

## After a Decade of Marketing Gastroenterology Practices, Has Anything Changed?



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The primary objective of medical practice marketing is to differentiate your brand and communicate your unique attributes and benefits to both your patients and potential patients. In this review, we cover basic fundamentals of marketing, suggest some practical strategies for success in gastroenterology, and discuss how to calculate the return on investment of marketing cost.

The need to make marketing a strategic priority has not changed since we previously wrote about this topic a decade ago—in fact, the priority for marketing is more compelling in highly competitive markets.<sup>1</sup> One of the most profound changes that has occurred in the past decade is the proliferation and reliance on the internet and Smartphone technology. Personal computers and the resulting instant connection to find answers quickly has been a reality for the past 2 generations. Consumers increasingly are connected and consumed with technology that drives their communication and personal relationships. Most gastrointestinal (GI) practices do not understand how these technologically connected patients search for, receive, and purchase health care services. To be relevant to patients with their own unique health care needs, such cultural shifts must be understood.

All marketing efforts should concentrate on capturing the patient, not simply winning Facebook friends or increasing the number of visitors to your site. Technology should drive patients from Facebook and websites to actually making an appointment for care. Once the patient is committed to an appointment, internal marketing processes can convert these captured patients into loyal patients who will support and promote your practice. If efforts to market your practice are not understood and supported inside the practice (staff and physicians), the resources allocated toward the entire marketing effort will not achieve maximal results. If your practice cannot sustain such a marketing effort, your group not only will lose relevancy with your market, but you also will miss the opportunity to capitalize from these dramatic cultural changes.

Implementation of a strategic marketing effort relies on appropriate allocation of resources, organizational

structure, and internal motivation. All marketing goals and objectives should support practice goals.<sup>2,3</sup>

### Marketing Basics

#### Four P's of Marketing

A rather common mistake in marketing is to focus most of the marketing budget on promotion, however, attention to all aspects of marketing (known as the 4 P's) is needed for synergy of efforts and resources. Product is defined as the actual service rendered (are all aspects intact, including your target markets' perception and the quality of your services? This includes referring physicians, patients, staff, vendors, and other relevant secondary markets). Place is the site(s) of service, including the physical site, its appearance, signage, and comfort. Price involves everything expended for your services (including time and inconvenience), how cost is communicated, and how billing is handled. Promotion includes all activities to communicate aspects of your practice to target markets, including advertising, personal selling, sales promotion, public relations, and direct marketing.

#### Hypertargeting Vs Mass Marketing

As GI practices evolve in their knowledge and embracing of marketing strategies (and use of technology-driven approaches), actions can be highly targeted by using web-based applications such as social media. At a basic level, mass marketing is a strategy that involves an appeal to basically everyone (Figure 1). For instance, all individuals should know about colorectal

Abbreviation used in this paper: GI, gastrointestinal.

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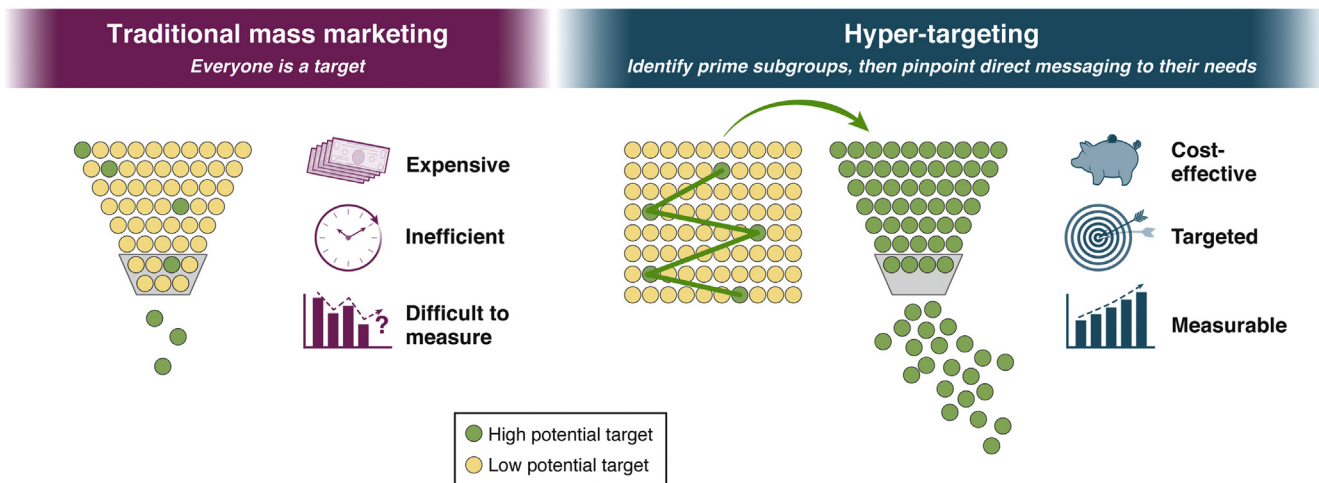


Figure 1. Comparison of traditional mass marketing to hyper-targeting.

cancer screening. However, GI has been trapped in this circle for too long, considering our history with screening colonoscopies. All of the initiatives, campaigns, and public health education have had a meager impact on 30% to 40% of the group eligible for free screening. We have to embrace different solutions, simply turning up the volume of your marketing effort does not have an appreciable impact.

The next level, a market-segmentation strategy, further narrows the targeted group by focusing on a specific segment of the larger group, generally a more effective and less costly option. An even higher level, hypertargeting, might be described as segmentation on steroids. This approach embraces a big data focus that ups the game in terms of reaching very specific subsets of people with very specific messaging. We now are able to filter demographics, determining personal habits and behaviors online, and then turn that information into direct marketing with pinpoint messaging to address the needs of the consumer and drive them toward scheduling their needed screening colonoscopies. The end result expands our capacity to prevent or find colon cancer.

How is this done? Big data is the key. Never before have we been able to determine personal habits and behaviors online and then use that information to meet strategic goals. Technology-driven changes have prompted an increased reliance on web-based tools and, as a result, your practice can be harmed or helped by your use of the internet, your information system, and related applications.<sup>4,5</sup> On the front end, ask yourself whether or not your practice information systems are sufficient to provide actionable information for marketing. Can you,

for instance, identify retention of patients as well as those who left the practice (and their reasons for exiting)? Do you track patient satisfaction and acquire actionable information from that process?

Big data, for example, enables us to focus on those individuals who are just becoming eligible for a screening, understand who they are, where they live, and can provide up to 500 other data points of information on those individuals. This approach can forever change your reality of gaining new patients. Hypertargeting finally allows a practice to increase patient counts, track actual billable results, and allows the exploration of options regarding how you choose to grow your practice.

It is often the case that both approaches (mass marketing and segmentation) are needed for optimal results, for specific initiatives. The allocation of resources, types of messaging, and media used for each approach can vary depending on practice goals, the target market, its unique attributes, and the cost of reaching that specific market.

## Reputation Management

Image management has become increasingly important for marketing because patients will comment about their experience online.<sup>6</sup> Their comments may not be focused only on their on-site experience, but also your website, waiting time, parking, communication with referring physicians, billing, and any other aspect of your practice that does not meet their expectations. The ability to influence your online reputation is evolving rapidly. Moving beyond requests for grading your

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practice, handing out postcards, and literally begging for favorable reviews, we must be proactive and adapt to our customers. Pushing requests to patients for easy-to-use, smart device-friendly applications has proven to be amazingly useful in practices that embrace these methods. Our practice uses direct texts to all patients with responses received and filtered to various provider rating services such as Google, Vitals, and Healthgrades using proprietary software from ID Digital. Accessing and updating should occur at least weekly. Problems that are found during this process should be addressed quickly and effectively.

Another key component of reputation management is the patient portal. The trend toward patient-driven care is a mandate to provide a user-friendly portal that augments patient visits, expands patient education about their specific illness or condition, and is interactive, allowing patients to ask questions and receive responses within a reasonable time frame.<sup>7,8</sup> A portal that does not function well will impact your brand image negatively and may neutralize other marketing efforts.

Despite access to information through a portal or online, years of research regarding patient communication indicates that patients expect and prefer to obtain information about their condition during an encounter with their physician.<sup>8,9</sup> They also prefer to receive personalized reading material from their provider to extend and support the discussion. Your decisions regarding patient education have the potential to shape patient impressions and impact the effectiveness of marketing efforts. It is simply not enough to ask patients to go to the web for relevant information. In many cases, patients do not have the time, tools, or motivation to perform their own search and much information on the web is misleading or simply false. Patient education (and the supporting print materials that also can be added to patient portals, blogs, and websites) can be viewed as an opportunity to impact patient outcomes directly,<sup>10</sup> provide informed consent, and develop materials that reflect your own clinical philosophy.

## Strategies for Success

Internal marketing refers to all efforts within the practice to create a culture that supports the practice goals, including its strategic marketing efforts (a unique brand). Such efforts might include not only the development of a logo, but use of the design on laboratory coats, scrubs, and all printed materials. Another example is staff and physician training for excellent service. This could include specific activities

to engage all in a manner that promotes engagement and teamwork. The Ritz Carlton model has been used successfully within many organizations and also is applicable to health care.

It can be difficult to secure the buy-in needed from physicians and staff for any initiative, but it is especially important for marketing your GI practice. Consistent with the trend toward larger practices, as your own practice grows, so do human resources issues, including staffing issues. Your people can make or break marketing efforts, because the culture within is experienced by all. It is important that policies and procedures are in place to identify and legally handle disruptive people and situations that can harm your image and/or cause lasting damage to your brand. For example, the National Academy of Medicine advocates specific actions for physician burnout.<sup>11</sup>

Some specific strategies for success in the digital space include:

- Your own unique GI material must be added to your website or social media constantly. Your information should not be a copy-and-paste effort.
- You must have your own convenient, practical, and frequent updates to online ratings and reviews.
- Web-based content must be Smartphone capable to engage this new generation of patients who will move to other websites rapidly if your own fails to meet their browsing preferences.

## *Gastroenterologists Can Prevent Colon Cancer*

Despite the opportunity to focus on other GI diseases, it is important to remember that gastroenterology, for most practices, is founded on saving lives through prevention and early detection of colon cancer. Gastroenterologists constantly should shout from the roof tops: "We have the ability to prevent the second leading cause of cancer deaths." This headline makes you a healer and not just a provider of a procedure. The label of healer then gives you the ability to help people with all other areas of concern. Similarly, colorectal cancer is occurring with greater frequency among younger patients, so initiatives are needed to identify those at greater risk and communicate the need for earlier screening. Those other GI concerns, of course, also should be addressed in your marketing efforts, but first the public has to know that you own preventing colon cancer. Then the consumer can easily make the jump to all things GI. Colon cancer awareness, appropriate testing, and prevention should be our primary calling card and headliner for marketing efforts.

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## *Other Disease States Amenable to Marketing Efforts*

Outside of colon cancer, public health and population trends continue to reveal areas of concern for GI medicine but also can be viewed as marketing opportunities. For instance, demographic trends, such as the aging population and the obesity epidemic, as well as the epidemics of fatty liver disease and hepatitis C, should be considered as an invitation for GI practices to intervene aggressively in their markets. Trends include the increasing lack of transplantable livers, outbreaks of food poisoning, various recalls, contagious or GI viruses, and so forth. Are you ready to rollout community advertisements and/or patient communication to respond to local or regional trending concerns? As clinical advances of all kinds are vetted and become available, can your practice target those most likely to benefit (and communicate directly with them)? Are you able to develop the tools needed to effectively market disease management approaches? It is essential that GI practices increase the level of awareness and understanding in a way that will support your practice goals and enhance your brand.

## *Increased Cost and Quality Pressures*

There is no end to cost and quality pressures from consumers, insurers, the government, and so forth. This is likely to continue with a focus on matching reimbursement to quality of care. The entire system of care is dynamic and uncertain. For those reasons, using resources for marketing (rather than direct care of patients) may seem counterproductive. Even though our GI centers should strive for best care at the best costs (certification, best-trained staff and physicians, and so forth), the additional expenditures for marketing are essential and contribute to patients' and staff members' perception of care.

## **Return on Investment**

Your marketing effort should pay for itself. With the ability to track data, we find it easy to prove a great return on investment through intense focus on our marketing strategy. Return of investment is tricky to measure and can be very complex. Essentially, each practice should monitor how patients enter the system and all revenue generated from that particular entry point. Then, the return on investment (ROI) can be

calculated by scrutiny of the individual marketing strategies (and the cost of each) that led the patient to enter your system in that manner. A particularly meaningful measure of ROI is relatively simple: track the requests for appointments made online through social media. For instance, web-based requests made at night and are driven to the practice without a telephone call or any other solicitation. Our practice found that this accounted for approximately 1000 appointments in 2018. In the second year of tracking, 2019, the number doubled. A thousand patient appointments in a gastroenterology practice will generate an average of more than \$500 per patient. A very conservative estimate for 2000 new patient appointments is 1 million in revenue. This far outstrips our overall marketing budget. This is a simple, conservative estimate to start defining ROI and is much easier than trying to track the exact route through which the patient discovered our practice and entered into being a patient, and having to trace the origin point for revenues on 1 patient.

In summary, although marketing caveats remain the same (or have gained in importance), there are changes that have increased both the complexity and potential effectiveness of GI marketing. Marketing efforts can pay for themselves when aligned strategically with practice goals. Attention to all aspects of marketing can provide the synergy needed to maximize efforts.

## **References**

1. Hogan RB, Hogan MB. Marketing your gastroenterology practice. *Gastrointest Hepatol News* 2011;5:21.
2. Coplon S. your practice by default of design? MedPage Today. Available from: <https://www.medpagetoday.com/practicemanagement/practicemanagement/80394>. Accessed October 29, 2019.
3. Hillestad SG, Berkowitz E. Chapter 1: strategy development and the strategic mindset. In: *HealthCare Marketing Strategy*. Burlington, MA: Jones and Bartlett Publishers, 2020.
4. Hogan RB. Promoting your GI practice through innovative marketing techniques. Video of the Week, ACG. Available from: <https://gi.org/2016/11/04/video-of-the-week-reed-hogan-ii-md-on-promoting-your-gi-practice-through-innovative-marketing-techniques>. Accessed November 12, 2019.
5. Adams RJ. Improving health outcomes with better patient understanding and education. *Risk Manag Healthc Policy* 2010; 3:61-72.
6. Snyder CF, Wu AW, Miller RS, et al. The role of informatics in promoting patient-centered care. *Cancer J* 2011;17:211-218.
7. Liu J, Hou S, Evans R, et al. What do patients complain about online: a systematic review and taxonomy framework

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- based on patient centeredness. *J Med Internet Res* 2019;21:e14634.
8. Irizarry T, Dabbs AD, Curran CR. Patient portals and patient engagement: a state of the science review. *J Med Internet Res* 2015;17:e148.
  9. Popoola VO, Lau BD, Shihab HM, et al. Patient preferences for receiving education on venous thromboembolism prevention - a survey of stakeholder organizations. *PLoS One* 2016;11:e0152084.
  10. Shea-Budgell MA, Kostaras X, Myhill KP, et al. Information needs and sources of information for patients during cancer follow-up. *Curr Oncol* 2014;21:165–173.
  11. Academy of Medicine. Action collaborative on clinician well-being and resilience. 2019. Available from: <https://nam.edu/initiatives/clinician-resilience-and-well-being>. Accessed November 10, 2019.
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#### Conflicts of interest

The authors disclose no conflicts.