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Great quality stats? Stellar satisfaction scores? Tell that to your customers

Even if you're at maximum capacity, there are important reasons to market your services

by **Bonnie Darves**

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IN THE WANING WEEKS of last year, just before the holiday season, the hospitalists at St. Luke's Hospital in Cedar Rapids, Iowa, used a creative approach to reach out to local physicians.

At each primary care office, the group dropped off a colorful flier headlined, "Want to be home for the holidays?" The piece offered to admit patients over the holidays on a one-time basis, to give office-based colleagues a chance to try the Cogent Healthcare service and pick up some family time in the process.

"Some PCP holdouts say they'll never turn over their patients to a hospitalist," explains Kim Dickinson, operations vice president for Cogent's central region. "We started this program to show them that we're here for a good, not evil, purpose and as a convenience to them. We're saying that if they want to go out of town for a few days, we'll cover for them."

Although it's too soon to gauge the effort's success—several Cogent programs in the region participated in the promotion—the campaign is a good example of the strategies hospitalist groups are using to market their services.

At Taylor Hospital in Ridley Park, Pa., for example, the hospitalist group not only markets itself to community physicians, but to patients already in the hospital. When a Taylor hospitalist meets a patient for the first time, patients receive a bookmark—styled to look like an expanded business card—that includes the hospitalist's name, photo, contact information and a brief bio.

"Some patients have collected these bookmarks like baseball cards," says medical director Nadeem Anis, MD. "They've been pretty popular."

Diane Miller, Taylor's president, says that the initiative, which the hospital uses to introduce its physicians on staff to patients, has proved to be more

"You need to market to stay in existence."

**—William Ford, MD
Temple University**



effective than she expected.

"It has been especially helpful in explaining what a hospitalist is and how the hospitalist will work in concert with the primary care physician," Ms. Miller says. "Overall, the program has had a positive impact on patient satisfaction scores."

Why market?

With most hospitalist programs running at or over capacity, some physicians may question why they should market a service that already has more business than it can handle. But marketing gurus and business-savvy hospitalists say that no matter how much business programs have, there's always room for improvement.

While many in the medical profession understand how hospitalists fit into the inpatient setting, for example, misconceptions still abound among patients and some hospital staff. "The message about who hospitalists are and what they do has to be reinforced," Ms. Dickinson says. "The PCPs aren't confused, but there are times in the hospital elevator when you overhear someone referring to the hospitalists as 'those new hospice people.'"

Education is certainly one goal of marketing, but Martin Buser, MPH, urges hospitalists to embrace marketing as a way to take the long view of their business and specialty. Mr. Buser, who is a founding partner of Hospitalist Management Resources LLC, a consulting firm with offices in San Diego and Colorado Springs, Colo., says that as hospital medicine continues to grow, groups will need to turn to marketing to protect their program's image and reputation.

"With more hospitalists comes more opportunities for creating ill will," he says, pointing out that hospitalists may soon be handling up to 70% of a hospital's case volume. "That's why it's important to be proactive in marketing—and to keep working on relationships with referring physicians."

Stewart Gandolf, MBA, founding partner of the Southern California marketing firm Healthcare Success Strategies, agrees that marketing is important in such a fast-growing field. "The hospitalist field is still evolving," Mr. Gandolf says, "and there will be a shakeout."

As more groups enter the marketplace, he adds, distinguishing one from another becomes more difficult, there are important reasons to market your services and marketing becomes crucial. And as facilities increasingly move to have multiple hospitalist groups meet their coverage needs, differentiation through marketing will become even more important.

"In the world of patient care, it's all about relationships," says Mr. Gandolf. "Most doctors like to think that their competence stands on its own, but if you're in a market where everyone is 'good,' relationships are vital."

Taking the show on the road

To build and nurture relationships, William Ford, MD, is a firm believer in what he calls "taking the show on the road." Program directors and administrators, along with a hospital liaison, should "get out there and shake hands and ask for feedback," says Dr. Ford, the hospital medicine section head at Temple University in Philadelphia.

"I do it for two reasons," he explains. "No. 1 is the publicity, but the second reason is to brand the group." A group's success or failure, he explains, may lie in the perceptions held by stakeholders, whether those are primary care physicians or administrators.

"You need to know what those perceptions are." Dr. Ford realizes that many physicians may find the idea of marketing distasteful, but he says that attitude needs to change.

"Doctors have taken the stance, 'I'm here, come to me,' and there hasn't been a need to market," says Dr. Ford, who manages Cogent's 25-physician program at Temple. "But with the decentralization of hospitals—there are fewer of them and fewer physicians—you need to market to stay in existence."

At Temple, the hospital regularly places ads featuring the hospital medicine section in internal medicine publications, and it sometimes runs feature articles on the hospitalists in a quarterly newsletter distributed to community physicians.

New emphasis on quality

One approach to marketing a group is to go beyond talking up services to emphasize successes. Mercy Inpatient Medical Services in Springfield, Mass., for instance, is one of the oldest hospitalist groups in the country—a fact that medical director Amanda Wilson, MD, says many referring physicians don't know.

"We've been in existence for almost 15 years," she says, "but many physicians might not realize that we were the first hospitalist program in the country to provide 24/7 care."

Even more importantly, community physicians don't know "that we have better quality stats than the majority of hospitals in Massachusetts," she adds. "We're expanding our marketing to show how we've evolved and how much more we provide in the way of services."

Those efforts include brochures for referring physicians and patients, as well as physician- and patient-focused reports on the group's quality data. For referring physicians, reports cover 15 measures, including beta-blocker administration on discharge for heart attack patients. The reports compare Mercy's figures to those of other local hospitals and to state and national averages.

And in anticipation of the group's 15-year anniversary, Dr. Wilson is working on some special events. The group will host a dinner for local physicians who refer to the 22-physician hospitalist service, and the hospital will feature a group photo of the hospitalists on a billboard. The intent, Dr. Wilson says, is not only to "improve Mercy's market share but to show that hospitalists are the blood of the hospital, that we're a huge part of what makes it work."

Before that gala dinner, Dr. Wilson and the group's administrator, Amy LaRochelle, will hand deliver the new marketing materials and quality reports to primary care physicians and ask how the group can improve its service. They undertake this type of face-to-face meeting, however brief, as often as they can.

Ultimately, Mercy's care management team wants to disseminate the group's marketing materials to patients on admission. "We're reaching just about 100% on every single Joint Commission measure," says Ms. LaRochelle, "so we want to get the word out."

Going after high-acuity cases

Finally, Joseph Li, MD, director of Boston's Beth Israel Deaconess Medical Center hospitalist program, urges hospitalists to remember that they're onsite not only to provide services but to help the hospital market itself and meet its business objectives. That's especially important, he says, in highly competitive markets.

"Even in a hospital like ours that runs at 90% capacity most of the time, the institution still wants those high-index cases," Dr. Li says. "Marketing—both inside and to the community—helps drive that business."

Beth Israel has developed elaborate new brochures that profile not only the hospitalist group's credentials, but its ability to handle high-acuity patients and to partner with community physicians.

"I had the head of our endoscopy unit contribute a quote to our marketing brochure about why he asks our hospitalists to co-manage all of his inpatients," he says.

That lets doctors in outlying areas know, says Dr. Li, "that their patients will be well cared for if they send them downtown to us."

Bonnie Darves is a freelance writer specializing in health care. She is based in Lake Oswego, Ore.

Making a splash when the program begins

When the hospitalist group at Lehigh Valley Hospital in Allentown, Pa., was formed in 2003, it decided to make a "big splash" among local primary care physicians.

The effort wasn't particularly difficult or expensive. It consisted of a few hospitalists and a hospital liaison physician making the rounds of all potential referring primary care physicians. The hospital's marketing department crafted an introductory message and materials, including a series of feature articles.

According to Michael Pistoria, DO, associate chief for inpatient medicine at Lehigh, the move paid

dividends that year—and continues to yield results even today.

“Initially, that marketing blitz helps build the base and makes people aware that you’re there,” he says. “But it’s valuable later too, because even if physicians aren’t at the stage yet where they’re ready to use you, you’re in the back of their mind when that time comes.”

Dr. Pistoria says that based largely on that early effort, the group’s referral base grew almost exponentially. “We had budgeted for 80 admissions for the remainder of 2003,” he recalls, “but we easily exceeded 600 in our first year. I think hitting the street like we did was a big piece of that.”

The group has continued to market its services, though less intensively. It still makes a point of setting meetings once or twice annually with all referring physicians.

The importance of the personal touch

When it comes to marketing a hospitalist practice, how important is it to bring along rank and file physicians? According to people who actively market hospitalist programs, it’s critical.

Even at a large company like Cogent Healthcare, which produces standardized marketing materials for its groups, individual physicians are viewed as the best way to deliver that message.

“It’s a function that onsite doctors should be doing because it’s their community, their hospital, their doctors,” says Kim Dickinson, operations vice president for Cogent’s central region. “Someone with a national perspective can bring in good ideas, but after that it’s easier—and better—to have local physicians on the ground.”

Ms. Dickinson notes that some hospitals ask Cogent to handle marketing, while others prefer to brand the hospitalist program as their own. In either case, she says, having a hospital liaison join in visits to primary care physicians is a must. “It shows community physicians that the hospital is behind the program.”

Michael Pistoria, DO, associate chief for inpatient medicine at Lehigh Valley Hospital in Allentown, Pa., says that including hospitalist team members who aren’t in leadership positions in face-to-face meetings, especially when new primary care physicians contract with the group, might boost retention and performance.

“I don’t have any data, but I’ve seen that the process itself gives physicians a greater feeling of ownership,” Dr. Pistoria explains. “Because the hospitalists we send out there are the face of the group, there’s a sense of personal responsibility once they’ve made that contract with the primary care group.”

And as the range of hospitalist services continues to grow, those marketing efforts, and the “road show” in particular, may identify the next potential service in hot demand.

That’s how some groups have learned about the need to start admitting for neurosurgery or to establish chest pain units, says Cogent’s Ms. Dickinson. “Until you go and talk to the physicians in the community, you don’t know they’re interested in that service,” she points out. “Once you tell them you have that ability, they can’t get to your door fast enough.”

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