Marketing programs for the interventional pain practice are taking on an increasingly important role as local markets become more competitive and the service demands of both patients and referring providers become more acute.

The goal of the practice marketing program is to achieve patient volumes that meet the capacity of the practice, while maximizing revenue and service characteristics best suited for interventional pain medicine. In today’s health care world there is increasing, if not unspoken, competition for patients who have “quality” coverage. At the same time, many of the assumptions as to what constitutes good insurance coverage are rapidly changing as insurance companies re-engineer their benefit plans to contain the rate of growth in premiums.

In most markets, these changes have come in the form of significantly increased deductibles and co-insurance requirements for the patient. In many geographic regions, especially where there is competition between providers and integrated delivery systems, payers are developing benefit structures that tier or group providers based on cost or presumed outcomes, using the deductible and co-insurance features to steer patients to use physicians, non-physician practitioners, and facilities with payer defined lower cost and higher quality outcomes.

With a changing payer market, the requirements of practice marketing will escalate. Understanding the complex dynamics of the public and private insurance systems is now an integral part of developing a viable practice marketing program.

Further, the emerging trends and requirements fostered by both government and private purchasers of care (the euphemism for Medicare, Medicaid, and private insurance companies), will put ever increasing requirements on medical practices, including interventional pain practices. Physicians will need to communicate how their practices meet these requirements and standards which will broaden the way we must think about marketing. The message will be continually expanded.

THE CORE ELEMENTS OF A PAIN PRACTICE MARKETING PROGRAM

“If you build it, they should come.”

The fundamental goal of the practice marketing program is to establish the visibility and credibility of the practice.

The basics include a practice brochure, website, advertising and communications. These four elements must work together with a consistent and clear message. The message needs to define and differentiate the interventional pain practice and the management of chronic pain. While experts are likely needed to create and hone the message, the physician needs to be intimately involved to make certain that the target audience is receiving a message that is 100% consistent with the clinical service philosophy of the practice.

Initiating an effective marketing program requires both time and monetary resources. Think of the investment companies make in establishing their brand. To a great degree, this is what practices must do in today’s world. Branding creates visibility and comfort; it defines the product, or in this case, service. Historically, branding inherently came with the medical degree; it defined the quality of service. However, the medical degree no longer defines the practice from a marketing perspective. In large part, it defines the credentials of the physician, but it does not tell the story of what the practice is all about. Credentials alone, while supremely important, do not position the practice in...
new ways for not only increasing practice efficiency but also creating new opportunities for marketing and communicating with established patients.

Marketing is no longer an adjunct activity, but is now an integral part of practice management with critical links in both the clinical and administrative elements of the interventional pain practice.

There are no guarantees here, but several cases provide evidence of the costs associated with failing to pay attention to practice marketing.

Those practices that invested in marketing activities, with the physicians fully engaged, experienced measured and meaningful growth. Those that did not, sustained significant loss of market share and net income. The failure to act could make it impossible to recover since recouping lost referral source is typically much more difficult than developing new ones.

On the other hand, in one interventional pain practice, a modest investment of less than 2% of total expenses yielded a 20% increase in net income.

### MEASURING THE RESULTS OF THE MARKETING PROGRAM

“We built it. How will we know they came?”

Since resources are naturally limited, defining the target practices is key to the effective use of budgeted dollars. In evaluating the effectiveness of the marketing program in reaching the target market for referral based practices, I always ask three fundamental questions:

1. Who is referring to the practice?
2. From the existing referral base, is the practice getting the number and type of referrals it should expect?
3. Who is not referring to the practice that should be?

To adequately answer these questions requires a basic information set of referral data. Analysis of this data is straightforward. A dividend of carefully tracking referral data will not only enable the practice to effectively measure the results of its marketing efforts, but will also provide tools to manage the efficiency with which referrals are processed by administrative staff.

Figures 2 and 3 provide an example of some of the key data elements necessary for evaluating the efficacy of a marketing program. Further, it measures the efficiency of practice staff in processing new patients. If the purpose of the practice marketing program is to increase the number and quality of referrals, the results must be measured over time.

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A standard rule in any marketing program is that “nothing kills a great campaign like a bad product.” If the marketing message is that referrals will be processed quickly and efficiently, this should be well defined and measured.

Say the practice goal is to contact and schedule all new patients within three working days and to see them within one week of the date of the referral. The practice needs to measure the critical dates to make certain the goals are met and the message is true.

Figure 2 provides an example of a portion of a standard referral management report that allows for easy tracking of how well staff performs in meeting this objective. With a quick data sort, the practice can measure the percentage of referrals actually scheduled (the “fill-rate”), yielding an analysis of both the gross and net referral numbers. It is a measure of how effectively staff is performing as well as the appropriateness of the referrals themselves. Managing referrals will be the subject of a future article, but one of the key points here is to exemplify how the marketing and operational activities are highly integrated.

Figure 3 shows another section of the referral management report. Here, we are measuring the volume of referrals by individual referral source. This data can help target marketing efforts by analyzing the referral volume by individual provider or a physician group. If the interventional pain practice is only receiving referrals from one provider in a group, the marketing effort needs to determine why.

Experience shows that when new providers join the referral practice, they are not educated as to the availability or appropriateness of referring to specialists treating chronic pain. The continual review of this data will yield a precise roadmap for the marketing effort. Once the problem is isolated, the solution can be as simple as a quick lunch

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meeting with new providers, an explanation of the ease of referrals, and leaving a supply of brochures that the referring office can give to patients.

POSITIONING THE INTERVENTIONAL PAIN PRACTICE

“If you want them to come, then you must be visible.”

No medical practice, and especially interventional pain practices, operate in a static environment. It is now almost trite to talk about the changing environment. But change it will.

The marketing program must seize on every opportunity for the practice to tell its story. In February 2011, the Agency for Healthcare Research and Quality (AHRQ) released its Statistical Brief #105. Back problems accounted for 3.4 million emergency department visits per year or roughly 9400 per day. The first sentence of this report quotes L. Manchikanti, V. Singh, S. Datta, et al (Pain Physician, 2009) on the scope of back problems in the United States. The very first sentence. Think about how easy it is becoming for interventional pain physicians to tell their story.

The goal of the marketing program is to continually educate and reinforce the patient and referral provider base as to the critical role of the interventional pain practice in the treatment continuum of chronic pain.

The savings to the health care system with avoidance of hospital Emergency Rooms and inpatient admissions are enormous. Find the medium. Set your budget. Be visible.