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## Marketing Your Urologic Practice Ethically, Effectively, and Economically

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Urologists often feel uncomfortable with the concept of marketing their practices. After all, doesn't that place them in the crass world of slick newspaper ads and snappy radio and TV commercials? In a word—no!

Whether you realize it or not, you have been marketing your practice since you first opened your doors. When you put your name in the Yellow Pages under the heading "Physicians and Surgeons," you are marketing your practice. When you write a timely referral letter to a primary-care physician, you are marketing to your colleagues.

Simply put, marketing is making the public and your peers aware of your services and your areas of interest and expertise in a professional and ethical manner. In this chapter, I will present many ideas on how to market your urology practice ethically and economically.

The purpose of this chapter is to provide the tools to attract patients to your practice, and to effectively and efficiently manage them from the moment they make a call for an appointment until they exit the practice, when they can share their positive experience with you and your practice.

I will provide you with turnkey materials that will make it easy for your patients and the public to learn about your areas of interest and expertise. These materials and methods can easily be implemented into your practice with your existing staff and with minimal expense. The marketing techniques outlined here are tested and ethical, and will not offend your colleagues.

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This chapter is intended to accomplish the following goals and objectives:

1. Attract new patients to your practice.
2. Increase the awareness of all your services to patients already in the practice.
3. Improve the efficiency of your practice.
4. Offer practical ideas to assist with marketing to your referring physicians and other nonmedical referral sources.
5. Offer suggestions to increase your practice's communication with managed-care plans.
6. Provide you with techniques to measure the effectiveness of your marketing plan.

What are the benefits of marketing and promoting your practice? By implementing a marketing strategy into your practice, you will ensure that nearly every patient will have a positive experience with your practice. When a patient leaves your practice feeling satisfied with their expectations exceeded, they may not return as a loyal patient. They will tell others about their experience with you and your practice, thus generating new patients to your practice. Marketing also allows you to sculpt or carve out exactly the type of practice that you would like to have and enjoy. For example, marketing allows you to focus on diseases and symptoms that will bring the patient directly to your practice without the necessity of seeing a primary-care physician and waiting for physicians to refer patients to you. Examples in a urology practice include impotence, infertility, and incontinence—the three “I’s.” Even in this era of managed care, where patients need to ask for permission from the gatekeeper in order to see a urologist, we can market and promote our practice directly to managed-care plans.

## ATTRACTING NEW PATIENTS TO YOUR PRACTICE

The key to attracting new patients to your practice is to become visible in the community in a positive manner. Very few of us—unless we practice in a community with no other urologists—will have the luxury of simply hanging out our shingle and waiting for the patients to knock down the door to get in. Most of us will have to create a very definite, planned strategy to let the public know who we are, where we practice, and what our areas of interest and expertise are. It is the latter—educating the public about our areas of uniqueness—that will enable us to quickly build a practice. Of course, in this era of managed care, we will have to be cost-effective, demonstrate excellent outcomes, and provide outstanding service. But first we have to motivate the patients to call the office for an appointment. There is no shortcut to accomplishing this goal or objective. The techniques are simple: We have to become public speakers and to write for local magazines and newspapers.

### *Writing Articles for Lay Publications*

How many patients or referrals did you receive when you had an article published in *The New England Journal of Medicine* or *The Journal of the American Medical Association*? Your answer, like mine, is most likely zero. Most of us enjoy seeing our name and our articles in peer-reviewed journals, but we might question whether the hundreds of hours of research, writing, and editing of a manuscript for publication is a good return on our time investment. On the other hand, writing an article for a local lay publication takes only a few hours, and the results—new patients that enter our practices—can be significant and almost immediate. For example, the article written

on urinary incontinence that appeared in a senior citizens' bulletin resulted in nearly 20 new patients, 15 diagnostic evaluations, and 3 surgeries. One of the spin-offs was that five family members became patients, and seven additional patients were generated from the word-of-mouth promotion of the original 20 patients. Perhaps these statistics will whet your appetite to consider writing articles for lay magazines.

An article written by you—or about you and your practice—that appears in the lay press will increase your visibility, your credibility, and ultimately your profitability. The public grants you the label “expert” when you have something published—they are more likely to believe what you say and do if you have published it first.

### **Selecting a Topic**

There is no shortage of topics in your urology practice that can be created into an article for publication in a local magazine or newspaper. If you can provide interesting information, useful advice, a human-interest story, or best of all, a celebrity who will share his or her experience, you can be assured that some publication in your community will be interested in your article.

Do some research before you select your topic. Listen to and watch the news, and note which medical stories receive national attention. Look at national women's magazines, such as *Cosmopolitan*, *Mademoiselle*, *Ladies Home Journal*, and *Self*, or *American Health* and *Men's Health*. You will find that your local print media is interested in having local experts comment on these articles or provide a local angle to a national story.

### ***You Have to Pitch in Order to Publish***

The key to being published is to write a pitch or query letter to the health editor of the local paper or magazine. This is a short letter that describes the subject of your article, indicates the angle you will take, and includes some information about yourself. This query letter is the equivalent of a sales pitch.

Address the query letter to the appropriate editor. If you do not know the editor, call the newspaper and ask for the name and address of the health and science editor of the paper or magazine. Do not send it to main editor of the publication, as he/she will most likely pass it to an assistant or division editor, and your letter may not end up on the desk or in the hands of the best person to accept your article.

Most health and science editors receive dozens and sometimes hundreds of letters every day. Your query letter should be written to make a positive first impression on the editor. The letter should be a condensed version of your proposed article, with a beginning (lead), a middle, and an end. Try to find a “hook” or unique beginning to attract the editor's attention. Begin with an eye-opening statistic, such as the number of people in the community affected with the medical condition you want to describe. The next paragraph could describe the benefits of the article to the readers, and finally, conclude with your qualifications to write the article. The letter should also contain information on how the editor can reach you. Above all, limit your letter to one page. A longer letter will not impress anyone, and it probably won't even get read.

Once you have sent the query letter, you must be prepared to track it. Unless you have a news-breaking story, such as a cure for cancer or a new pill to treat impotence, a follow-up call is a necessary part of the getting-published game. In many cases your

query letter will not be looked at for weeks, so you will want to find out whether the editor received the letter and had an opportunity to read it. You might consider including a self-addressed, stamped envelope with the query letter to make it easier for the editor to reply. If, when you call the editor, he or she is “still thinking about it,” offer to provide additional information. Make the call short, and don’t be discouraged by the abruptness of editors. Most editors are under deadline pressure, and the stress of the job is comparable to an air traffic controller or a urologist with an office full of patients trying to manage a postoperative patient in retention and a patient with a kidney stone in the emergency room. If the editor does call back, make an effort to return the call promptly. If you plan to market and promote your practice to the media, you need to inform your staff that the media should be given the same priority as an emergency-room call or a call from a referring physician. Take the call immediately or return it as soon as possible.

One caveat on query letters. Do not send out more than one query letter at a time. You do not want to be embarrassed when two editors agree to publish your article and you have to turn one of them down. This will guarantee a closed door for future articles or stories with that editor. Remember the old adage: “you won’t catch one rabbit if you are trying to chase two” applies to sending out multiple query letters.

Don’t forget that there are more places to publish your article or story than the local newspaper. For example, if you are targeting men with erectile dysfunction, offer to write articles for the local branch of the AARP, and even local women’s groups—i.e., Junior League, church groups, service organizations, and health clubs that have newsletters. There are also many city and regional magazines that will accept articles on medical topics.

### ***Writing an Article That Gets Read***

Now that the editor has agreed to publish your article, how do you write an article that will be read and will generate patients for your practice? There are several approaches you can take to accomplish this task. First, ask the editor about the length of the article. Most magazine articles are 800–1000 words. This works out to be 3 typewritten pages of double-spaced type. A newspaper article is usually a little shorter: 300–500 words.

Of course, the easiest and most expensive method is to have someone write the article for you. This easy way out is not necessary or advisable unless you have a very tight deadline to meet. One of the best ways to start writing articles for lay publications is to tape-record a conversation with a patient. You will find that what you say to one patient, and the frequently asked questions that the patient asks you, can easily be translated to the written word and will work for hundreds and hopefully thousands of readers. Usually the 3- to 5-minute discussion that you have with a patient will supply you with ample material for an article in most newspapers and magazines.

One resource for editing your article is the hospital marketing and public relations departments. They can help you write the article and can assist with the placement was well. Most hospital public relations and marketing departments know the health and science editors, and can give you the guidelines for an acceptable article.

Another resource for editing and writing is the local colleges, universities, and high-school English teachers. Professors and A-students will provide editing assistance at a very reasonable fee.

### ***Getting More Mileage from Your Masterpiece***

One advantage of print media is that you can get additional marketing mileage from your articles long after they have been published. For example, the articles can be framed and hung in your reception area or examination rooms. You will find that patients are much more interested in reading articles you have written than looking at your diplomas and medical memberships on the wall. You can also make copies of the articles and send them as a bill stuffer.

Take copies of your articles to one of the copy companies (Quick Copy or Kinko's) and have a few of them laminated. The cost is minimal, and laminated articles can be placed in your reception area and examination rooms. This allows patients to read the articles while waiting for the doctor and ensures a long shelf-life for your articles. It is unlikely that anyone will remove a large laminated article from your office.

I suggest that you have the original articles placed in a bound book in the reception area. Offer to provide copies to any patient who requests them. And finally, send copies of your articles to local radio and TV stations and suggest that you be interviewed for a story on the subject. The advantage of print material is its long shelf-life compared to radio and TV appearances, which only reach those who happen to be listening or watching. Finally, consider sending copies of your articles to your referring physicians along with your referral letters and also send copies of your articles to the managed-care plans that you belong to. This lets your referring doctors and the managed-care plans know that you are well-recognized for a certain area of expertise in your community.

In most instances, the first lay article you do will be the hardest to write and take the longest time to get published. But like any skill, the more you practice, the easier it gets.

### ***Getting Your Point Across—Creating Powerful Presentations Through Public Speaking***

It has been said that the human brain starts working the moment you are born and never stops until you stand up to speak in public. But that doesn't have to be the natural reaction to public speaking. There is no better way to ethically escalate your reputation than through the medium of public speaking. Unfortunately, our medical training does not provide us with the skills necessary to become good public speakers. According to the *People's Almanac Presents the Book of Lists*, "most people fear speaking before a group more than sickness and even death!" The reason that people would rather die than speak in public is that they have not had the proper training, and they are out of their comfort zone when they get up in front of a group of strangers. However, like any other skill, public speaking can be learned and with practice we can become competent, proficient, and adept at getting up in front of others and getting our point across.

Whenever possible, try to use props as well as slides. Consider using a balloon and a clothespin as an analogy to the bladder and the sphincter to demonstrate the normal physiology of the lower urinary tract. For a talk on vasectomy, you can use a rubber band and apply the hemoclips to the rubber band and then cut between the clips to demonstrate the procedure. If you are discussing the principles of lithotripsy, consider showing a large kidney stone and then a vial of the sand-like particles to demonstrate how a large stone can be reduced and passed through the urinary tract without conventional surgery.

First, you will need an audience. Where do you look? Today's public is very interested in health topics and wellness. Social, civic, and professional associations frequently offer speakers and presentations on programs that accompany their regular membership meetings. Some of the most common organizations are the League of Women Voters, the local PTA, American Association of Retired Persons, church groups, and the Junior League. Your local chamber of commerce and your hospital marketing and public relations department can furnish you with a more complete list for your community.

In contacting most civic, social, and professional organizations, there are protocols to follow. If you would like to get a speaking engagement at a group or organization, call and find out the name of the program chairperson. Inform the organization of your topic or area of expertise and let them know that you are available for a speaking engagement. Many programs are scheduled 6–12 months in advance, so take this into consideration when you contact an organization.

Before you contact the organization, decide on several presentation topics. Then send a letter to the program chairperson offering to address a topic that would be of interest to their organization. This letter is very similar to the query letter you used for a written article to an editor for a magazine or newspaper. Notice that each letter mentions: 1) your qualifications to talk on the subject, 2) the length of your talk, 3) the content of the presentation, and 4) and the intention to follow up to the chairperson with a telephone call in a few weeks. In your letter, discuss the potential benefits of your topic to the group or audience. Not only will this get the attention of the program chairperson, but it will also form the basis of your presentation. Try to picture yourself as a member of the audience. Each member of the audience will be listening to Station WIIFM or "What's In It For Me!" When you can answer that question, you will have captured the attention of the meeting planner, and ultimately of your audience. The letter should also include your curriculum vitae, any articles that you have authored on the subject, the names of other organizations for which you have spoken, or any other materials that emphasize your expertise on the subject. Make a follow-up phone call 2-3 weeks after you send your introductory letter.

### **Know Your Audience**

The more you know about your audience, the better you can tailor your presentation to their needs, and the more likely it is that some members of the audience will become your patients. Before preparing your speech, ask the program chairperson for background information about your audience. It is important to know the purpose of the organization, how many people are expected to attend, how much the audience already knows about the topic, who the previous speakers were and their topics, the age range of the audience and their educational background, and possible areas of challenge or resistance if your topic is controversial. For example, a talk on sexual dysfunction would be prepared differently for women at a Junior League meeting than for a mixed audience of men and women at a civic organization or a senior citizens' group of only men.

The best way to learn about your audience and the goals and objectives of the meeting planner is to send a survey to the meeting planner. This is particularly important if you are being paid to make the presentation, since you want to be sure that you truly understand the needs and desires of the audience. For example, if you are speaking on behalf of a pharmaceutical company, give the meeting planner (often the pharmaceutical representative) the survey and ask him or her to complete the survey and return it to

you or to call you on the phone and answer the questions. By using this survey you avoid embarrassing yourself or the pharmaceutical representative if you review the questions in the survey before your presentation. You will also find that the meeting planners really appreciate this courtesy.

### **Preparing Your Speech**

“Tell the audience what you are going to tell them, then tell them, and finally tell them what you told them,” is the old adage about public speaking. It still holds true. All successful presentations have a circular structure (i.e., the end comes back to reinforce the beginning).

Begin your preparation by focusing on what action you want the audience to take as a result of listening to your speech. This goal or objective should be stated in the introduction and should also be stated emphatically at the conclusion. If, for example, you are talking to a group of middle-aged women, your objective might be “that women over 50 years of age frequently experience urinary incontinence and most of them can be cured of this embarrassing problem.” Try to paint a word picture by referring to the fact that the number of men and women suffering from urinary incontinence in this community will be more than the capacity of the Superdome—a well-known landmark in my community. You might end your presentation by saying, “Some of you here in the audience may be suffering needlessly from urinary incontinence. Call your physician or your urologist and get an examination so that you can be dry for the rest of your life!” Another example is a talk on prostate cancer. Your goal or objective is to have all men over the age of 50 obtain a DRE and a PSA test. I suggest you begin with an eye-opening statistic or an anecdotal story about someone famous who has prostate cancer and the importance of early detection. You should end your presentation with the same call to action. Remember, what the audience hears in the first 30-60 seconds and the last few seconds of your presentation is what they take home from your presentation.

Essentially, your point of view in a presentation should be fired like a rifle hitting the center of the target. A speech without a single point of view ends up like a shotgun that scatters buckshot everywhere but on the target. However, a crystal-clear point of view strikes the one point that you want them to leave with at the end of your presentation. When you can accomplish this, you are indeed an effective public speaker.

Once you have the beginning and the conclusion, you can fill in the middle for a memorable speech that will motivate your audience to take positive action. In the middle portion of your speech, present 2-3 main points using illustrations, examples, stories, case histories, or visual aids whenever possible. When talking about urinary incontinence, use a balloon to illustrate the bladder. Your fingers compressing the neck of the balloon will serve as the urinary sphincter. When you release your fingers from the neck of the balloon it will make a sound that produces a predictable giggle or laughter from the audience. Then remark, “When it is a balloon leaking air, that’s funny. But when it is your bladder losing urine, it’s no laughing matter.” This visual aid clearly explains the functional anatomy of the bladder and the urethra better than any slide from Gray’s anatomy or a Frank Netter drawing from the Ciba-Geigy textbooks.

If you are comfortable talking to patients in a direct manner, then you can be a successful public speaker. The best speeches are those that are prepared well in advance. Giving a speech is not a situation in which you can “wing it.” You cannot take a

carousel of slides that you use for a presentation to physicians at grand rounds and use the same material for a lay audience. Giving the same speech that you used with your colleagues for a lay audience will result in a boring and confusing presentation, and you cannot expect members of the audience to leave the presentation and call your office for an appointment. Your fellow physicians may tolerate and even expect a talk punctuated by technical charts, graphs, anatomic drawings, photos of surgical specimens, and medical jargon. Lay audiences expect straightforward explanations of complicated subjects, direct information, and suggestions for improving their health and well-being. Good presentations are crisp, clear, and concise. In today's fast-paced world of sound bites, the audience expects clarity and simplicity.

If you support each main point with a variety of materials, anecdotes, or visuals, you keep your audience focused on your main goal or objective. If possible, include a personal story about yourself, a friend, or a family member. This adds the all-important ingredient—the human touch.

Another suggestion is to mention any celebrities or historical figures who have suffered from the medical condition you are describing. For example, when discussing complications of urinary incontinence, tell the story of Ben Franklin, who had bladder calculus that caused intermittent urinary retention. Franklin was able to relieve his urinary retention by standing on his head and allowing the bladder calculus to fall away from the bladder opening. “So,” tell your audience, “Ben Franklin had to do handstands to solve his problem. You can get a helping hand for yours from your physician.” If a well-known public figure has come forward to admit that they suffer or are afflicted with the disease or condition, then you might want to include that in your presentation. Examples are Senator Bob Dole and General Norman Schwarzkopf, who have prostate cancer and have been proponents of PSA testing and annual digital rectal exams for all men over the age of 50. Another is June Alyson, who is a spokesperson for urinary incontinence, or Lance Armstrong, the winner of the 1999 Tour de France cycling race, and a survivor of metastatic testicular cancer.

In this era of managed care, there is no better way to become attractive to the potential patients in the plan than to contact the employer or the company's nurse and offer to provide a 15–20 minute “brown bag” presentation on topics of health and wellness for their luncheon meetings. If you know your audience well and select your topic carefully, you can be sure that there will be several people in the audience who suffer from the condition or disease, or that they will have a friend or family member who needs your services. By being proactive with the employers, you demonstrate your emphasis on wellness and helping to keep their employees productive and gainfully employed.

## MARKETING TO YOUR EXISTING PATIENTS

### *Educating Existing Patients About Your Areas of Interest and Expertise*

Of course it is important to attract new patients to your practice, but don't forget the ones you already have. When I was in practice only a very short period of time, I operated on a lady with kidney stones. Six months later she came back with an incision on her abdomen, which she told me was from a bladder suspension performed by her gynecologist. When I asked her why she went to the gynecologist, she told me that she wasn't aware that I treated patients for incontinence. At that time, I made the



decision to ensure that all of my existing patients were informed of the services my practice offered and my areas of urologic interest.

### ***Softening the Bite of the Bill—and Educating Your Patients, Too***

By including information and educational materials in your monthly statements, you have an inexpensive method to provide your existing patients with information and news about your practice. You can include notices to your patients about new programs, support groups you are conducting, talks you have given or will be giving, or articles that you have written. The bill stuffer is also an excellent opportunity to distribute your office newsletter.

Many practices now have computerized billing that creates a statement ready for mailing in a special envelope that makes it difficult to insert other printed material. Most of the current software programs will allow you to customize a message on the statement. When I wanted to tell my existing patients that I was trained to do the laparoscopic bladder suspension, I included this on my monthly statements. Several of my existing patients called, asked for additional information, and even made appointments to discuss it further.

One other benefit of bill stuffers is that patients are more likely to open a bill that they know will provide useful information than just a reminder that they owe you money. Find topics that are related to your practice, wellness, nutrition, humor, and seasonal events. For example, in September of each year, we mention Prostate Cancer Awareness Month and provide the locations where the patients can receive a free PSA test and a rectal exam. We do a similar bill stuffer for urinary incontinence and erectile dysfunction.

### ***Provide Value-Added Services to Your Existing Patients***

Patient advocacy groups provide useful information and support for your patients with certain medical conditions and diagnoses. Most metropolitan communities have one or several of the groups that meet on a regular basis. Most communities have an Ostomy Society, a diabetes support group, prostate cancer groups (Us Too), and interstitial cystitis groups. You provide value-added care for your patients when you can direct them to these groups for ongoing support.

Patients are often unable to pay for their medications. There is a government organization that provides free drugs to older Americans. This organization provides hundreds of prescription medications for indigent senior citizens. They can be contacted at (202) 224-5364, and they will provide you with a list and forms for your patient to complete. Also, many of your pharmaceutical representatives can provide discounted or free medication for the medically indigent.

### ***Extra! Extra! Read All About It!***

In the last 10 years we have seen a real boom in health and medical information designed for public consumption. More than ever before, patients want to learn about health and fitness and the prevention, diagnosis, and treatment of medical problems. At the same time, patients often complain that their physicians do not communicate effectively. One of the most frequent reasons patients leave a practice is the doctor's failure to communicate. The average physician interrupts a patient discussing their present illness after 16 seconds! Patients and the public are very interested in receiving

as much information as possible from their health-care providers. A newsletter will provide this information and will help to improve communication with your existing patients.

Writing a quarterly newsletter can be a formidable undertaking. I suggest that the easiest way to create a practice newsletter is to use one of the newsletter services. Many of your specialty organizations have template newsletters that allow you to use material and then modify it for your practice. Usually, the first and last page can be customized for your practice. The *Health Exchange* (Medical Group Management Association, 104 Inverness Terrace East, Inglewood, CO 80112, (303) 799-1111) can provide you with samples and all of the materials you will need to create your own newsletter.

Another possibility for creating a newsletter is to do it yourself. You can often find information at your annual conventions or in their publications that can be easily modified to become a newsletter for your patients. The only caveat is that it is necessary to “translate” the medical vocabulary into layman’s language.

Most physicians who have tried newsletters indicate that they will only use them for a year or two and then quit. The reason most of them give for abandoning newsletters is an inadequate return on their investment. Like any marketing tool, it is necessary to track the results. The newsletter can contain a reply card or a special telephone number, which is the same method used in conjunction with a Yellow Pages ad. You may want to devise a code or system for distinguishing between new patients attracted to the practice and existing or established patients who have returned for new procedures or evaluations. Each time a reply card is returned or the special phone number is called, have your staff enter this information into your computer. By using this tracking method, you can determine the number of patients who enter your practice as a result of the newsletter. You can calculate the income derived as a result of the newsletter. This simple procedure allows you to accurately measure the return on investment of your newsletter. Now if you make a decision to discontinue the newsletter, you will be making an objective decision.

As with most marketing efforts, the results of a newsletter are not immediate. Don’t become discouraged after you produce one or two issues. It does require persistence, reinforcement, and repetition.

### **Other Uses of the Newsletter**

I suggest that you include a copy of your newsletter as part of your “welcome to the practice” package to new patients. I also send a copy to managed-care plans when I apply for inclusion in their panel. Copies of the newsletter are also included as part of the handout material when I speak to lay audiences. The newsletter is far more effective than giving out your business cards.

### ***Networking—The Contact Sport of the 90s***

All of us have patients who have had successful results after we recommend a treatment or perform a surgical procedure. You can use these success stories to help new patients who are undecided about a treatment, procedure, or operation.

A patient network is similar to a support group, although it is not as formal. The medical profession has ethically used patients to discuss their experiences with other patients. For example, the ostomy support group has patients who have had ostomies

impart their experience with those patients who are about to have the procedure or who have recently had the procedure. New or potential patients who attend these meetings have a better acceptance of their ostomy and have demonstrated a better adjustment to their new lifestyle. Patients develop confidence and security when they hear firsthand from someone who has “been there.”

You will find that patients who have a medical condition or disease and have been helped are frequently willing to discuss their positive experiences with others who suffer from similar conditions. By connecting people with similar problems, you accomplish several goals:

- You help the patients considering the procedures to allay their fears and to arrive at a decision with confidence.
- You allow the patients who have completed treatment to give something back.
- You allow the patients who have completed treatment to help you with your marketing.

An example of how a patient network markets your practice to your existing patients is to allow a patient considering a procedure or treatment to call another patient who has undergone a similar procedure. For instance, if a woman is considering a surgical procedure to correct her incontinence, arrange for the patient to speak with another woman who has already had the surgery (and has had a good result).

Another spin-off from using this networking method is that patients who have benefited from the telephone conversation will volunteer to talk to new patients. They will usually say that they suffered from the medical problem for such a long period of time, and that talking to a fellow sufferer helped them to make the decision to have the surgery or the procedure. As a result of the benefit of using the networking system, they are happy to volunteer to talk to any prospective patients. You can be sure that once you start using this system you will never have a shortage of telephone numbers to recommend to new patients.

## IMPROVING PRACTICE EFFICIENCY

There is probably no area that will achieve as much attention in the near future as that of improving the efficiency of your practice. In the past we were able to see low volumes of patients with the luxury of enjoying high-profit margins. Today and tomorrow it will be the reverse—we will be seeing high volumes of patients with low profit margins. As a result, in order to see more patients in the same amount of time, it will be necessary to make our practices more efficient.

### *Do-It-Yourself Videos*

One of the best ways of improving the efficiency of your practice is to use videos of you and your colleagues to explain subjects and topics to your patients.

We are living in an electronic age. Most homes have videocassette recorders (VCRs) and most Americans are familiar and comfortable viewing videos. Using office videos is an effective method of educating your patients. Creating a video is easy and inexpensive, and can serve as a great marketing tool.

While one patient is viewing a videotape of an operation, a procedure, or a medical problem, you can be seeing other patients. An effective video can act as a surrogate assistant, addressing and answering the most frequently asked questions about a particular procedure or treatment. Because a video uses visuals, you can provide patients with

a better understanding of such subjects such as anatomy, physiology, and complex technology.

Videos serve as medical-legal documentation that you have explained a procedure and its potential complications. To make the medical-legal protection stronger, have your patients sign the chart or add a sentence to the consent form that indicates that the video has been seen.

A video serves as a nice “giveaway” to your patients and their families or their friends. You can loan a videotape to a patient so that a friend or family member who suffers from the condition or problem has an opportunity to learn about the evaluation and treatment of the problem. If that friend does not have a physician who treats that condition, he or she is very likely to call your office for an appointment.

Subjects for videotapes include procedures or problems that you explain several times each day, and operations or procedures that you do frequently. Examples are: management of BPH, evaluation of urinary incontinence, vasectomy, interpretation of the PSA test, and treatment options for localized prostate cancer.

To create your own video, begin with a script or story. This is simply a narration that accompanies the visuals on the video. You can begin by recording a discussion with a patient on the topic you are considering for a video. Next, have the discussion transcribed and use it as a guide or an outline to prepare the video script. You can also review videos that are created by the medical manufacturing companies and pharmaceutical companies. For most topics you should avoid substituting a commercial video by the medical manufacturing or pharmaceutical company for a personalized, customized video of you and your story. Commercial videos are biased to their products or equipment and do not tell your story or point of view. Also, a video of you makes your patient feel that you are giving him or her a personalized message.

In most cases the video contains: a definition of the procedure or test; a description of how the procedure or test is performed; a detailed description of the necessary preparation; what the patient can expect after the procedure is performed; and the complications and their relative frequency. If your video is for a surgical procedure, it is important to include alternatives to the surgical procedure.

You can make notes on 8 × 10 cards, which can be used in place of a teleprompter. The only equipment necessary is a home video camera and a tripod. Most hospital audiovisual departments own this equipment and will frequently loan it to you or provide you with assistance in creating the video.

Finally, you need to edit your tape. You can easily edit your video with two videocassette recorders (VCRs). Keep the edited length between 7 and 10 minutes. Videos should not be longer than 15 minutes. Longer videos will not hold the interest of the patient and will also tie up your examination room or viewing area.

Offer the patient a written summary of each video after they have seen the tape. Always return to the room after they have seen the video to answer any questions the patient has. If you want to be sure that your patient understood the video, you can give them a short test on the material. This test should be included in the patient’s chart in case it is needed for medical-legal purposes.

If you have or want to develop an incontinence practice, you will find that videos are a very effective method of giving the patients information, which significantly improves the efficiency of your practice. By using do-it-yourself videos you may find that you can see 15–20% more patients in the same time period.

### ***Color-Coded Prescription Pads***

Most urologists use 20–25 drugs 95% of the time. We often have several dozen preprinted prescription pads in our examination rooms, and we fumble around the drawer to find the correct pad or take the time to write an individual prescription. You can avoid the “treasure hunt” for the correct prescription pad by having preprinted pads that categorize the drugs you frequently use. For example, the antibiotics you use can all be on one color-coded pad, drugs for incontinence on another color, and miscellaneous drugs on a third pad. When you write a prescription, just circle the appropriate drug, add the number that you wish to dispense, and circle the directions. The blank pad that you use for analgesics and other Class III drugs can be carried in your lab coat. You can save 15–30 seconds each time you write a prescription by using this system. If you see 30–40 patients a day and write 2–3 prescriptions for each patient, that’s a savings of 25–50 minutes a day just by using this system. That translates to more than two hours a week and 80 hours a year. At \$150 per hour (the value of physician time), that equates to nearly a \$10,000 savings for an idea that is practically free. The take-home message is that managing care now means managing minutes!

Ask your pharmaceutical representative to make these pads for you. Offer to place their drug at the top of your list. One other advantage of the color-coded prescription pad is that you won’t get any calls from the pharmacist that he or she can’t read your writing!

### ***Educational Materials***

Today our patients are much more medically sophisticated and more interested in their health and well-being than ever before. We can easily fill this need or desire of our patients by providing them with educational materials on their urologic problems. This educational material will also reduce the number of questions that you receive from your patients.

You will also reduce calls and questions from your patients by providing them with information on the drugs you prescribe for them. In addition to giving them the prescription, give the patient information on the purpose of the drug, common side effects, dosing instructions, common drug interactions, and when to take the medication, i.e., with or without meals. This information is available from *The Pill Book* or *The PDR Family Guide to Prescription Drugs*, and can be either photocopied or placed in a word-processor and then printed on your stationery. Much of this educational information, printed material, consents, pre- and post-operative forms and drug information is also available on software programs.

You can assist your patient with educational materials even before their first visit to your office. If the receptionist who makes the appointment for the patient asks about the nature of their visit to your office, she can send the patient a “welcome to the practice” package. In addition to a welcome letter, a practice brochure, a map of the location of the office, and a recent newsletter, include an article on incontinence and what is expected at the time of their first visit. Since most new patients are asked to provide a urine specimen, you can reduce the number of patients that void prior to their appointment by informing them in the letter that they will be asked to give a specimen and that they should consume extra fluid prior to coming to the office. This one sentence included in the “welcome to the practice” letter can help you maintain your schedule.

### *Calling Key Patients At Home*

Probably no better method exists to improve the efficiency and marketing of your practice than calling your key patients at home. Your key patients are: those who were recently discharged from the hospital; patients who had outpatient procedures or surgery; patients with significant medical problems; and patients who are going to be admitted early in the morning for surgery (AM admits).

Your nurse can contact the key patients and can usually answer most of the questions and triage her list down to one or two patients who you should contact. If your nurse tells a patient that you are going to call, give the patient an estimated time when you will call so that the patient is home and does not use the phone.

One of the benefits of calling your key patients is the wonderful response you will receive. Few things you do will be as appreciated as much as your calls to patients at home. You can almost hear the patient saying, "I can't believe my doctor is taking the time to call me at home." By calling your patients, you can anticipate problems that may require an office visit before the next scheduled appointment or admission to the hospital if they are not doing as well as expected.

Finally, when you call your patients at home, you reduce the number of calls you receive from them. If patients know that you are going to be calling, they are less likely to interrupt you with their calls. Thus, if you spend just 5–10 minutes a day calling your patients, you will ultimately have more time with your family and friends. There is no better way to develop a reputation as a caring, compassionate physician than to call your patients at home.

### MARKETING THROUGH REFERRING PHYSICIANS

In the past, the traditional methods of obtaining physician referrals usually involved trial and error. Perhaps you went to school with another physician and later he or she referred patients to you. Or you joined a group practice and got the overflow. Doing an excellent job with every patient gradually generated a word-of-mouth method that resulted in more physician referrals. Thus, slowly—usually in 2 or 3 years—a physician could build a reputation in the community. These methods worked in the past because there were enough primary-care doctors, patients, and referrals to go around. Although the traditional system will work, there are effective and economically practical methods of streamlining the development of physician referrals.

When referring physicians are surveyed about why they make referrals, they list prompt reporting first . . . way ahead of writing articles, teaching, and gifts and entertaining! You must always keep your referring physicians informed about their patients' progress.

When you see a patient by referral, follow this cardinal rule: Never allow the patient to arrive back in the referring physician's office before your report does. Nothing is more embarrassing to the referring physician than to be in the dark about what is going on with the patient. If a patient calls her ob-gyn doctor to talk about estrogen replacement therapy and medication to treat her incontinence, and that doctor has not received your report, you not only look bad in the eyes of the ob-gyn doctor, but the efficiency of your practice grinds to a halt. Now your staff has to retrieve the patient's chart, and then you are interrupted to answer any questions that the ob-gyn doctor may have.

The usual communication between a specialist and the referring doctor is 7–10 days after his or her patient is seen. During that hiatus, the patient will often be seen before the letter is sent to the referring doctor. One technique for handling this is to use the “lazy person’s referral letter.” The reason for this name is that it requires no dictating and absolutely guarantees that 100% of the time the letter arrives before the patient visits the referring doctor.

The three most important aspects of your referral letter are *the diagnosis, the medications prescribed, and the treatment plan*. These ingredients are referred to as the “buzz” words. These words are circled in the progress notes of the chart. For instance: a woman is seen with a problem of mild to moderate stress incontinence and you recommend a trial of alpha-adrenergic agonists and Kegel exercises; you plan to see her back in the office and check on her progress in 2 months. These key words are circled in the chart. At the end of the day, the nurse goes through the chart after the patient’s visit and looks for the key words you have circled. She calls up our boilerplate referral letter on the computer screen, which has blanks to be completed. The nurse types in the appropriate referring physician’s name, the diagnosis, and so on. The letter is printed and mailed that day or faxed directly to the physician’s office the same afternoon that the patient is seen.

This type of referral letter delivers the essentials to the referring physician immediately. Whenever a referring physician gets a 2–3-page dictated report, he or she looks for the diagnosis, recommended treatment plan, and the follow-up. The referring doctor simply doesn’t have time to read a long report.

Now if the patient calls with any questions, the physician can answer them without having to contact you or your office for clarification. Furthermore, the letter can usually be generated without any dictating at all. For those who must dictate the traditional 2- or 3-page referral letter, you might consider underlining or using boldface print for the essential information, including your impression, the medications, and your recommendations. A survey of referring physicians indicates that most of them prefer a timely computerized referral letter over a delayed 3-pager. Some specialists are concerned that referring physicians are upset when they receive a computerized, impersonal form letter. Surveys of referring physicians indicate physicians will value timely information more than a delayed personal letter.

If you do not have a computer, you can still employ the lazy person’s referral letter. You can use photocopies of a typed letter with blanks in it. Simply fill in the blanks and send this to your referring physicians. When referring physicians are surveyed about these brief reports, they all indicate that they appreciate a timely report that highlights the three most important ingredients—ie, the diagnosis, the medications, and the treatment plan.

Unfortunately, many of us depend on our operative notes to inform referring doctors what tests and procedures have been done on their patients. Often these operative notes will not arrive for 10–14 days. In order to keep the referring doctor informed, consider using the “Stat Operative Note.” By writing in the procedure, findings and recommendations, you can keep the referring doctor up-to-date on the status of his or her patient.

Niche marketing makes it possible to generate intraspecialty referrals or referrals from colleagues within your specialty. For example, if you provide a service or procedure that is not done by your colleagues you can inform them that you do the procedure

and would be happy to work with them in the care of their patient. This concept of “their” patient is very important in generating intraspecialty referrals. If the patient is sent to you, make sure the patient is returned to the referring urologist.

Here’s an example that might apply to your incontinence practice. If you have training and expertise in brachytherapy and no one else in your community is doing this procedure, you can offer this service for a colleague’s patient. Perhaps the best way to get started working with your colleagues is to send them articles on the subject, especially if you have written articles that have been published in medical journals. You can also offer to do the surgery at the hospital of your colleague and allow your colleague to admit the patient. Your colleague can assist you with the surgery and participate in the postoperative care of the patient. The advantages to your colleague are that he continues to maintain control of the patient, participates in the surgery, and collects an admitting and discharge fee as well as any surgical assistant fee.

The keys to keeping the referral pipeline open from other physicians are communication and education. It is important to let the referring doctor know that incontinence is an area of interest or expertise that you enjoy. Some urologists may not enjoy treating incontinent patients, and you do not want to be placed in that category. Although many men and women have urinary incontinence, few primary-care doctors will ask their patients about their voiding habits. You can improve this situation by sending referring physicians articles on incontinence.

For example, if a patient has mild incontinence and you suggest that the patient take an alpha-adrenergic agonist, most primary-care doctors will not be aware of the urologic application of this medication. A tactful way to do this is to include with your referral letter an article that describes the use alpha-adrenergic agonists. It is unlikely that a referring physician will read the entire article or even the abstract. But you can significantly increase the likelihood that the information will be received by underlining the one or two sentences that are pertinent to the patient. Then place a Post-it™ on the article that will direct the referring doctors to the essential information.

Another method of keeping the primary-care doctors informed is to send a do-it-yourself newsletter about the latest developments in urology. If you attend the AUA you will have more than enough information for a short, 1-page newsletter that educates your referring physicians about the latest developments in urology.

### ***Nontraditional Referrals***

We have the opportunity to communicate with other health-care professionals who could be sources of referrals. For example, nurses and hospital employees are frequently asked who they should see for various medical problems. Giving talks to the nurses both at your hospital and in the community can serve as an excellent method of letting these professionals know about your area of interest in the management of incontinent patients.

Pharmacists are another group from whom patients frequently seek advice. It’s important to become an ally of the pharmacists in your community. Pharmaceutical representatives and medical manufacturing representatives are also a resource for generating good public relations and serve as referral sources for your practice. If pharmaceutical representatives see that you have an interest in incontinence, they will recommend your practice to other physicians, friends, and colleagues. If you want to endear yourself to the drug representatives and other salespeople who call on your practice, see them



in a timely fashion. That's their hot button, and they really appreciate it if you don't ignore them or keep them waiting.

One way to improve the efficiency of the time you spend with pharmaceutical representatives is to request an agenda letter. This letter asks them to inform you what they want to talk about and how long they anticipate the visit will last. You can then decide if you want to see the representative on that subject, and can indicate that you accept the time frame of the representative. This method significantly focuses the representative's visit and reduces the amount of time you will spend with them to obtain information on their products.

## INCREASING COMMUNICATION WITH MANAGED-CARE PLANS

These days, we must ask permission or obtain authorization for nearly every procedure or operation. All of us have experienced the disaster that occurs when we fail to obtain the appropriate permissions, which may result in the managed-care plan not paying for the procedure. We can facilitate this process by using preprinted forms for our most common procedures.

We can streamline our communications with managed-care plans and gatekeepers by using fax sheets that clearly indicate the purpose of our referral and what action we would like taken. For example, if you plan to operate on a patient who is in a managed-care plan and need a clearance for surgery, you can complete the fax form by indicating the surgery, the date, and the request for a written document that clears the patient for surgery. This can be sent to the referring doctor to avoid a possible communication gap or failure for the gatekeeper to understand your request.

## DOES MARKETING WORK?

The answer is yes—but not immediately. You can't expect that after a talk to a lay audience the phone will start ringing off the hook with dozens of patients calling for appointments. The results of marketing are like creating a fine wine. It takes time for the marketing fermentation process to work. You will be amazed that months and even years after you appear on TV or write an article for a local publication, patients will decide to make contact with you and your office. Remember, it takes patience to attract patients!

Long delays in seeing results are not the norm for marketing to patients already in your practice. These results can occur almost immediately. Using the wine analogy, it's like uncorking the bottle and enjoying it right now. For example, I make it a point to ask every female patient about the ability of her husband/partner/significant other to engage in sexual intimacy and whether he has had a PSA test for prostate cancer. (Of course, I avoid this question when talking to a nun or a 90-year-old woman!) About 10% of the time, I find a woman who indicates that her husband is impotent, and I provide her with information on impotence for her husband to read and suggest he contact me if he is interested in solving this problem. About 30% of the time I ask about the PSA test, I identify men who have not had the test and have not established a relationship with a urologist. Providing educational material on prostate cancer to the woman will motivate her partner to make an appointment, and frequently she will actually make the appointment on his behalf.

This same approach applies to male patients. I ask all men about their partner's sexual performance, contraception, and incontinence. Occasionally this questioning will result in a vasectomy or a consultation for incontinence. Remember—the advice from the Good Book says “Ask and you shall receive.” This certainly applies to marketing to the patients already in your practice.

Finally, not every one of these ideas is going to work for you, and I do not suggest you try them all. I do recommend that you find one or two that fit your personality and your style, and then try to implement an idea or two into your practice. I can promise you that you won't be sorry. Besides—it's ethical, exciting, and yes, for the most part, it is fun.

### SELECTED READING

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