

BOARD FORUM: MARKETING STRATEGIES OLD AND NEW

Who handles your practice marketing? Do you think it's important that the physician be involved in marketing?

Adam Schaffner, MD: My practice has a firm that is retained to handle all practice marketing. This dedicated marketing staff works with the administrative and clinical staff to ensure they receive feedback. This direct communication is important.

I am directly involved and believe it is of paramount importance for the physician to be involved to ensure all information is accurate. Moreover, you want to make sure the "feel" of the marketing campaign is consistent with the message and image you desire to deliver.

José Raúl Montes, MD: I have a marketing team that develops a yearly plan for events and promotions. I contribute my ideas as well, which are frequently the result of my experiences in conferences and exchanges with my fellow colleagues. My team has brainstorming sessions to determine when is the best time to put these into place.

Also, our internal marketing is always in place. It is important that the physician be involved in marketing because s/he knows the patients' needs, requests, and interests.

Doris Day, MD: I do all my own social media and most of my marketing. I created a YouTube channel and added any videos I have. I keep it updated. In general it takes only a few minutes to update each of these because I've been doing it for so long and I know exactly how to do it.

It's important for each marketing and social media platform to accurately represent your brand, and my findings were that any time I had anyone do it for me I ended up re-writing. That took longer than doing it myself from the start.

Shannon Humphrey, MD: We have a full time director of marketing and communications. She takes on all things related to marketing, branding, and communication. Her

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job is busy and very diverse. I stay very involved with the marketing but allow the director to take the lead; she is a professional and does a much better job than I would!

I like to have final approval as often the language used to describe certain treatments, products, or scientific advances are quite specific. Further, the practice ultimately represents me and I need to be responsible for any information or messaging that we are putting out to the public.

Dr. Day: I recently hired a group to help with office management and they also specialize in marketing so they are now creating "look books" of my magazine quotes and in-office events. It's still early, but they've had great ideas and I believe they will be an asset. I still do all my own social media posts but they are great at optimizing the in-office marketing and reaching patients with interesting events and notable things to watch.

Jason Emer, MD: I and my operations manager, along with my assistant and social medial coordinator [handle practice marketing].

I think it's essential being involved in the marketing decisions and all that is involved. The marketing of a practice is a representation of their brand and the philosophy. It also gives a significant representation of the personality and attraction to niche markets, so there has to be a significant purpose and representation of this marketing that requires my involvement and opinions.

To what extent has social media influenced your marketing?

Dr. Day: It's been very positive in that I post on a daily basis and people look forward to the posts—I have “regulars” who comment and add their opinions and many people share the posts. I'm careful to rarely “sell” anything. Instead I post articles I'm quoted in, I post YouTube videos I've made or interesting articles or photos I've come across and want to share.

I find that seeing patients helps me know what they would want to see in a post and I direct my posts to events of the day or inspirational ideas that appeal to me. I try to keep it educational, entertaining, and as interesting as possible.

I'm amazed at how some posts get thousands of views while others get only hundreds. I also post different things on Facebook vs Twitter vs Instagram. For Facebook I can schedule posts, and that's very helpful, too. I really enjoy this part of my day and I entertain myself in doing it. I can't really think of a negative.

Dr. Emer: It has been completely positive in my practice. I always say, “It's not if you use social media, it's how well you do it.” Nobody can build their practice now a days (significantly) without it. People are looking online for physicians, patient reviews, before and after photos, unique offerings, and speciality practices. Social media is a way to reach a large audience in a short amount of time.

Also, through various medial outlets, you can reach niche markets and expand your brand and its philosophy. Although people despise the inability to reply to many review sites like reaself.com or yelp.com, that allow patients to remain anonymous, reviews are what patients are looking for and an easy way to attract more patients. For every bad review you need to replace it with 10 good ones!

Dr. Schaffner: Content on social media helps drive the conversation with many of my younger patients. On occasion, patients will comment that they saw the practice on social media but rarely is it the reason for which they came into the office.

On occasion, things posted on social media may be inaccurate and the patient will need to be educated to place the information seen on social media in proper context.

Dr. Humphrey: Social media certainly helps keep a specific group of patients engaged with the practice. I know this is the way of the future and will be required to sustain the practice over time. From a negative perspective it takes a lot of time to keep up with our communication and social media channels and I'm not convinced (to this point) that it has brought in many new patients. This is an area that I feel that dedicated staff are required. As physicians this is not our forte and it takes up too much time. I tried to protect most of my time for seeing and treating patients because this is where my specialty training lies and also is the most profitable.

Dr. Montes: Social media is a great tool for marketing in any practice. In my practice, we boost monthly promotions and special events to generate more engagement. Thereafter, we utilize the amount of people who engaged to analyze the campaign's effectiveness. Based on our previous experiences, we have determined which are the best days and times to upload posts.

How do you achieve a personal connection? Are there any “old school” tactics that you think need to come back or should never go away?

Dr. Schaffner: Providing educational information, especially through videos, allows a patient to get to “know” you to help achieve a personal connection. Be sure to educate current patients about new technologies, techniques and products.

Dr. Montes: I basically built my practice by word-of-mouth and have had loyal patients. These referrals have helped me keep my personal connection to patients. Throughout the years, we have cautiously developed other ways to maintain a link with patients. One that has been very effective is my monthly appearance at a TV segment in the local news, wherein I discuss topics of interests, such as types of surgeries or procedures I perform, new products, and technology innovation.

Dr. Humphrey: I achieve a personal connection the good old fashioned way. I get to know my patients and I actually care. The greatest part about my practice is to have a longitudinal relationship with my patients and get to know them beyond simply the details of their treatments.

An “old school” marketing tactic is marketing to your existing patients. I think with new ways to market to patients online, we often forget to make our existing patients aware of our treatment offerings. A few simple tactics are:

- Asking patients if there is anything else you can do for them

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— José Raúl Montes, MD

- Simply advising them about new treatments or existing treatments that you offer for which they are suitable
- Providing all patients with a list of services and treatments offered in your practice

This type of marketing is free and in my experience very high yield.

Dr. Schaffner: “Word of mouth” referrals are the best kind. Today, it is more common for this to be from a patient reading online reviews and even exchanging information with a current patient. This is an “old school” tactic in a new form that should never go away. Quality care and great results will help grow and sustain a practice.

Dr. Day: In the office I try to follow the AIDET: When I walk in the room I *Acknowledge* everyone in the room. I *Introduce* myself and any of my assistants in the room with us, I *Discuss* what I’m going to do, I *Explain* what I did and ask if they have any questions, I *Thank* the patient for coming in/following my treatment plan. I also try to never sell anything but only to inform each patient of the treatments and products I think are best for them. I’m very comfortable saying no if I think a treatment is not appropriate for them and I recommend a range of treatments and products and then help them prioritize according to their needs.

We also print out the “recommended treatment plan” and also offer to email it to the patient.

Over the next few days we email to follow up and we also send out occasional eblasts to existing patients on exciting new treatments or specials in the office. We also call every patient after aesthetic procedures to check in.

I’m looking into having iPads in each room with videos and photos for patients to watch.

Old school tactics are phone calls and letting each patient know they are special.

Dr. Emer: I think positive patient testimonials showing a patient’s experience and feeling about the physician and honesty in the consultation help patients feel they know you and trust you. We send hand written notes, and make phone calls to all of our new patients and post-procedural patients to show how much we care about our patients’ satisfaction. We also send personalized gifts (for example, a personal training session for my hi def lipo patients, getting hair done at a salon the day after large laser procedure) for large bookings and after all surgeries. We want patients to know our practice is about long-term relationships and the personal approach to treatments.

What was your biggest marketing misstep and what did you learn from the experience?

Dr. Schaffner: My biggest marketing misstep was having a website built that was one of the most beautiful anyone had seen—if they could find it. Because of how “complex” it was, Google had a very hard time indexing it for SEO purposes. I now have a website that is rich with content, is extremely functional, and yields many patient inquiries each day. The purpose of a practice website is to educate and generate new patients—not to be the world’s prettiest e-business card.

Dr. Humphrey: Early in my career I paid for print advertising for body sculpting treatment we offer in a local publication for young and active patients. This was a mis-step because the body sculpting treatment is highly commoditized in Vancouver and heavily advertised by other practices.

We have done much better by making our existing injectable patients aware of our body sculpting treatment.

Dr. Montes: Even though we currently have an extensive database, we decided to hire a social media press company by “renting” their intelligence database to try some promotions. Unfortunately, we did not get the expected feedback. We have learned that internal marketing is the most powerful tool, followed by Facebook.

Dr. Day: My misstep may be that I didn’t invest in professional marketing sooner, and I missed opportunities to capitalize on organic opportunities to reach a broader audience.

Dr. Emer: Not having a website sooner. It’s essential to have a great website, not for SEO anymore, just for brand recognition and lead generation. ■