pulling the product through the intermediary channels.<sup>4</sup>

### Ask, measure, fix

"Perception is truth" is a driving force in sales, advertising and marketing. How do

your patients perceive your practice? Ask. Conduct frequent surveys. Fix your weak areas and survey again.


Encourage new ideas and develop pilot marketing programs to test new ideas. Define success and failure at the beginning; establish a timeframe to measure and evaluate the program. Decide whether to implement it, modify it or scrap it. Keep campaigns only as long as they generate new business.

Evaluate activity regarding:

- New patients;
- Lost patients;
- Advertising;
- Articles written;
- Speaking engagements and attendance;
- Press releases;

- Referrals; and
- Surveys.

Accept no ideas without a champion — a person who suggests and takes responsibility for an idea. Every idea and pilot marketing project must have one.<sup>5</sup>

Be realistic — not every marketing program will work. What spells success for one practice may fail for another. 

**notes**

1. Ries A, Trout J. 1994 *The 22 Immutable Laws of Marketing*, New York, HarperBusiness:3.
2. Ibid:10.
3. Ibid:27-35.
4. Berkowitz E, Kerin RA, Hartley SW, Rudelius W. 2000 Integrated Marketing Communications and Direct Marketing. *Marketing*, 6<sup>th</sup> Ed., Boston, Irwin McGraw-Hill:501-502.
5. Peters T, Waterman RH. 1984 *In Search of Excellence: Lessons from America's Best-run Companies*. New York, Warner Books:211.

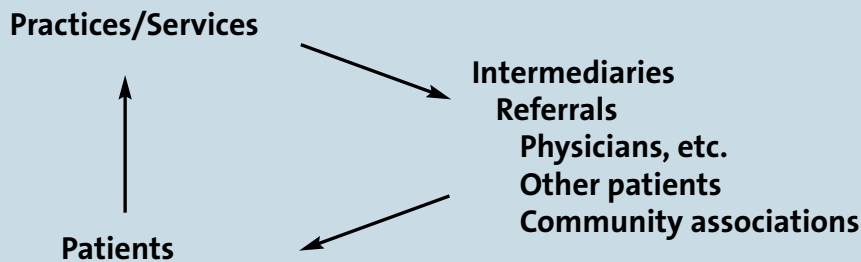
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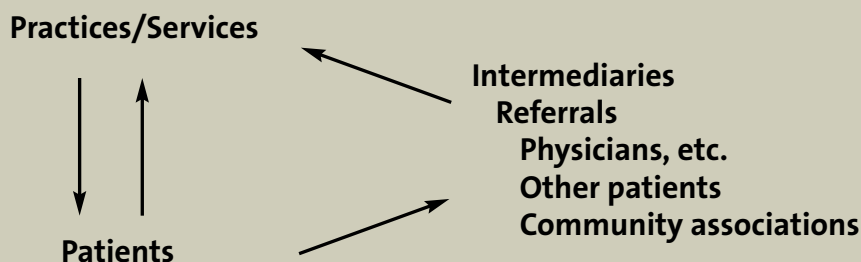
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## Flow of demand stimulation: push



Promotions are directed to intermediaries. Intermediaries “push” (refer/recommend) services/products to patients, and patients contact the practice.

## Flow of demand stimulation: pull



Promotions are directed to patients. Patients ask intermediaries for referrals or go directly to the practice.