

Marketing an Interventional Radiology Office-Based Lab (OBL): A Comprehensive, Sustainable Approach



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The OBL represents an excellent opportunity for radiology groups or individual doctors to manage their own vascular and interventional radiology outpatient center and thereby direct their own destiny. But unlike a hospital-based practice, there is no built-in referral network, no participation in multidisciplinary panels and no ready-made patient base. The job of cultivating physician relationships and conducting direct-to-patient marketing must be initiated, managed and funded by you.

One of the biggest mistakes an IR OBL can make is to not properly budget for marketing in your initial capitalization and first year's operating budget. You can't assign a percentage of revenue to marketing and practice development when you don't yet have revenue.

This white paper takes you through many of the aspects of marketing and practice development necessary for your practice to flourish. Please consider that a marketing approach solely designed to achieve patient self-referrals may not be sustainable; over time, patient acquisition costs will continue to increase, driven by increased OBL competition and the growing number of less invasive options within the various physician specialties to treat the same condition.

THE UNFORESEEN CHALLENGES

Fortunately, the field of medicine in the United States is dynamic. The innovation of elegant, minimally invasive solutions is what gave rise to vascular and interventional radiology and continues to propel it forward.

IR is reducing the need for more invasive and expensive surgical procedures. Patients benefit. Payers benefit. The only individuals who aren't benefitting are... you guessed it: the specialists who perform the surgeries and other procedures that your services are replacing.

To believe that they will quietly acquiesce is, at best, wishful thinking and at worst, short-sighted or even dangerous.

For example, fibroid management is a large part of a gynecological practice, and at least one-quarter of an OB/GYN's income results from hysterectomy and myomectomy procedures. They aren't just going to voluntarily hand that over to you. Many practices are exploring radiofrequency ablation and other less invasive technologies, as well as a new crop of more effective medications with fewer side effects.

In the orthopedic world, adipose tissue injections, stem cell therapy and other orthobiologic solutions are on the rise to treat knee osteoarthritis. Urologists are incorporating the Optilume™ BPH Catheter System and UroLift® as less invasive alternatives to TURP surgery.

Granted, these are not necessarily better solutions than UFE, GAE and PAE respectively. But these are the doctors who are already trusted by their patients, and the ones to whom primary care doctors are already referring. To the uninformed patient, a "minimally invasive" procedure offered by a doctor who has their confidence sounds... well, good enough.

Does this mean your practice doesn't stand a chance? Not at all. It simply means that you have—and will continue to have—obstacles in the way of your success. You'll need to do a

better job educating patients. You'll need to work with primary care physicians and not just the specialists to whom they refer their patients. And you will need to continuously add innovative IR services to your repertoire for the opportunity to open new revenue streams and serve new patient populations.

THE PROS AND CONS OF DBAS

A question that we are commonly asked by a new OBL practice is, "Should I use a specialized name (such as The Fibroid Center) to market my individual service lines?"

The advantage here is the appearance of specialization to a large patient population. The disadvantage is potential confusion among your referral base, along with higher marketing costs associated with promoting multiple brands. Is the revenue potential of a "specialized" practice greater than the added costs? This is nearly impossible to know, and don't expect a scientific study out any time soon with the answer. Ask your colleagues and you'll likely get ten different answers to a seemingly simple yes-or-no question.

Should you decide on a specialized name, the best and most cost-effective approach for securing and protecting the name is the use of the DBA (Doing Business As) registration with your state's secretary of state.

My advice to you is, do what you think is best, but be sure to maintain consistent branding either way. However, limit your DBAs to the lowest number possible and use your primary IR practice name when marketing to referral sources to avoid confusion.

SALES REP OR NO SALES REP?

If you have the budget for it, a good sales rep will expose your practice faster and more effectively to referring physicians. But... finding a "good" sales rep is much harder than it seems.

A good sales rep is tenacious AND knowledgeable. Both attributes are absolutely necessary. The tenacity is needed to gain audience with busy doctors. The knowledge is needed to educate them and overcome their objections.

The latter is why a person who is successful in real estate, or in sales for other industries, will likely not succeed when it comes to marketing general radiology or IR services. Knowledge is not something that can be gained overnight. It takes time to learn about radiology. Someone with a background in medical sales, especially in radiology, will be a better fit for your practice.

In the beginning, you will be your own best sales representative. The owner and the practice's physicians are always the most knowledgeable, most capable and most passionate advocates for their services. Even better if the owner of the practice is also its lead interventional radiologist.

Unless you find the IDEAL candidate, hold off on hiring a sales rep until after your practice is launched and the number of procedures is growing. Make time every week for meeting with

area physicians and group practices. Sponsor lunch and learn presentations with your best prospects. Reach out to physicians using social media platforms like LinkedIn and Doximity. Establish a limb salvage program and visit area nursing homes with helpful guides to help clinicians recognize the early signs of PAD. Contact community and senior centers to schedule lectures on related health topics.

Use every opportunity to demonstrate your expertise to the patient populations you will most likely treat, and the doctors who will most likely refer. Yes, it takes time. But it is the best, most cost-effective and rewarding form of marketing you do for your new practice.

THE IMPORTANCE OF CALL HANDLERS AND "INSIDE SALES"

We have worked with practices that schedule appointments with nearly 50% of their advertising leads. We have also worked with practices that schedule appointments with less than 5% of those leads. The disparity lies with the most important individuals in your organization when it comes to consumer marketing ROI—the call handlers.

In the early days of IR marketing, most IR procedures were performed at hospitals. Which meant that even if the lead came through the radiology group and its marketing or PR initiatives, inquiries were handled by the hospital's administrative assistants, who were largely unfamiliar with the IR procedures their hospital offered. Scheduling a physician-referred patient wasn't too difficult... but if a potential patient called for more information, they could be in for a frustrating experience.

I knew a marketing specialist for an IR group during this time. She quickly learned that there was a disconnect between potential IR patients and the hospital's bureaucracy. So, she took it upon herself to purchase a dedicated phone line and listed the number on the website so that those visiting the radiology group's website would call that number instead of the hospital directly. When it rang, she answered. She was patient, answered their questions, related experiences of other patients, provided additional information, overcame objections and set up consultations. Not surprisingly, the number of appointments dramatically increased.

"Inside sales"

A qualified advertising lead can cost you \$200, \$300 or more. A new patient could be worth \$10,000, \$12,000 or more in revenue to your practice. If you wish to convert the maximum number of leads to patients, a more formal and structured inside sales operation will benefit your OBL.

Inside sales simply refers to the sale of services by personnel who are in contact with potential customers via phone, email or the internet. While there may be temptation to do so, we do not recommend outsourcing this function for the following reasons:

First, you lose control of the leads. Leads are expensive, and you will not have the ability to build an internal database of prospects who are not yet ready to schedule, but for whom the future holds a high probability of requiring treatment. Second, you do not control the manner or tone in which prospective patients receive communication from individuals representing your organization. This can mean more aggressive sales tactics aimed at potential patients than you may find acceptable, along with a correspondingly high number of no-shows. Finally, outsourcing is ultimately more costly for your operation. It takes a great deal of money to create

and operate a medical call center. Quality staff is difficult to maintain, and turnover is extremely high. The rising operational costs will ultimately be passed along to you as the customer, or even worse, outsourced to individuals living in other countries to keep costs contained.

Your inside sales team, on the other hand, can be “home grown” from your internal staff. Knowledge of the IR procedures and their benefits over other treatments are an important quality for an inside sales team, and your staff members may already have this. But they must also be trained in basic sales techniques to overcome patient objections and to schedule a high number of appointments. Most importantly, they must be incentivized financially, first when a qualified lead becomes a kept (vs. scheduled) appointment and then again when the lead becomes a patient.

The inside sales function will also have procedures in place to call, email and text electronic inquiries, which will be the most common type of lead in a digital marketing campaign. They must contact the prospect at regular intervals until contact is made; within two hours of the inquiry if during office hours and the very next morning for leads that come in at night or over the weekend. If possible, have women answer and respond to UFE inquiries and men handle PAE inquiries to better relate to prospective patients.

All of the prospects who do not schedule an appointment should be maintained in a database that is added to weekly. This database can be “mined” over time via email and other free or inexpensive tactics to generate future appointments, and to be sure the patient doesn’t forget about you and end up visiting one of your competitors when they are finally ready to seek treatment.

WHY A COMPREHENSIVE APPROACH IS NECESSARY

The combination of physician outreach and consumer marketing is essential for the new IR practice. Physician outreach takes longer—in some cases much longer—but over time a single doctor can be responsible for sending dozens of patients to you every year. Consumer marketing is faster... but it is costly and if you do your job correctly, the patient may never need to return to you again.

The cost of consumer marketing will only continue to increase, as will the number of competitors in your area competing for the same patients. Therefore, it is essential that your physician outreach be an integral and ongoing part of your practice’s marketing. It is really the only way to lower your overall patient acquisition cost over time and build sustainable volume.

MARKETING INFRASTRUCTURE

Before opening your OBL or ASC, a few items that comprise your practice’s marketing “infrastructure” will need to be created. This will give you the necessary visibility to prospects and portray you as a successful business.

Website

Little more than two decades ago, a website was simply a luxury for medical practices. It was yet another way for patients to find and learn about you, and if you had access to the technology, it offered them the convenience of paying their bill online.

Today, your website plays a far more important—and central role—in patient relations. More than half of your potential patients will evaluate your website before scheduling an appointment. Your website can be—and should be—the nexus of nearly all marketing activity. And the manner in which your site is constructed and maintained will provide the visibility you need to be found by potential patients on search engines like Google.

SEO

There are many things that can impact your search engine optimization (SEO) or online visibility. The first is your website—how it's constructed, the content it contains, the uniqueness, completeness and freshness of the content and more.

Search engines rank you on the ability of your site to deliver the content for which people are searching. Knowing what key words they search—and making sure your site contains them—is one way to boost your SEO. Another is to deliver much of your content in video form. Websites that contain videos featuring appropriate content are always favored in searches.

Your website's blog is an excellent way to promote and maintain high search rankings. It gives you the opportunity to expound on timely content or delve deeper into issues people care about, like avoiding surgery and taking fewer medications.

Reciprocal links help to maintain your visibility and improve your rankings, but only pursue them if the links are reliable, relevant and useful. Professional associations, hospitals, advocacy groups, non-profit organizations, and social media properties provide excellent reciprocal links. Press releases sent out over reputable wire services will link your practice to a number of news outlets instantaneously; this is one of the best and fastest ways to improve your SEO.

Finally, when it comes to SEO, think local. There are national players like Hopkins Medicine that have made a substantial investment in SEO and digital marketing and “own” many general search terms. The advantage you have is that your IR practice can use local SEO strategies to tie search terms between your practice and your city, surrounding suburbs and general region. Search terms like “fibroid treatment near me” and “PAD doctor Peoria” can be essentially owned by you.

Directories

In addition to providing reciprocal links, many directories offer incredible SEO and your presence within them can help ensure your practice's visibility. Over the years, we have analyzed the source of many leads and online directories are still an important source. These can include general physician directories like Health Grades, ZocDoc and Doximity or service directories (such as veindirectory.org) that help patients find a specific type of practice focus such as varicose vein treatment, or a specific doctor who was recommended to them. If your practice is new, it is important to update your physician profiles in various directories with your new practice address as they will likely still list you as affiliated with your previous employer.

Practice Overview Brochure

In today's digital world, you might think that printed brochures would be obsolete. Nothing could be further from the truth; brochures are some of the most cost-effective and versatile marketing tools for your IR practice.

Brochures are most effective when they are put in the hands of an engaged buyer, or in your case, a potential referring physician or patient. A brochure elevates the perceived value of your practice.

A practice overview brochure will highlight all the relevant services your practice offers. It will showcase the capabilities of your doctors, your equipment and the aesthetic appeal of your facility. It is something that you can use when you are engaging with a potential referral source to both demonstrate your expertise and prompt you to expand on various aspects of your operation. It is the best “leave behind” communication at the conclusion of an introductory meeting.

Social Media

Your presence on social media is no longer optional, it is essential to marketing your practice. Being part of the online conversation that will take place regarding your practice, whether you want it to or not, is critical.

For your practice, and the demographic audiences you seek, a presence on LinkedIn for professional connections, and Facebook, YouTube, X (Twitter) and Instagram are recommended at a minimum. Profiles on other social networking and crowd-sourced local business review sites such as Yelp, Google Business Profile and Apple Business Connect should also be established, even if you don't have any reviews of your practice as of yet.

In addition to targeted advertising resources, your social media should be used to regularly post content that (for the most part) demonstrates the competence and expertise of your practice. Other posts, such as updating business hours, wishing followers happy holidays, etc. are fine but be sure that the majority of your posts educate and inform your audiences as to the benefits of your services and the advantages of choosing your practice. The frequency of your posting will depend on the size of your practice and the uniqueness of your content. There is no one right answer for posting frequency but too many posts with content that doesn't engage the audience will result in losing followers.

Online Reputation/Review Management

According to an article in Medical Economics, 94% of patients today use online reviews to evaluate providers, making it one of the most important things you can focus on throughout the life of your private practice. This means you must implement an ongoing process for cultivating positive reviews and responding to negative ones.

As with most businesses, those customers that are most motivated to leave a review are those that have had a negative experience. To counter this, you'll want to respond to negative reviews, projecting the most empathetic and helpful tone.

Conversely, when a patient has had a positive experience, you should encourage them to submit a positive review to benefit your practice. You can do this either directly by asking, or with a number of available automated tools (using text and/or email) to request the review and direct the patient to the site on which you want the review.

PHYSICIAN OUTREACH AND EDUCATION

Introduction

Once the marketing infrastructure is in place, it's time to begin developing relationships with referring physicians. This is a time-consuming process, but in our opinion, an essential one—especially if you want to lower your patient acquisition cost.

A single physician can refer dozens of patients to your practice every year. Some will do so because they have worked with you through your previous employer or radiology group and have trust and confidence in you. But if you were previously part of a large hospital or health system, their doctors may not be able to refer to you.

Unless...

In survey after survey we have conducted, physicians who are part of large health systems have indicated their willingness to refer outside of their network under the following conditions: 1.) The practice could consult with patients and perform procedures in a more timely manner than their internal resource. 2.) The practice could demonstrate superior outcomes to their internal resource. 3.) The practice offered a more convenient, outpatient option for their patients. 4.) The practice performed a service that was not available from their internal resource.

The bottom line is that all area physicians that could refer to you, even those who you feel will not be able to refer patients to your practice, should be targeted by your marketing and outreach efforts. Yes, it will be easier for you to encourage independent solo and group practice physicians to refer to you than those who belong to large health systems. Because of this, it makes sense to invest most of your time cultivating relationships with these independent primary care and specialist physicians.

Education is KEY

According to a 2023 study published in *Clinical Imaging*, most physicians rated their knowledge of image-guided procedures as “excellent” or “good.” However, most did not know that interventional radiology is a distinct specialty, nor were they aware of the full range of IR services available. Only a minority of respondents were aware of orthopedic procedures like genicular artery embolization and other MSK interventions like embolization for adhesive capsulitis (frozen shoulder). Our own experience surveying physicians has revealed a lack of awareness of conditions such as pelvic venous insufficiency, let alone the ovarian vein embolization IR procedure to treat it.

The goal of physician marketing therefore is not to “advertise” your practice purely for awareness. It is to educate physicians and demonstrate your expertise. One of the best ways to accomplish this is to use patient cases that show how a minimally invasive procedure your practice performs was used to effectively treat a certain patient condition instead of the surgical alternative. You can accomplish much of this with direct mail. Even better if you have a physician rep at your practice, as they will now have patient cases to better engage with referring physicians.

If you believe that “doctors don’t read direct mail” you would be mistaken. They certainly do, and they are just as influenced by it as any other professional. Just ask pharmaceutical companies, who know that physicians are more likely to read and retain their cherry-picked

summaries of clinical studies than the actual clinical study itself. One point of consideration, make sure your physician mailer is designed to get past the “gatekeeper” within the practice, the person who throws out the obvious “junk mail” that arrives daily, before it gets to the doctor.

Surveys

Yes, physicians will fill out surveys. You can use surveys to ascertain their knowledge of your procedures, their likelihood of referring patients and what factors would cause them to refer to you instead of their current resource.

Surveys are the best way to get a better understanding of your target physician audiences and their individual motivations. Through surveys you will learn, as we have, that no two primary care doctors are the same. One might refer their patient to a specialist, believing that the specialist is the best equipped to manage that patient’s health condition. Another understands that referring a patient to a specialist who performs surgery might be doing their patient a disservice by not exposing them to non-surgical options to treat the same condition. The latter type is the doctor you want to get to know, and a survey can uncover the type of doctors who will be complementary to your practice.

Individual Service Communications

One of the most important things to remember about marketing IR services is something we learned many years ago marketing diagnostic radiology services. You can’t effectively market all of your services at once to a physician. For example, a communication that says “we specialize in all of your vascular and interventional radiology needs” will fail because only 17% of doctors understand the scope of what a vascular and interventional radiologist does. Also, listing all the procedures you perform in a communication won’t work either. “We perform various ablation and embolization procedures for liver tumors” won’t resonate if the oncologist doesn’t fully understand the benefits of each of these procedures for their patients.

However, a communication that says “Y-90 radioembolization can slow the progression of liver cancer, can improve the patient’s quality of life and is complementary to other treatments you prescribe” will be better understood by the doctor because it is made apparent that this treatment has a benefit for a specific subset of their patients. Now that we have their attention, we can impart additional benefits, such as the highly targeted nature of the treatment which spares healthy liver tissue and the convenience patients experience by having this procedure performed in an outpatient setting.

Marketing individual services offers the opportunity to better and more fully educate physicians, and the use of patient case studies will help them retain more information.

Case Studies

Using the Y-90 example above, a brochure that imparts the benefits of this treatment is useful. However, a case study, which highlights a specific patient case, is better. It gives the doctor a chance to identify with treating a patient just like the ones they see every day in their practice. It presents a common challenge in their practice—an unresectable hepatocellular carcinoma—of which various systemic or locoregional therapies (such as RFA and TACE) may be that doctor’s current preferred treatment strategy for bridging or downstaging for surgery. A patient case study from your practice should be supported with statistics as to how Y-90 provides a significantly better time to progression (TTP) than conventional TACE and lowers risk of liver ischemia in patients with portal vein thrombosis and more. The patient case itself provides the proof.

In short, give the prospective referring physician a scenario they can identify with, as well as a better understanding of how Y-90 radioembolization can be used for their specific patients. By doing so, we have piqued the doctor's curiosity with a professional, non-salesy communication. They will now be more amenable to a meeting with you to discuss how Y-90 radioembolization can be used for specific patients.

The good news is that you probably already have all the information you need for a case study. You have the patient case notes and the pre/post-procedure diagnostic images. All you need to do is arrange them in a brochure or presentation that is visually appealing, clearly written and engaging. The case study is one of the most successful marketing tactics an interventional radiology professional can use.

DIRECT-TO-PATIENT MARKETING

Introduction

Marketing directly to patients is important for OBLs that are not part of an established radiology group, especially since your base of referring physicians can take substantial resources to fully cultivate. Using direct-to-patient marketing, you can achieve a steady stream of new patients—but there are caveats.

First, the most valuable piece of advice I can give you is to listen to, but to never immediately act on marketing advice from friends, family members and even colleagues. Exercising caution can save you many thousands of dollars on wasted or inefficient approaches.

The fact is that ALL advertising media works. But the real question is, can you buy media for a low enough price that will not only return your investment, but provide you with an acceptable profit as well? A \$20,000 television commercial is a poor investment if it only results in a single procedure worth \$9,000 to your practice.

You will hear from others telling you that you MUST sponsor a golf tournament. You MUST use radio to market UFE procedures. You MUST use billboards to market varicose vein treatment. Will you use these tactics? Possibly. But probably not. At least not initially.

We have found that it makes sense to cover all of your digital marketing bases first. Why? Because in addition to being the most highly targeted approaches, they are also among the least expensive and cost-effective forms of lead generation.

But there is another and perhaps more important reason why you should use digital marketing almost exclusively at this point in your practice's timeline. It is more trackable than other forms of advertising. And you need to know exactly where to invest your marketing dollars for maximum return on your investment.

Once you have your digital marketing campaigns fully funded and optimized, you can begin exploring other marketing venues. You will still want to avoid passive marketing tactics like sports team sponsorships and branding (awareness-only) advertising because they do not directly produce patient consultations.

When you have a full procedure schedule, your advertising is bringing in more consultations than you can manage and you have a sustained base of referring physicians, you can begin to look at sponsoring opportunities with your favorite sports team, community event or charity.

THE BEST DIGITAL TACTICS FOR IR SERVICES

Search Engine Marketing (Pay-Per-Click)

The “low hanging fruit” are individuals who have already been diagnosed and decided to explore a specific IR procedure. They have done research or received a recommendation from someone they respect. All they need to do now is find a qualified doctor to perform it.

On the other hand, some candidates for an IR procedure you offer don’t yet know it exists. They have symptoms, and they may even have a definitive diagnosis, but they may have been advised to have surgery and may have started the process of looking for an alternative.

What these two potential patients have in common is that they can both be reached and influenced with search engine marketing (SEM). SEM delivers advertising content based on what a person searches for on a search engine like Google, Yahoo or Bing. In an average sized American city, 100 patients a day will search for a specific procedure on Google, using terms such as “UFE” or “fibroid embolization procedure” or “UFE near me.” At the same time, up to 10,000 people in that same city are searching terms such as “heavy period” or “fibroid surgery” or “alternative to hysterectomy.” These are people who you want to know about your practice, even though they are at various stages in their diagnosis and treatment journey. With SEM, you can even deliver your ads to those who search the names of your competitors.

The benefit of SEM is that it is perhaps the most highly targeted type of digital marketing as it reaches only those who are searching for the specific treatment you offer or have the symptoms that make them likely candidates for it. Another benefit is that you only pay when someone clicks your ad, further reducing wasted spending. Also, you can set the exact amount of budget you wish to use for SEM. The drawbacks are that your competitors (including hospitals) are bidding the price to access this search term ever higher, which can make your cost per lead the highest among the digital marketing options.

Social Media Advertising

A more cost-effective tactic, social media advertising on the Meta platform (Facebook and Instagram) is effective at bringing leads to your practice. The drawback is that many of the leads you will receive may only have passive interest and may not be ready to schedule a consultation.

It is not abnormal to have 20 different Facebook leads contact your company, only to have one or two schedule (and keep) a consultation appointment. Comparatively, one out of every three SEM leads may schedule (and keep) a consultation. But considering how low the cost to advertise on Facebook can be, it is well worth the effort. When these individuals reach out to your organization, especially after hours, timely follow up is necessary to maximize the odds of scheduling a consultation.

Geofencing

Location-based advertising, in the form of geofencing and geotargeting, is another viable digital marketing tactic for OBLs. This approach allows you to deliver your ads to the smart phones and mobile devices of users who enter a certain defined geographic area, such as a building or stadium.

The biggest advantage is that you can deliver your advertising to those sitting in the waiting room of an OB/GYN, a urologist, an oncologist or other physician specialty. You can target players on a golf course, the congregation of a church, patients and staff in a nursing home, etc. Like social media advertising, geofencing is less expensive than other forms of digital marketing and the tactic is likely to be underused by your competitors.

Traditional Advertising

Once you have your digital bases covered, you can look at traditional advertising. Some practices only use traditional advertising for venues to which they are affiliated. This might include the printed program of a hospital fundraiser or gala event. These are fine if your goal is to show your support. But do not expect this kind of media to be a good source of patient leads.

For traditional advertising to work cost-effectively, you need to achieve the optimum mix of reach and frequency for a cost that makes sense. Unfortunately, newspaper readership is in steep decline, yet advertising costs have not dropped congruently. Television and radio audiences are highly fractionalized making it expensive to reach your target audience. Out-of-home advertising like billboards and transit ads require multiple month commitments and need to be reserved months—or years—in advance.

This does not mean traditional advertising won't work for your practice. It simply means it will require a lot of work to find the right media for the right price, and when you do, a lot of negotiating. Ultimately, it can be an excellent source of new patient leads. In addition, you can explore options like OTT/CTV which allows you to reach streaming subscribers of a specific demographic on platforms such as Peacock or Hulu, as well as digital radio like Pandora.

Patient/Prospect Marketing

Practices that advertise to consumers end up with dozens of leads every week who represent excellent candidates for your procedures, but who have not yet decided to schedule a consultation with you. Over time those leads can grow into the hundreds and eventually thousands.

Ignoring those leads would be a mistake, as many of them will eventually need treatment. This is an opportunity to build a database of leads and systematically “mine” it for business.

You can do so by communicating with those leads on a regular basis (but be sure they've opted in). Emails, sales calls, text messages and more can be sent to this database, continuing the process of moving these prospects into your sales “funnel.” Your ongoing (but not too frequent) communications will build rapport with prospects, demonstrate expertise, feature patient testimonials and “personalize” your practice. This approach will ensure that when the patient is ready, it will be you—and not one of your competitors—who performs their procedure.

Current and former patients are also excellent sources of potential leads. Someone who visited you a year ago for a UFE procedure may have an aging mother with a vertebral compression fracture. A PAE patient you treated last week may also have knee osteoarthritis. Keeping your patients informed of ALL the services you offer is always a good idea.

The good news is that it is very inexpensive to target those for whom you already have email addresses. Electronic newsletters, blog teasers and other forms of email marketing are very inexpensive. Additionally, their delivery can be automated so it won't consume too much of your time or that of your staff.

Waiting Room Marketing

Your waiting room represents an excellent and inexpensive way to cross-promote services to your patients and anyone that accompanies them. They are ideally suited for audio/visual presentations, as well as brochures for all of your services that you display in the waiting area.

Those in your waiting room are a captive audience. Instead of entertaining them with daytime television, do your best to educate them, demonstrate expertise and cross-promote services.

Event Participation & Sponsorship

As a medical practice, you will be constantly solicited to sponsor events. Unless these events attract a large number of ideal patient prospects, sponsoring them is generally a waste of money. There are exceptions, however, and you may find that a small sponsorship combined with participation in an event may be an excellent community relations opportunity.

For example, sponsoring or participating in an event that attracts seniors may be an excellent way to educate them about minimally invasive procedures that are often needed by older Americans—GAE, PAE, vertebral augmentation, vascular disease treatment, etc. Sponsoring or participating in an event of the American Cancer Society might be a way to expose potential patients to your interventional oncology services.

On the other hand, sponsoring an event like Susan G. Komen Race for the Cure may be a good idea for a diagnostic radiology provider or group, but until you are performing minimally invasive breast cancer treatments, we would recommend limiting your investment in such an event to just your participation.

SUMMARY

The recommendations in this white paper represent the culmination of more than three decades in radiology marketing and two decades marketing interventional radiology services, practices and OBLs. While every market and every practice is unique, the tactics and approaches recommended here have worked effectively for IR practices throughout the United States and are the result of many years of trial and error.

This paper is meant to be a summary and does not delve comprehensively into the specifics of each tactic. If you would like more information, we are always happy to share our knowledge with you!