



"The Cliff Notes on Physician Marketing" ©

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Those clinics that implement physician outreach marketing well, with commitment and consistency, are achieving twenty to thirty percent of their gross revenue from physician referrals.

The treatment of hearing loss is moving higher up the preventive care priority list for physicians, because of recent new research about co-morbidities that contribute to the cause of hearing loss; especially new publications about hearing loss which is now recognized as a modifiable risk factor for the development of cognitive decline and dementia. Add the recent concerning publications that conclusively document that untreated hearing loss patients increase the cost of care. And because of high profile positive publicity from the Congress of the U.S.

Now is the time to expand the market, to expand audiology's services, to take ownership of more patient types, to "seize the high ground", and prepare ourselves for worthwhile roles in audiology and medicine for the next fifty years.

To be successful, our physician marketing campaigns must have simple ingredients: a message that physicians and nurses can believe in, a hearing healthcare clinician they can trust, and enough resources to consistently get the word out.

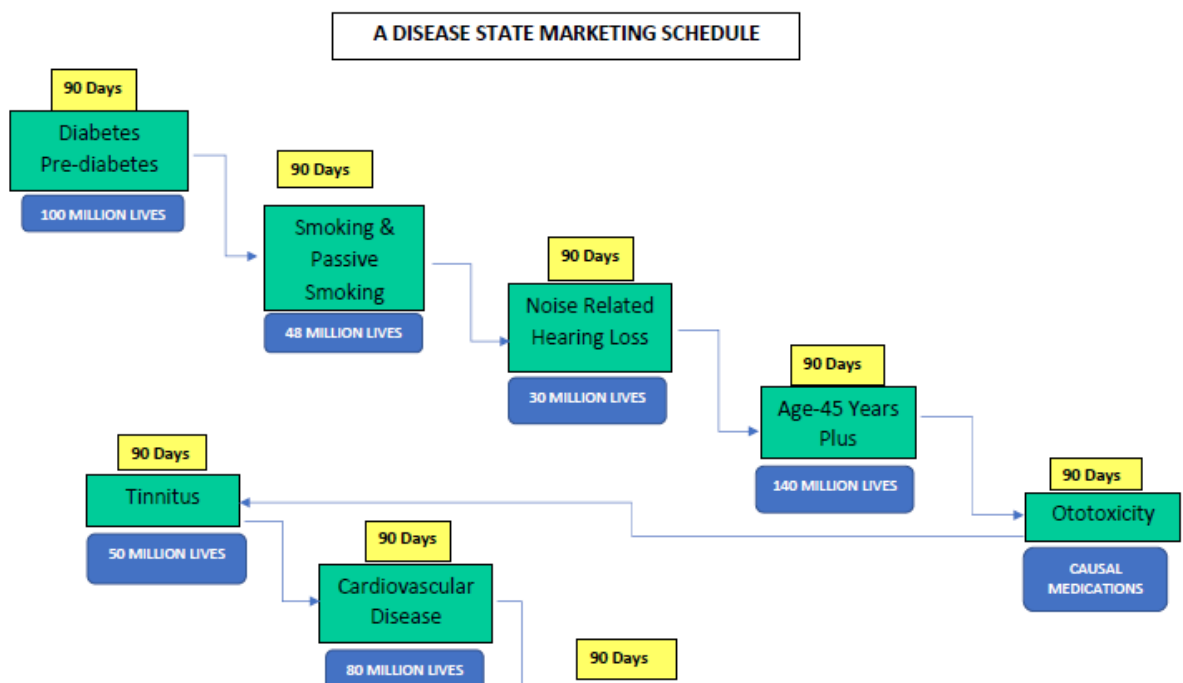
Physicians develop computerized lists of "Specialists" to whom they refer, whenever a patient's care needs dictate. Hearing Healthcare Specialists can develop partnerships in patient care, (IE Interdisciplinary care) with primary care physicians by utilizing the following examples of "Educate to Obligate©" messaging strategies so that they too are placed on that priority list of "Specialists" whom they trust.

- Appoint or recruit a "Physician Outreach Liaison" who is capable of building relationships for the long term, who is respectful and trustworthy, who keeps promises, who is solution oriented, and achievement focused with patient care as his/her priority.
- Create a target list of physicians. Google the following specialties in the zip codes within a five and ten mile radius of your practice location: family practitioners, nurse practitioners, physicians assistants, doctors of osteopathy,

internal medicine specialists, endocrinologists, concierge physicians, nephrologists, cardiologists, geriatricians, ophthalmologists, and other specialties). Start with 50 plus physicians. Choose your target market by using the following criteria:

- Include those physicians who currently refer to you – they may also need to know which patients have the highest risk because of modifiable lifestyle behaviors that cause, or are associated with co-existing co-morbidities.
- Choose those physician clinics that are closest to you – proximity counts when it comes to better patient engagement.
- Choose those clinics that have multiple physicians on staff – time is a scarce resource for them and for you
- Select those physicians who are in busy clinics that do not refer to you, but who have a high potential to do so if you invest time and resources in developing peer-to-peer relationships, with the physician and the staff. All physician's clinic office staff may contribute directly or indirectly to the patient care outcome.
- Create your practice brochure with an updated list of your services, so that you can use it to validate the reasons why the physicians and their staff should refer their patients to you; this allows you to differentiate your practice from the competition. No put downs of the competition, please.

- Compose a hand-addressed, “lumpy letter of introduction”, and mail it to your target market of physicians – examples can be obtained from “The Physician Referral Marketing Guide” – Author: Bob Tysoe at HHMC. Include your practice brochure, ear plugs, chocolates, and extra business cards. You may begin making optional “cold calls” two weeks after the initial mailing, depending on whether you have a designated physician liaison.
- Every four weeks, distribute “Physician Referral Folders” that include clinical research articles about the co-morbidity’s that are major contributors to the pandemic-like numbers of the disease state of hearing loss, to primary care physicians clinics, and specialty physicians so that you promote interdisciplinary care that includes you, that may improve the QOL for the patient with hearing loss.



- Distribute copies of the Nurses/Medical Assistants “Exam Room Guide for Patients Who May Need to See a Hearing Healthcare Specialist”. Send four copies, one for the physician, one for the medical assistant, one for the referral coordinator, and extra’s for the patient exam room walls. (See attached example, available from Sycle Printing Co., Portland OR).
- Mail out the patient education handouts every eight weeks; available from the National Institute of Health – go online to nidcdinfo@nidcd.nih.gov obtain the “NIDCD Publications Order Form” – you may order these at no-fee, in generous quantities, in both English and Spanish. These help improve patient health literacy about hearing loss, and enhance patient engagement.
- Mail out clinically oriented news-letters every six to eight weeks; your target audience is the physician and his/her staff since everyone contributes to the patient’s care outcome. These are customized and available from HHMC at Eastside Printing in Portland, OR.
- Contact your local ENT Clinic and suggest that you “collaborate not compete” with them. Offer to provide call coverage for them at nights and on weekends; provide

care for their patients if their own hearing healthcare provider is sick, has an over-booked schedule, has patients

- with “hassle factors”, goes on vacation, resigns or retires, does not take certain insurances that you may. Respect their patients, while they respect yours – ask to become their “Plan B” provider of choice. It works!
- Since forty percent of physicians are now employed by hospitals, you may access new hearing impaired patients by placing patient education videos about the disease state of hearing loss and the co-morbidity’s that drive the pandemic-like numbers of the hearing impaired, in the “closed practice” waiting rooms. These proven effective videos will provide your contact information, and are readily available from Clear Digital Media in Chicago.
- Send out a patient report to each patient’s primary care physician, with their permission. You will now have “**patients in common**”, plus stronger reasons to collaborate in inter-disciplinary patient care on “**patient types in common**”. “Counsel Ear Co”., in Chicago has a convenient software system to accomplish this for you.
- Hand-deliver any patient report when upon assessment you detect “unusual findings” to the primary care physician’s offices, and be sure to have the hearing healthcare specialist follow up with a phone call of

explanation. This demonstrates your commitment to quality care for your mutual patients.

- Follow the pharmaceutical industry marketing model, and conduct monthly tele-marketing campaigns to your database of physicians; meet the referral coordinators, medical assistants, and clinic managers by both phone, and email.
- Provide patient-care solutions for them, and earn their referrals. “Clear Digital Media Co.” in Chicago can help provide you with newsletters, and a list of email addresses (order the list of email addresses from the American Medical Association) for your target market of physicians.
- Schedule quarterly “lunch and learns” in high priority practices with the receptionist or medical assistant, by phone, and provide an “in-service” on the new hearing aid technology that simultaneously treats tinnitus, (provide a copy of the new treatment guidelines recently published in JAMA) and hearing loss.
- What is in it for the doctor, you may ask? The following article may answer that question for you.

**"Understanding the Physician's Exam Room Priorities Has Benefits
for the Patient and for Audiology"©**

**By Bob Tysoe, Hearing Healthcare Marketing Company, Portland,
Oregon.**

Donna M. Zulman, M.D. wrote in a recently published JAMA article about Francis Peabody's presentation to Harvard Medical School, 90 years ago, about the complex and deeply human experience of illness, that "the secret of the care of the patient is in caring for the patient". This is such a powerful observation, wrote Doctor Zulman, that we must know more.

Those who create marketing programs for the world of audiology, as they seek to enter the world of medicine to access new patients, would do well to internalize those words, and contemplate how they may bring additional solutions that help the physician meet their daily challenges in the comprehensive care of their patients.

Let's address the following physician priorities. "Efficacy, Side Effects, and Cost", with an emphasis on "Efficacy". Whether the physician is deliberating about a new medication, an innovative treatment process, or a proven surgical procedure, "Efficacy", (it works!) always comes first.

How can audiology help? The very definition of "Patient Engagement" provides us with some answers: "Providers and patients working together to improve health. A patient's engagement in healthcare contributes to improved health outcomes, and information technologies can support engagement. Patients want to be engaged in their healthcare decision-making process, and those who are engaged as decision-makers in their care tend to be healthier and have better outcomes". (Ref: Patient Engagement, Health IT Topics, HIMSS 6/13/2016).

Audiology hearing care professionals can ensure that the patient can hear the physician's verbal instructions. We can make sure that we provide testing and treatment for at risk patient populations, (diabetics, smokers, cardiovascular disease patients, those exposed to toxic noise, and the aged patient to name a few) to reduce the

unacceptably high incidence of depression in these patients with untreated hearing loss. (Approximately 12 percent, versus 6 percent for those whose hearing loss has been treated). Depression is a significant risk-factor for non-compliance with medical treatment. Compared with non-depressed patients, the odds are 3 times greater that depressed patients will be non-compliant, or not engaged, with medical treatment recommendations.

Audiology can altruistically distribute authoritative research about the various modifiable life-style related behaviors that lead to co-morbid conditions that are proven to be independent risk factors for hearing loss, so that physicians may be more effective with their "risk versus benefit" counseling. More patients will get care!

Further, Audiology may provide further benefit for the physician as they seek efficacy, improvement in patient quality of life, and an overall lower cost of care by providing patient education material about the disease state of hearing loss, in both English and Spanish. Poor health literacy causes limitations for patients that are clearly hazardous to health.

By hearing healthcare providers seeking partnerships in patient care with primary care physicians, audiology can help improve communication between physician and patient in the exam room, may alleviate a significant cause of depression which is a barrier to care, and may improve the patients understanding of their diagnosis so that they are "engaged enough to be decision-makers in their care, become healthier, and achieve better outcomes".

When providers, patients, and hearing care specialists work together to improve health we have a compelling mission we can all believe in!

Everyone in the audiology practice has marketing responsibilities. Yes, you may incur additional marketing expenses, however your ROI will more than cover them. The access road to the twenty

percent of Americans age 12 years and above, who cannot pass a 25 dB hearing screening in their worse ear, goes through the primary care physician's offices. You need to take that road!

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