

Marketing Radiology Services: Strategies, Tactics, and Experience

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In this article, we demonstrate the utility of radiology department-specific marketing by describing Massachusetts General Hospital's radiology marketing program and its evolution over two decades. We describe this evolution in three phases. The first phase started in the late 1990s during a time of rapid imaging growth, especially in outpatient services. The second was fueled by consolidation and increasing competition among providers, a steady flood of new imaging methods, and downward pressures on reimbursement. The final stage was harkened by renewed emphasis on the patient experience as a measure of quality of care and increasing patient empowerment. Concepts presented here should help other radiology practices design effective marketing programs.

PHASE I: RADIOLOGY MARKETING PROGRAM DEVELOPMENT

Between 1993 and 1999, relative value units for CT, MRI, and ultrasound imaging increased 28.3%, 76.6%, and 24.2%, respectively, for Medicare patients [1]. To meet this increasing demand, our radiology group opened an outpatient imaging center in 1999. This was the trigger for establishing a group practice-based marketing program to better

compete with well-entrenched commercial imaging centers. We were interested in reducing “leakage” among hospital-affiliated patients and in growing our referral business. A second center opened in 2000. At the same time, in December 2000, CMS began Coverage with Evidence Development for PET. We realized our referring community needed information about that process to access PET imaging for their patients, a natural undertaking for a marketing team.

Building the Team

In building the marketing team, two people were recruited to work on imaging center referrals, and then a third was recruited for PET referrals. The team reported to the vice chair for development, who among other roles oversaw the creation of our outpatient imaging centers. Eventually, the marketing team grew to six people.

Establishing Relationships With Referring Physicians

The first task for the team was to establish a dialogue with our referrers and their support staffs. The model was similar to pharmaceutical marketing with our marketing team members serving as account representatives. We discovered that one

person “owning” the relationships with neurosurgery or with orthopedics allowed focused cultivation of the relationships. An account representative could get to know the specialty—in what sorts of clinics did the physicians practice, what days of the week were important, and what were their unique points of pain or concern?

New physicians joining the hospital staff from outside the institution often felt lost about how to approach their new environment. The hospital did not provide an orientation program to teach them how to access its diverse services, and most physicians new to the institution were clearly not well informed about imaging services. Consequently, we created our own orientation in the form of an imaging “welcome wagon.” The hospital registrar helped us identify all incoming physicians. An account representative met with each new physician, supplying literature that described the radiology department—how to schedule examinations, sites and hours of operation, and services offered. The account representative then served as an ombudsman and problem solver and maintained an ongoing relationship.

Over time, we “rolled out” numerous welcome wagons. As the years passed, fewer were needed,

although we still personally welcomed about 50 new physicians annually. Our new colleagues were grateful, and the most common response was to express a desire that other departments do the same (providing information about how best to access laboratory services or obtain consultations with other medical and surgical services).

Cultivation of Physicians' Office Staffs

In a physician-centric world, it is easy to make the mistake that contact and development of a relationship with a physician is enough to facilitate a referral. Our experience highlighted the importance of relationships with support staff. In practice, it is often a member of the support staff who works with a patient to choose the actual imaging provider and make the appointment for imaging.

The radiology marketing team not only orients the physician but also ensures that the practice manager and administrative staff are informed about how to efficiently order services from us. During office visits, our representatives are equipped with small gestures of courtesy typical of professional services marketing—de minimis leave behinds with logos like department calendars, pens, hand cleanser, and umbrellas.

Communication With Stakeholders

As with any relationship, trust facilitates communication. Over time, our marketing team established strong service relationships and open communication with the referring community. Establishing trust was critical to ensuring that a practice would come to us when it had a problem that needed to be solved rather than skipping to the competition.

We utilize our open channels of communication to regularly supply our referrers with useful information. We publish a monthly periodical called *Radiology Rounds*, which describes how to use new and emerging technologies and highlights specialized services. When worrisome articles hit the medical or lay press about the dangers of radiation, we have an already established communication channel that enables us to get out our message and put concerns in perspective.

PHASE II: STRATEGIC RELATIONS

The first decade of the 21st century brought new disrupters, which altered our practice equation. The health system was transformed by consolidation and changes in payment models. Emboldened insurance companies began writing ever more stringent pay-for-performance contracts in which targets for imaging utilization were a prominent feature. Delivery systems put substantial pressure on their affiliated physicians to keep referrals in their networks. This steering of patients to network-affiliated imaging centers disrupted long-standing relationships we had with community physicians.

Increasing competitive pressure by independent imaging centers touting low-cost imaging services exacerbated our leakage challenge. At the same time, the use of insurance pre-approval for high-cost imaging expanded rapidly to include many more examinations than before. The for-profit providers responded by offering to secure pre-approvals, contrary to contract provisions. Our hospital lacked the agility to respond. As pre-approvals became a significant burden on referring providers, the for-profit sector offered

relief, whereas our practice added another significant hurdle in place.

These new threats required a shift in strategy. Radiology marketing underwent a substantial transformation from a pharmaceutical-sales representative model into a modern services marketing organization model.

Practice Support

Increased utilization led to prime-time availability on scanners becoming scarce, making it increasingly important to actively manage referral patterns and further strengthen our relationships. To deepen relationships with the referring community, our reactive ombudsman support model morphed into proactive navigator relationships in which the most important task for our team was resolution of access issues.

Our representatives spent more time within departments. We listened to problems and developed reliable pathways to resolve them. We were able to achieve “just-in-time” interventions, markedly reducing complaints about access. Furthermore, by being partly “embedded” in the referring departments, we were better able to identify the special needs of those departments as well as achieve more accurate evaluation of leakage to outside providers. Through education of support staff in the referring departments, we were able to smooth out ordering demand, provide better service, and reduce leakage.

Strategic Communications

We consolidated several disparate groups within the department to establish a more robust strategic communications team. This team's first charge was developing materials

to better support the ordering and scheduling processes.

Communication is about reach and depth. We needed not only to reach a wider audience but also to reinforce our messages with our referrers complementing our already extensive outreach. *Radiology Rounds*, mentioned previously, is one avenue for reaching referring physicians with information about differentiating initiatives, such as reducing radiation dose, and information about new services, such as breast tomosynthesis, multiparametric prostate MRI, CT colonography, and ultrasound liver elastography, among many others. Additionally, we had 20 e-mail campaigns annually with over 30,000 e-mails delivered to clinicians and their staffs to date. The primary goal of these campaigns was to provide relevant information to help our network of referrers navigate our services, with the secondary benefit of having a positive impact on patient volume. Topics include service enhancements, ordering support, and relevant regulatory changes.

In this phase, one thing became incredibly clear: the for-profit sector was ever more aggressive about taking our patients. Sales representatives became ever-present fixtures within the hospital and even went so far as to send limousines to transport patients. Thus, our radiology staff and our marketing team needed to use our strong relationships and communications channels to supersede these tactics.

An example of responding effectively was a communications campaign when we opened our first Open MRI in November 2017. Our team made 500 office visits, presenting 981 information kits, and emailed 2,000 referrers. We tracked openings and responses with a 60% click rate

on our e-mails—demonstrating the trust we had earned from our referrers; 475 of them visited our Open MRI website, and 202 downloaded our tip sheet on ordering in the electronic health record. The result? After only 76 days of operating, 44 physicians had referred into the practice for the first time, and the magnet hit a weekly average 85% utilization rate while operating 16 hours a day.

Another example of successful use of communications was in the growth of lung cancer screening. Our strategic communications team undertook a digital strategy aimed at patients, resulting in nearly 2,000,000 Facebook views as well as LinkedIn and Twitter impressions, ultimately driving 16,300 visits to our webpage, doubling monthly visits from 55 to 115 within 1 year [2]. This was followed by visits to referrers as well as distribution of brochures and infographics increasing the number of monthly referrals again to 181 in 2 years and up to 300 within 3 years.

PHASE III: BUSINESS- AND PATIENT-CENTERED OPERATIONS

Phase III of our marketing program development centers around the patient experience (PE). This has always been important but is increasingly valued by provider organizations, payers, and others including ACR's conceptualization of Imaging 3.0 [3-5]. In 2017, the patient experience team was established within the marketing division after substantial study and planning. Within the radiology department, there was an existing committee of cross-division stakeholders who set patient experience program objectives but with little authority to prioritize and execute. Instead, program deployment was

housed within our different specialty divisions leading to fragmentation and deprioritization of PE programs.

An important connection exists between our PE goals and our marketing goals of establishing better communications and closer ties to stakeholders. Radiology provides the patient with a service experience, an intangible product. The tangible output, the medical images and report, is not experienced directly by the health care consumer. Within the traditional referring physician-centric models of the past, our primary focus was placed on the report. To meet new higher patient expectations for having a good experience, we recognized the need to develop new approaches to service and the PE.

The PE team takes a management consulting approach, partnering with staff at imaging locations across the organization to understand the opportunities and facilitate sustained improvement. In the short time the office has existed, it has worked to transform our department's culture of service, including a better, more consistent information flow, tailoring of interactions with patients, and renewed emphasis on service culture.

The PE team performed extensive customer research, studied operations, and established foundational frameworks to be used across the entire department. First was a documentation of the full patient journey from provider selection through to results delivery.

An important aspect of improving the PE entailed review of our clinical documents in which significant discrepancies existed. Preparation sheets for CT pulled from our electronic health record revealed over 100 unique instructions, many of which included outdated content and contradictory

information. Our decentralized approach to messaging across clinical silos also resulted in multiple distinct versions of the exact same clinical instruction. Regarding our system through this lens revealed numerous opportunities. Our decentralized process for developing clinical informational materials had developed organically over decades. The rapid expansion of services, growth of outpatient services, introduction of the electronic medical record, and introduction of multi-modality centers added complexity, which revealed flaws within this structure. It was decided to consolidate all clinical materials and link content from a single source of truth to maintain consistency and accuracy across the department.

A review of our external website content revealed that the health care consumer audience was deprioritized, and the needs of physicians, researchers, and trainees overwhelmed the navigation and content. The site itself was rated at over a 12th grade reading level, a frustratingly complex level to most nonclinician visitors [6]. A full overhaul of patient-facing content is currently under way and rolling out throughout 2019.

CONCLUSION

Over the last 20 years, we have created, nurtured, and iterated marketing in radiology through many facets and manifestations. From pharmaceutical-type sales, to relationship management, to consumer-focused strategic operations, our marketing group has taken on multiple roles. Marketing has strengthened our relationships with all stakeholders, strengthened the department, and become an integral player in our success and growth.

Throughout our department's journey in developing a marketing function, the greatest barrier has been a misunderstanding of its value and potential contribution. It has long been perceived as a tactical function and should rather be perceived as a strategic function. Marketing is often mistaken as advertising. Although advertising is one aspect, it is much more. Marketers are complex problem solvers, social scientists, and program and account managers. They research human behavior, identify customer needs, design and develop products, create new markets, design production workflows, develop communication platforms, and make the

complex appear simple and appealing. When the potential of marketing to positively impact an imaging practice is fully understood and brought to bear, it can become a strategic differentiator between radiology practices.

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