

Marketing a Radiology Practice

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Abstract

In addition to being a profession, the practice of radiology is a business, and marketing is an important part of that business. There are many facets to marketing a radiology practice. The authors present a number of ideas on how to go about doing this. Some marketing methods can be directed to both patients and referring physicians. Others should be directed just to patients, while still others should be directed just to referring physicians. Aside from marketing, many of them provide value to both target audiences.

Key Words: Medical economics, radiology and radiologists, socioeconomic issues, medical marketing, radiology management

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Radiology is an honorable profession, but like the rest of medicine, it has also become an increasingly competitive business. As is the case with some other medical specialties, radiology is perhaps even more complicated than the typical business because radiology groups have at least four different customer groups to satisfy: patients, referring physicians, hospital and health system administrators, and payers. Marketing is an effective way to let these customers know about the benefits and advantages of your services, and it has become an important aspect of radiology management. Aside from interventional radiologists, pediatric radiologists, and breast imagers, most physicians in the field have generally not interacted closely with patients and families. However, we are now in an era of patient-centered medicine, and radiology cannot be an exception.

There have been several interesting and worthwhile discussions of the theory and principles of marketing previously published in this journal [1-3]. In particular, readers should consider the “four P’s” of strategic marketing discussed by Lexa and Berlin [2]. With those

as background, we present in this report a number of concrete, practical ideas on how to go about effectively marketing a radiology practice, with particular emphasis on patients and referring physicians. Of equal or greater importance, it will be noted that many of these marketing mechanisms provide real value to both of the target audiences. The ideas are divided into three groups: those directed to both patients and referring physicians, those directed primarily to patients, and those directed primarily to referring physicians.

MARKETING IDEAS DIRECTED TO BOTH PATIENTS AND REFERRING PHYSICIANS

An Informative, Discoverable, User- and Mobile-Friendly Website

Many potential customers are searching for information on the web nowadays, and this makes it imperative that radiology practices have websites that provide helpful and understandable information and a good user experience. Table 1 lists many of the ideal features we believe a radiology website should have. Although numbered, they are not necessarily shown in order of importance. Their importance is likely to vary according to the nature of a practice. Ideally, a website should keep the focus on the radiology department, rather than leading visitors to a link that pivots away to some other section of the hospital’s website. Maintaining an up-to-date website is time consuming, and one or several nonphysician personnel should be tasked with keeping it current. The radiologists themselves must cooperate and remember to

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Table 1. Desirable features of a radiology website

1. Locations of all clinical sites and phone numbers for scheduling. Also directions and parking information.
2. Scheduling: Ability for new patients, returning patients, and referring physicians to schedule examinations either by phone or online. Ideally, it should be possible for patients to enter their demographic, insurance, and other registration information. In the future, access to clinical decision support will be necessary.
3. Billing: A list of all insurance plans accepted by the practice and a number to call to get help with questions or problems related to billing.
4. Ability for both referring physicians and patients to access reports and images.
5. Services offered, with either an explanation of those services for patients or a link to a source of information about them (eg, the RSNA's radiologyinfo.org).
6. For academic departments: Information about educational programs, such as residency, fellowships, and continuing educational courses.
7. For academic departments: List of ongoing (and recent past) research projects and grants.
8. Contact information for patients or referring physicians who wish to communicate with the department. Referring physicians should be able to request a rapid consult with a radiologist through instant messaging or video chat.
9. A brief note from the department chair or group president providing an overview and a history of the department and thanking customers.
10. A statement about who radiologists are, what they do, and the importance of subspecialization (this could be incorporated into the chair's note).
11. Department news and recent accomplishments of individuals.
12. List of all clinical divisions, including the radiologists in them, with brief biographical sketches, photos, phone numbers, e-mail addresses, and an indication of their subspecialty areas.
13. A discussion of radiation exposure and what the department is doing to minimize it. If appropriate, emphasize participation in the Image Gently[®] and Image Wisely[®] campaigns and the ACR's Dose Index Registry[®].
14. A discussion of quality metrics that are monitored by the department and their importance to patient care.
15. A section of frequently asked questions targeted to patients.
16. A marketing video by the chair or several group members summarizing some of the above information.

contribute new information whenever they achieve new milestones, even small ones. One thing the website and other marketing materials should avoid is proclaiming that a practice is “the best.” Patients and referring physicians can see through such self-serving, unprovable statements, and they may even be illegal [4].

Customer Satisfaction Surveys

Every radiology group should survey both its patients and its referring physicians about the quality of service the group provides. These surveys can be mailed or e-mailed to patients immediately after they have had their examinations in your department, or perhaps given to them before they leave the facility. Referring physicians should receive them at least once per year, maybe twice. There have been several previous publications in this journal on how to construct and use such surveys [5-8]. Obviously the questionnaires for patients must be different from those for referring physicians; the former should focus on service and the patient experience, the latter on quality and timeliness. You will get useful information about possible current deficiencies, but just as important, you let your patients and referrers know that

you are interested and concerned and want to hear their suggestions. This is what marketing is all about.

Survey questionnaires should primarily use a multiple-choice format (because such surveys are the easiest and quickest to fill out), with a five- or seven-point scale (eg, from “very dissatisfied” to “very satisfied”). Patients can be queried about things such as ease of examination scheduling, ease of registration, wait time in the facility, helpfulness of front desk personnel, attractiveness and cleanliness of waiting areas, professionalism of the technologists, whether the examination was adequately explained, willingness to answer questions, protection of privacy, handling of billing or claims issues, instructions on how to use a patient portal (if one is available), and ease of parking [5-8]. Space for free-text answers should also be provided, along with a request to patients to make additional comments about their experiences or how your facility could better serve them in the future [7]. Patient impressions are more important than ever because they now have the ability to post them on widely read customer rating websites such as Yelp [8]. A few unfavorable comments on a popular site could potentially affect your business.

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