What does a radiology marketing program look like?
A recent survey of radiology administrators revealed that 70% agree the best way to overcome declining reimbursements is to grow their practice.

Yet, more than half admitted they are not doing enough to educate referring physicians about their overall service offering, new equipment/upgrades or commitment to customer service. What’s more, over 2/3 of these administrators acknowledged that direct-to-consumer marketing was of increasing importance, although few are reaching out to consumers in any significant or consistent manner, nor are they properly tracking leads to evaluate their return on investment.

What this tells me is that very few of those responsible for the daily operations of a radiology group or imaging center truly know what an integrated marketing program for their practice is supposed to look like. And it makes sense—radiology marketing is a relatively recent development, and because so many groups and centers are segmented geographically, administrators are generally not able to see firsthand the successful marketing tactics used by the few centers around the country that are doing it right.

The question I’m often asked is, “What does a successful radiology marketing program look like?” It stands to reason that the answer to this question would be different for each practice, and dependent on their particular service offering, capabilities and competitive landscape. But there are a series of universal marketing tactics that all radiology providers can benefit from, and I will discuss them within this paper.

You may be thinking: How and why would a hospital-based radiology group have the same marketing needs as an outpatient imaging center? The truth is, their needs are quite similar, although the market dynamics of the hospital-based group favor a greater focus on building relationships within the physician network and less on direct-to-patient marketing. Patient outreach should be the purview of each hospital’s own marketing department—although it may take some lobbying to get them to actually do it.
What does a radiology marketing program look like?

**A UNIQUE MARKETING CHALLENGE**

Marketing radiology services is not at all like marketing a typical consumer product, nor even like a typically referred healthcare service. That’s because only a fraction of the benefits of your services and practice are readily understood by your target audiences. Even if a physician knows what a mammogram is, she probably doesn’t know why tomosynthesis may be a better option for her patients. She may not think her 40-49 year old patients even need breast screening in the first place. And she may not perceive any quality or cost differences between your center and the one down the street.

Yet, this same physician and her patient know what a plastic surgeon does. They know what an OB/GYN does. They know what a sleep center is. But their understanding of the true capabilities and breadth of your radiology practice are severely lacking. And the sad truth is, you haven’t done much to teach them otherwise.

Your challenge is not one of awareness—it is one of education. Many in our field mistakenly believe that “top of mind awareness” should be the goal of marketing, but in reality, such an approach is just wasting money.

A smiling sales rep showing up at a doctor’s office with donuts or squishy balls creates awareness. But it does not educate, nor does it create preference for your services. Therefore this approach is ineffective. By the same token, an ad in the newspaper that lists your diagnostic imaging services, logo and phone number without giving the reader a compelling reason to use your service is also a waste of money.

You are not marketing radiology services. You are marketing better healthcare. The sooner you come to that realization, the better and more effective your marketing will become.
PHYSICIAN MARKETING

Your goals, as well as the problems and opportunities unique to your market will dictate the frequency with which you will need to communicate to referring physicians. For example, a hospital-based group in jeopardy of losing its contract with a key health system will want to communicate with physicians every 2 weeks, whereas an imaging center or department with no competition within 100 miles can afford to communicate less frequently. On average, most of our clients are encouraged to have at least one direct marketing initiative to referring physicians each month, even if the initiative is only targeting a single physician specialty versus the universe of potential referring docs.

Cost is always a consideration, and the type of direct marketing tactics chosen may be selected to stay within a budget. For example, announcing an upgrade to MRI software can be done in a less expensive “doc-to-doc” letter format, whereas the installation of a new 3T MRI system or 128-slice CT should showcase its imaging capabilities in a full-color brochure.

If you have a physician liaison, their effectiveness can be increased by arming them with case studies demonstrating your expertise, as well as useful tools that the referring office staff can use to save time, such as a CPT code sheet. But since most of their office visits will not result in a direct audience with the referring physician, you must mail creative and informative communications to that physician. In fact, doing so can actually make it easier for your rep to get a meeting with the doctor.

Newsletters are an excellent way to promote and differentiate your practice. These have the virtue of being able to “personalize” your practice to referring offices, as they will often feature your doctors and employees, community participation, etc.

Surveys are critically important to ascertain awareness of you and an understanding of your services and key advantages. They are also used to measure the impact your marketing is having on referring doctors. Despite what you may think, physicians can and do fill out surveys—they do love offering their opinions. As a result, they are providing you with a road map telling you how to earn their business. It is just as important to survey physicians who do not currently refer to you as those that do.

Patient surveys not only tell you how you are performing on customer service...they also help you with your physician marketing. Imagine your physician liaison presenting a referring physician with a report that tells them that all of their patients were seen within 15 minutes of their appointment and that your imaging center received a 98.6% satisfaction rating by those patients. Do you think that would be a useful tool to enhance your relationship with that physician?
Patient support materials are also well-received by those offices that refer patients to you. This goes beyond referral forms and patient instruction brochures; many referring offices will let you feature **displays, educational materials, posters** and other communications that the office can use to promote better health for their patients.

**CONSUMER MARKETING**

Another question I get is, “Which media work best for targeting patients directly?” The truth is, all media that reach potential patients in your target demographic will work—the real question is, “is the cost of that media low enough to provide an acceptable ROI?”

There are two basic categories of consumer media, and your investment in both will benefit your company. Traditional, or “mass” media and digital media both have their place within your direct-to-consumer marketing mix.

**Mass media** costs vary dramatically by market. Newsprint may be more cost effective in the San Francisco/Bay Area whereas network television may be quite affordable in and around Providence, Rhode Island. Magazine advertising may work more cost effectively in Miami while out-of-home (outdoor) may be best in Phoenix. In each case, a thorough analysis must be performed before you settle on a particular medium or combination of media.

**Digital marketing** is much more than SEO. While you definitely want to have a woman searching for “Mammograms” in your city find your website, many of the services you offer are not being actively searched for by name. Instead, she may be searching for “alternatives to hysterectomy” or “high risk for breast cancer.” With **search engine marketing** (SEM), these searches now give you the opportunity to deliver digital ads to these women again and again.

Another excellent digital technique is called **IP targeting**. This technique allows you to combine a traditional mailing list with digital identification and advertising. For example, you can buy a list of all women turning age 40 this year who live within 25 miles of your center. IP targeting lets you access and target their household digitally to make sure they know where to go for their first mammogram.

Over time, you will develop your own sophisticated metrics for determining advertising media and calculating ROI. Knowing how well your ads are performing is not only important to help you reduce wasteful spending, it is essential to having a strong negotiating position with media sales reps.
Some practices are beginning to see the potential of **social media**. The fact is, any media that allows you to reach and influence potential patients free of charge is an absolute blessing. Facebook, LinkedIn, Twitter, YouTube, blogs and other social media are an excellent complement to your overall marketing mix. And because they are “social” media, they can be used to advance the awareness of important issues (e.g. breast density) as well as promote events sponsored by your practice.

For better or worse, customers are already talking about you online. For this reason, **reputation management** has become increasingly important for imaging centers and radiologists. This includes monitoring review sites like Google, Yelp, Yahoo Local and other directory-oriented websites that feature patient reviews prominently, as well as HealthGrades and other medically-specific review sites.

**Directories** are just as important as ever, although today they take on many more forms than just the yellow pages. The fractionalization of the directory industry means that you will have to approach this scientifically and carefully, lest your entire budget be consumed by six different yellow page directories and their online versions, as well as a host of web-specific directories like Vein Directory and the daddy of them all—Google—which is as much a directory as it is a search engine.

**In-office displays, audio/visual presentations** and **patient mailings** are perhaps the most cost effective ways to reach the most likely buyers of all. These are people who already visit you and trust you—why not cross promote other services while they are in your waiting room or exam rooms?

When I visit an imaging center client, I usually poke around the waiting room to see what that center is doing to promote its services and competitive advantages to the patients who are there and waiting for their tests. Too often, the TV is tuned to a daytime talk show, when instead it could be highlighting new technologies or capabilities of that center or hospital. Use this time to promote elective screenings, IR procedures, general information about the practice, timely issues or even showcase your team’s community involvement.

While the reading material provided at most centers includes Time Magazine, National Geographic and Shape, why not offer brochures or flyers that help educate patients on why they receive two bills, and promote new tests or procedures. Here is your opportunity to educate your patients—why waste this opportunity?
MARKETING THAT REACHES BOTH PATIENTS AND PROVIDERS

Some marketing tactics are used to reach and influence all audiences, and as such, can be crafted to appeal to both.

Your website is such an example; however, most of the websites my company creates for radiology providers allows patients or physicians to “self-select” on the home page, so that each group can find content that appeals to them. This spares physicians from having to sort through the basic descriptions of diagnostic imaging tests and at the same time avoids confusing patients with detailed medical jargon.

A greatly under utilized digital medium to reach both audiences is known as location-based advertising, or GeoFencing. This GPS-based digital marketing technique allows you to deliver your advertising messages in-app to the mobile devices of individuals who enter into a specific location. For example, GeoFencing an oncologist’s office will reach doctors, staff and patients in the waiting room, and then continue to deliver ads to these devices with Retargeting long after they’ve left the building. What would you like this potentially lucrative market segment to know about your practice?

From time to time, a radiology group or imaging center will have the opportunity for publicity, or “free press” that gives them the opportunity to demonstrate radiological expertise or promote capabilities. Not all stories pitched to the media will turn into feature stories, but when timed right, you will be the “go-to experts” on a multitude of topics covered by the print and broadcast media in your area—especially when issues come into the spotlight that can affect your imaging volume, such as the often repeated story on “medical imaging and radiation exposure.” What’s more, certain publicity can be timed to coincide with the media’s focus on a particular issue for better results. For example, pitching the capabilities your new automated whole breast ultrasound or molecular breast imaging system during Breast Cancer Awareness Month offers a better chance for media coverage than in other months.
THE GOOD NEWS...

...is that you don’t have to start by performing all of these marketing tactics at the same time—but you can and should build up to them. I say “should” because the full complement of your competitive threats has not yet been unleashed on you…but do you have any reason to suspect that it isn’t coming?

There is a reason why large imaging center chains and women’s imaging specialty centers are expanding region by region. They are out-competing smaller IDTFs in every market in which they enter. Why not proactively create a barrier to their entry by becoming a marketing powerhouse? And benefit from the growth and increased revenue afforded by marketing at the same time?

And what about a local radiology group with their 50-year long standing relationship with the local hospital? Is there anything to guarantee that the hospital won’t be taken over by a larger hospital network with their own radiological relationships? Or that they won’t be taking a very close look at the significant cost reductions they can experience with an alternative group? Even if you are performing quality work, the competitive field is never static. And while technology has improved the field of radiology, it is now also permitting a competitive dynamic like never before.

Most imaging centers or departments can cut costs or invest in technology to help improve their efficiency or profitability. But that only goes so far. The key to growth has been—and will continue to be—growing your patient volume. And that is something only marketing can achieve.
What does an ARMADA radiology marketing program look like?

1. Physician Outreach
2. Surveys
3. Case Studies
4. Newsletter
5. Patient Education
6. Digital Marketing
7. Social Media (You Tube, Twitter, Facebook)
8. Website
9. Direct-To-Patient Marketing
10. Liaison Support
11. Internal Communication
12. Publicity
13. Location-Based Advertising
14. Marketing Framework
15. The Good News

www.armadamedical.com
What does an ARMADA radiology marketing program look like?

**PHYSICIAN OUTREACH:** Targets the universe of prospective referring physicians, not just the ones who currently refer to you.

**SURVEYS:** Ascertain how well you are delivering on patient or referring physician service with insightful reports.

**CASE STUDIES:** Demonstrate professional competence in the areas of your practice you wish to grow.

**NEWSLETTER:** A quarterly newsletter demonstrates expertise, educates on timely issues and personalizes your practice and its people to healthcare professionals and referrers.

**PATIENT EDUCATION:** Informs and prepares patients for tests and treatments; promotes additional services.

**DIGITAL MARKETING:** Improves search engine rankings and delivers ads when select terms are searched (e.g., “Where do I get a mammogram in Austin?”)

**SOCIAL MEDIA & REPUTATION MANAGEMENT:** Engages and informs, improves frequency of screenings, promotes goodwill and new services/innovations, new patients.

**WEBSITE:** Maintains a regularly updated, user-friendly site, increasing traffic and delivers ads when select terms are searched (e.g., “Where do I get a mammogram in Austin?”)

**DIRECT-TO-PATIENT MARKETING:** Attracts new patients for screening tests, diagnostic imaging, IR procedures and more.

**LIAISON SUPPORT:** Provides tools to your physician reps to more effectively engage and persuade referring offices.

**INTERNAL COMMUNICATION:** Facilitates better communication within your organization—from a simple internal newsletter to a complete, fully-featured intranet.

**LOCATION-BASED ADVERTISING:** Directly targets the patients of competing practices, physician specialty offices and even select neighborhoods or other practices of competing practices.

**MARKETING FRAMEWORK:** All referral forms and business communications including holiday cards and announcements, event flyers and more.

**THE GOOD NEWS:** Whether you choose us to cards and announcements, even years and more.

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Radiology marketing isn't just about 'informing' your customers. It is about creating persuasive communications that actually increase physician referrals and drive new patient volume.