

# Grassroots Marketing in Radiology

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## INTRODUCTION

*Grassroots* refers to the most basic level of an activity or organization [1]. In turn, grassroots marketing refers to a ground-up, energetic, and practical way of relaying a targeted message that then generates its own momentum [2]. Unlike the large-scale efforts of traditional marketing methods, grassroots marketing conveys a succinct message designed to attract a defined group. As the group receives the message, it spreads the word and further propagates the communication, thereby creating a widening ripple effect. Therefore, with minimal cost, grassroots marketing may produce better results compared with traditional marketing. Social media, including Twitter (Twitter Inc, San Francisco, California) and Facebook (Facebook, Inc, Menlo Park, California), [3,4] is increasingly being adopted in such marketing.

Radiology departments, now more than ever, need an effective marketing strategy to ensure future business and growth. As a continuously evolving field, there is a need for timely communication of new services or capabilities and a vision for new imaging service lines. Here, radiologists can control the narrative [5], whereby simple grassroots marketing allows them to act as their own best marketing agent. The target audience includes referring physicians, trainees, and patients, with the main aim being

to convey a clear vision for the new imaging study, multidisciplinary treatment team, or service line [6]. As radiology evolves, our field can offer a widening array of valuable services and products. However, if other stakeholders do not know of these, then the impact of such opportunities will be diminished.

The essence of grassroots marketing is interpersonal effort and networking, establishing local presence, and creativity. Stakeholders need to be included in the educational efforts. Thus, grassroots marketers need to invest in their education and training to be able to market a new service. Basic leadership and people skills will also aid in success. Radiologists can serve as a bridge for physicians, trainees, and perhaps most importantly, patients, and are called upon to find an opportunity and seize it.

Networking is vital for radiologists who are at the very hub of the hospital. Making a concerted effort to reach out to colleagues, establish rapport, improve camaraderie between groups, continually inform them of new imaging trends, and emphasize the high quality of imaging provided all play a role in increasing referrals. It also helps to be creative by sending out radiology newsletters to relevant physician groups as well as appropriate and timely use of social media to further promote the message. Continuing medical education, lunch-and-learn sessions, and grand

rounds are other venues. Goals include building confidence among referrers in one's group and learning about new services that referring physicians may need or desire.

Multidisciplinary tumor conferences and grand rounds are an optimal way to reach out to a multitude of referring clinicians and to emphasize imaging expertise. Multidisciplinary tumor conferences provide face-to-face interaction with referring clinicians and are a good forum to introduce and discuss novel radiological procedures or techniques. For example, a hematology-oncology tumor board attended by one of the authors discussed liver iron and fat quantification. By simply saying "Sure we can do this," followed by e-mailing relevant articles to participating physicians, the institution now routinely offers liver MRI for fat and iron quantification, answering an important clinical question. Another example involves one of the author's colon disease-oriented team meetings. Approximately 3 years ago, the oncologists and colorectal cancer surgeons were informed about the accuracy of pelvic MRI for rectal cancer staging by a short PowerPoint (Microsoft Corporation, Redmond, Washington) talk. A survey was sent out regarding the impact of that talk on referring rectal cancer patients for pelvic MRI and the utility of MRI staging for treatment planning and performing surgery. According to the colorectal

cancer surgeons and oncologists, their referral rate reached 100% of eligible patients, compared with negligible referrals historically. The program now routinely performs MRI for rectal cancer staging.

A study reviewing methods to improve cancer screening participation showed that more personalized approaches, including primary care endorsement and enhanced personalized reminders, were effective in increasing participation rates [7,8]. In contrast, traditional methods were relatively ineffective even when targeted toward a narrower group of people [9]. Grassroots advertising, unlike conventional advertising, relies primarily on word of mouth to a few people or a small group, not on print media, television, or radio targeting of a wider audience. It is, therefore, far more personal. It also relies on the social aspect of the consumers and creates enthusiasm among them, making the current generation very receptive to it.

Investing time and interest in marketing toward medical students benefits the field of radiology in the long term. By educating students, we not only nurture them into becoming great physicians, but gain future allies for our specialty. Although only a small fraction of the students end up as radiologists, the majority will become referring physicians. Their proper training in imaging utilization is of future value to both radiologists and patients.

To target patients, a patient-centric website is essential. This can incorporate a patient portal that provides information regarding examinations provided, preparation instructions, robust online scheduling, automated appointment reminders, convenient evening and weekend imaging options, payment information, including cash options, among other features [10]. The website should be easy to navigate, informational, and accessible by mobile devices. The website should be image rich with pertinent layperson education. A brief summary of the radiologists, including their training, publications, and other academic interests, is helpful. With increasing patient concern regarding radiation exposure, a radiation exposure guide with typical radiation doses associated with imaging studies is useful to alleviate patient anxiety.

## CONCLUSION

Grassroots marketing is an effective way to target a defined audience and speak directly to physicians, trainees, and patients. Marketing costs are minimal compared with conventional media marketing and can be more effective. By creating enthusiasm among consumers, generating momentum, and progressive expansion of the client base, grassroots marketing can be among the simplest yet most impactful tools available to radiologists within their health systems. Radiologists are

encouraged to embrace grassroots marketing as they look to expand imaging service lines and add greater value to patient care.

## REFERENCES

1. Encyclopedia.com. Grass roots. Available at: <http://www.encyclopedia.com/humanities/dictionaries-thesauruses-pictures-and-press-releases/grass-roots>. Accessed January 17, 2018.
2. Myers C. Definition of grassroots marketing. Chron. Available at: <http://smallbusiness.chron.com/definition-grassroots-marketing-23210.html>. Accessed January 17, 2018.
3. Seidel RL, Jalilvand A, Kunjummen J, Gilliland L, Duszak R Jr. Radiologists and social media: do not forget about Facebook. *J Am Coll Radiol* 2018;15(1 Pt B):224-8.
4. Hawkins CM, Duszak R, Rawson JV. Social media in radiology: early trends in Twitter microblogging at radiology's largest international meeting. *J Am Coll Radiol* 2014;11:387-90.
5. European Society of Radiology. The future role of radiology in healthcare. *Insights Imaging* 2010;1:2-11.
6. Hawkins CM. Building a radiology service line: key elements and necessary actions. *Curr Probl Diagn Radiol* 2016;45:107-10.
7. Duffy SW, Myles JP, Maroni R, Mohammad A. Rapid review of evaluation of interventions to improve participation in cancer screening services. *J Med Screen* 2017;24:127-45.
8. Wardle J, von Wagner C, Kralj-Hans I, et al. Effects of evidence-based strategies to reduce the socioeconomic gradient of uptake in the English NHS Bowel Cancer Screening Programme (ASCEND): four cluster-randomised controlled trials. *Lancet* 2016;387:751-9.
9. Page A, Morrell S, Tewson R, Taylor R, Brassil A. Mammography screening participation: effects of a media campaign targeting Italian-speaking women. *Aust N Z J Public Health* 2005;29:365-71.
10. Johnson EJ, Doshi AM, Rosenkrantz AB. Strengths and deficiencies in the content of US radiology private practices' websites. *J Am Coll Radiol* 2017;14:431-5.

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