

# Employed Physician Practice Marketing: A Growing Need

Submitted By:  
*Kriss Barlow, RN  
Principal  
and  
Jeff Cowart,  
Senior Consultant,  
Barlow/McCarthy  
Hudson, WI*



Today's marketers are being asked to expand their expertise to include employed practice marketing. While the tools of planning, promotion, public relations, events, sponsorship, and research are similar, marketing in the practice environment has some profound differences.

Positioning the physician practice for success is about connecting with consumers and patients, just as it is in the hospital and healthcare system world. But, equally important for the physician practice is relationship-building with physicians both at the practice level, as well as with other referring

physicians. Add to that predictive modeling of patient populations as narrow networks become more prevalent and payers take an increasing role in the partnership management of those narrow networks.

A changing audience also gives way to a change

in pressures for growth. Practices are expected to contribute as a conduit for earning new patients. Primary care practices are the starting point for in-network referrals. The practices have their ideas about the best way to grow volume as do their practice administrators. This may or may not match the ideas of marketing.

### Obligations for Practice Marketing

Organizations go back and forth about who should have responsibility for marketing the practice. Should it be the existing marketing team or a separate team focused solely on the special positioning needs of the physician practice?

The answer is: it depends. Across the country there is a lot of variation.

However, most organizations fall into three major categories

1. All marketing is centralized
2. Practice marketing is totally autonomous
3. The collaborative model—most often with shared reporting or sharing of some functions.

The right decision will depend on the organization; its policy and span of control and views of the practice leadership and marketing. As you assess your current environment, we've offered some perspectives to consider what works best for you.

The decision is rarely black and white. But, there are considerations as you explore whether to consolidate or separate the practice marketing function:

- Readiness of the existing marketing team
- Relative responsibility and reporting for measurable growth
  - Understanding of the practice environment
  - Logistics of your employed practices, including the number of groups whether they are local or regional, if they are acquisitions or new start-ups
- The practice type—whether primary care, specialists or hospital-based groups. Marketing needs and expectations are quite different for each group.
  - Current involvement in strategy around acquisition and integration of practices

- Degree of connectivity with the clinical pathway teams that are on the line for population health performance metrics

- And let's face it, there needs to be good internal credibility for marketing with the internal practice leaders.

The practice marketing team must be integrally involved in understanding these dynamics in order to help build a successful positioning plan. Many hospital and system marketing teams collaborate with planning and business development units for market details. It will be important to understand the role they have—or will play in support for practice-specific market analytics.

It's rare that the issue is about skill when hospital



teams are asked to support the practices. The marketing team typically has the skills and expertise to take on physician practice marketing, but doing so requires a change in thinking, approach, habits, and practices. The hospital team often grapples with three other realities as they assess what works.

**Bandwidth:** While most leaders are more confident in the approach when it reports to them, the issue of more obligations, often without adequate dollars or staff, is a reality today. Practice marketing is labor intensive, especially if you are working to align existing practices that have been recently purchased. Meetings at each practice, internal education, personalization, and in-practice experience issues are complicated and stretch any staff. Leaders need to assess capacity and budget.

**Passion:** We appreciate that many are drawn to healthcare marketing because of the altruistic impact of the service we provide. Passion and interest really does matter. At the practice level, the marketer needs to value the patient, but also the caregiver and their role. The practice is still a very physician-centric environment. Marketers need to like working with doctors and need to understand how they think. It's not always easy and it can be taught, but only to someone who wants to learn.

**Internal Stakeholders:** Practice marketers need to be comfortable with a different set of internal stakeholders. Often, this includes employed practice administrators who are under constant financial pressure, which they gladly share with the marketer. In addition, employed practices take marketing personally. They are actively interested in which photo will be used on a brochure. Again, it's personal to them and the details are very important.

#### **Shared Brand Regardless of Reporting Structure**

Usually, the existing hospital marketing team has already built the foundation of brand and brand presence in the community. A physician practice marketing group, whether inside or outside the current marketing group, must clearly align to the look and feel of the dominant brand in doing its work and work outcomes must reflect and leverage the brand. Separating the functions in an organization does not include separating identities. And, the existing teams usually bring strong understanding of the consumer market and have deep experience in knowing what connects and does not connect with that audience. Building on successful history for the physician practice marketer is efficient and smart.

Like the hospital marketers, the practice needs a developed marketing plan complete with budget, targets, performance benchmarks, timelines, and message framework. Assuming the plan is developed, there are nuances at the practice level.

**Communication:** The toolkit includes the same elements, but what changes are how they are presented internally and the challenges. This includes all the standard elements of web, social, print and promotion, and public relations.

**Message:** The practice marketer typically provides a higher level of ongoing scripting to call centers, practice administrators, physicians messaging to patients, and physicians messaging to other physicians.

**Access and Patient Experience:** The practice marketer usually has a higher level of interaction with department operators who control access, patient experience in the practice and referrals of patients to other physicians or to inpatient or outpatient procedure centers. All of this activity needs to be “on message” to help the practice succeed.

The physician practice marketer needs to incorporate deeper internal communications planning, because agreement on approach and expectations often span more departments and require buy-in from physician leaders, who need to be “sold” on the plan in a different way.

Just as physician practices vary in size and complexity, their marketing is not a one-size-fits-all approach. The practice marketing plan deals equally with primary care and specialties. The marketing models for each to consumers and referring physicians is different, so strategies and tactics must be tailored accordingly. Successful practice marketing builds in adaptability and scale—all aligned to brand, message and different cost-efficiency models.

Regardless of whether the organizational function is developed within existing marketing and executive reporting functions, or outside of that, collaboration is essential. In the end, physician integration, alignment and engagement can help us achieve real results in growth and stability for the practice. ■

## **HMR** *Calendar*

Are you or your organization sponsoring a healthcare conference, seminar or class that might be of interest to other marketers? If so, let HMR list it for you in our monthly calendar of events. Send information to: HMR, Calendar of Events, P.O. Box 76002, Atlanta, GA 30358-1002.

**September 11-14 • Chicago, IL**  
SHSMD Connections 2016 • **312-422-3888**

**November 7-9**  
20th Annual Healthcare Internet Conference  
Greystone.Net • **770-407-7670**

**April 24-26, 2017 • Austin, TX**  
22nd Annual Healthcare Marketing  
and Physician Strategies Summit  
Forum for Healthcare Strategists • **312-440-9080**