The topic of the Medical Group Leadership Forum (MGLF) held in Las Colinas on November 5, 2009 was Marketing Your Medical Group: What’s Working Successfully? What’s Not? What are the Trends? Self-admittedly, medical groups are not very strong marketers. The objectives of this Forum were to exchange marketing ideas with each other and connect administrators who would benefit from knowing each other.

How did the Medical Group Leadership Forum come into being?
Various industry Forums held throughout the U.S. have met with great success in addressing areas of mutual interest for the benefit of all. The idea to start this Forum came from a conversation with Bob Anderson, CEO of Heart Place. As a result, you can now connect six times per year with your peers (administrators of groups with 15 or more physicians or largest in specialty) at the Medical Group Leadership Forum. The Forum delivers a way to efficiently learn something important to you and begin to know your peers better in a unique environment.
The Medical Group Leadership Forum is the place

What was the format of the forum?

There were 17 administrators who reserved a spot for the Forum (exceeding our goal of 15). During the coffee, administrators mingled and reconnected with long-time colleagues they had not seen in over a year, as well as, met new people they had heard of, but never met. In addition, participants chose a question previously submitted by a participant to address later, during small group discussion.

After the coffee, the large group broke into smaller groups, each led by a peer, for discussion. At the end of small group discussion, each small group leader delivered a summary of their group’s discussion to the large group. Future Forum topics and formats will vary based on participant feedback.

Small Group #1 discussion question

*Do you think if you spend more money on marketing/advertising, you get more business? For example, if you increase your spending from 1% of collections to 3%, do you get triple the business? What if you increase spending from 1% to 5% or 10% or 15%?*

While you will not realize a dollar-for-dollar increase, you will realize a revenue increase if the marketing/advertising is 1) physician-to-physician, 2) routinely reinforced, and 3) measured.

While tracking marketing return on investment (ROI) is difficult, you have to have a tracking system in place. Internet marketing is the easiest to track.

Traditionally, specialists have received most of their business via referrals from primary care physicians. Primary care physicians have always had plenty of demand from sheer numbers. That’s changing quicker than many realize.

**Six non-traditional ways to market**

- **Health Fairs** – one group is doing 35 a year and measures results by handing out directories, tracking an increase in website hits and an increase in patient visits. One tactic they employ is promoting the fact that their physicians are reviewed by their peers and rate highly compared to other options.

- **United Healthcare** is sending letters to doctors’ patients suggesting that they may want to go to another doctor if the patient’s doctor is not in their system. There are also large groups reaching-out to your patients in this manner as well.

- **Think of Toyota** – they do some marketing as individual dealerships and some as Toyota nationally. Health care has not done that. For example, groups of specialists have not gotten together to do marketing and educate the public about a specific procedure that is available.

- **Fort Worth Cardiology focuses on physician-to-physician referrals** – these relationships are key. Specialty physicians need to go visit primary care physicians as well as invite them to events. It is difficult to have a layperson meet with physicians. Competition is everywhere and if you are not visible, you are invisible.
to get smart, get relationships, and get results

✔ Have a specialist – physician liaison call on the staff of general practitioners and then measure referrals based on those calls.

✔ Name of group and logo – must be straightforward and convey what the group does.

**Three Online Tips**

✔ More and more people are influenced by the look and feel of your group’s website. Think of your behavior when you are looking for a service. Are you influenced by a first-class website?

✔ You must put your telephone number on the front page of the website right under the name of your group.

✔ Where are your website hits coming from? You should know. Also, which pages on your website are visitors looking at and how long are they there? Why?

**Fact**

✔ The average group spends between $50,000 and $200,000 on marketing/advertising compared to $1.2 million or .77% of net revenue for the average hospital.

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**Small Group #2** *(Led by Karen Kennedy, Executive Administrator, Medical Clinic of North Texas)*

Clockwise from left: John Wagner, Administrator, Arlington Orthopedic, Karen Kennedy, Administrator, Medical Clinic of North Texas, Bob Anderson, CEO, Heart Place, Jean Irwin, Administrator, Family Healthcare Associates, Nancy Bowman, Executive Director, Texas Colon & Rectal Surgeons, Belinda Tommey, Executive Director, Dallas Nephrology Associates.

**Small Group #2 discussion question**

A physician group asks you, as a marketing consultant, how to attract more patients. The group is serving about 100 patients per day and cannot run profitably unless the group sees about 200 patients a day. What questions would you ask before starting to make suggestions? The type of group for this example is a nephrology group.

✔ What is your market? What business are you in?

✔ What are the demographic trends? Are you in the right location?

✔ What is your capacity?

✔ How do you determine break-even?

✔ What do you currently do for marketing? What’s working?

**Suggestions for nephrology group**

★ Your Specialty Clinical Managers need to connect with the Clinical Managers at the primary care groups and gain access to their nurses’ meetings.

★ Primary care groups want one chart, no duplication of work. Help them make that a reality.

★ Primary care groups want to keep their nurses off the telephone making appointments. Find a way to see their patients when they want to be seen, e.g. through wave scheduling.

★ Make sure your physicians call the referring physician back the same day and at least leave a message with details of what happens next, e.g. you admitted them to the hospital.

★ Every September when primary care groups bring on new physicians, specialty groups can add value to primary care groups by helping fill the new physician’s schedules as quickly as possible.

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**CEO TV**

*It is the center of the Forum community!*

CEO TV delivers access to audio, video and written content around critical issues you can share with your colleagues.

Go to [www.cimastrategic.com](http://www.cimastrategic.com) and click on CEO TV.
Value delivered through membership

- Access to six Forums (three face to face and three Teleforsms) which include networking with the key administrators in Texas and learning something important to you from experts you respect.
- Exclusive invitations to dinners with subject experts the night before each Forum.
- Take away materials including North and South Texas Forum written summaries, audio of subject expert interviews and professional development video content to share with your colleagues.
- Access to a “souped-up” communication channel (CEO TV) that you can use to leverage the best medical group minds in the state in a laser, practical manner to get smart, get relationships and get results.
- Receipt of a $2,000 credit toward consulting, coaching or speaking services delivered by Darren Smith during the twelve months following the date of the member’s dues invoice.
- Priority consideration when parallel groups are formed for Director’s of Business Development, Finance, IT, etc.

Charter memberships will be offered to the first ten administrators who join. The membership investment for Charter Members is $2,000 per year for life. The current annual investment for regular members is $2,500.

How do you measure the return on Investment of Your Forum Membership?

Increased Effectiveness – You are able to validate your thoughts on an idea you want to implement in your group and you are able to access best-in-class information from a Forum peer instead of reinventing the wheel. What is that worth?

Increased Risk Avoidance – You learn about specific contract language and avoid spending ten hours later down the road unwinding a problem caused by incorrect language. How does that impact you?

Increased Intimacy of Your Relationships Around the State – On a scale of 1-10 how strong was your relationship with peers (knowledge of their group, how they think, personal life, etc…) before the Forum and on a scale of 1-10 how strong is it now? The Forum delivers the structure to build your key relationships in the medical group community. Relationships carry the day.

Medical Group Leadership Quick Hits

Participant Feedback

Will you come back on Thursday, March 4th?
Eight participants responded “yes” and four responded “maybe.”

Takeaways from the Forum

- There seemed to be a good mix of administrators – specialty, size, location.
- Open, useful discussions with new contacts and respected colleagues I don’t see often.
- Collaboration between Forum members would heighten the health and vitality of the industry.
- We are, as an industry, poor marketers.

Words to describe participants’ experience

(sample responses)
"very positive"
"interactive"
"insightful"

Upcoming Medical Leadership Forum schedule

South Texas
Wednesday, March 3, 2010
10:30 a.m. – 1:30 p.m.
The Downtown Club at Plaza, Houston, Texas
Topic TBA

North Texas
Thursday, March 4, 2010
10:30 a.m. – 1:30 p.m.
La Cima Club, Las Colinas, Irving, Texas
Topic TBA

What’s next?

Administrators will be participating in a Teleforum in December to follow through on the discussion started at the Forum. There will be a medical group marketing expert at the Teleforum to share practical ideas in regards to what’s working, what’s not working and the trends in medical group marketing.