

# AAOA

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## PRACTICE RESOURCE TOOL KIT

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**Marketing  
Your Practice**

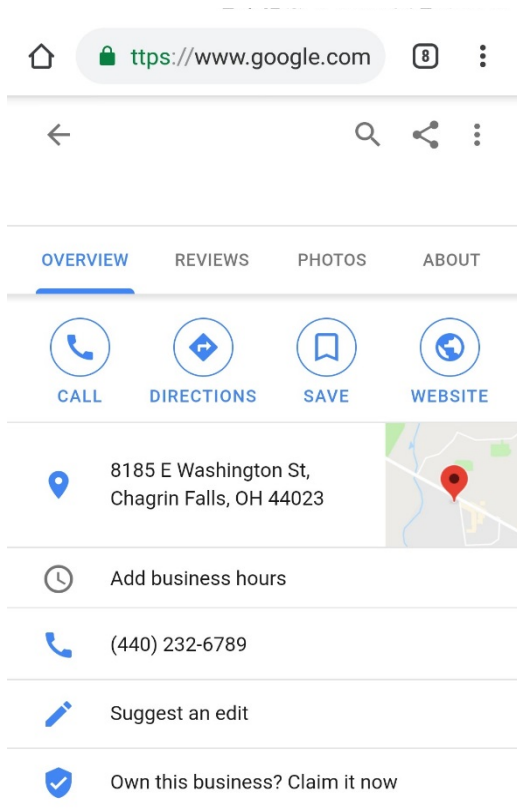


Materials presented in this tool kit are intended as resource only and should not be construed as guidance

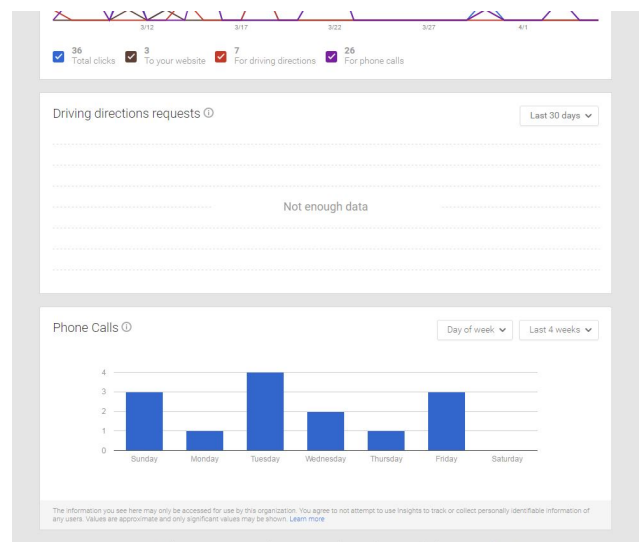
## Marketing Your Practice

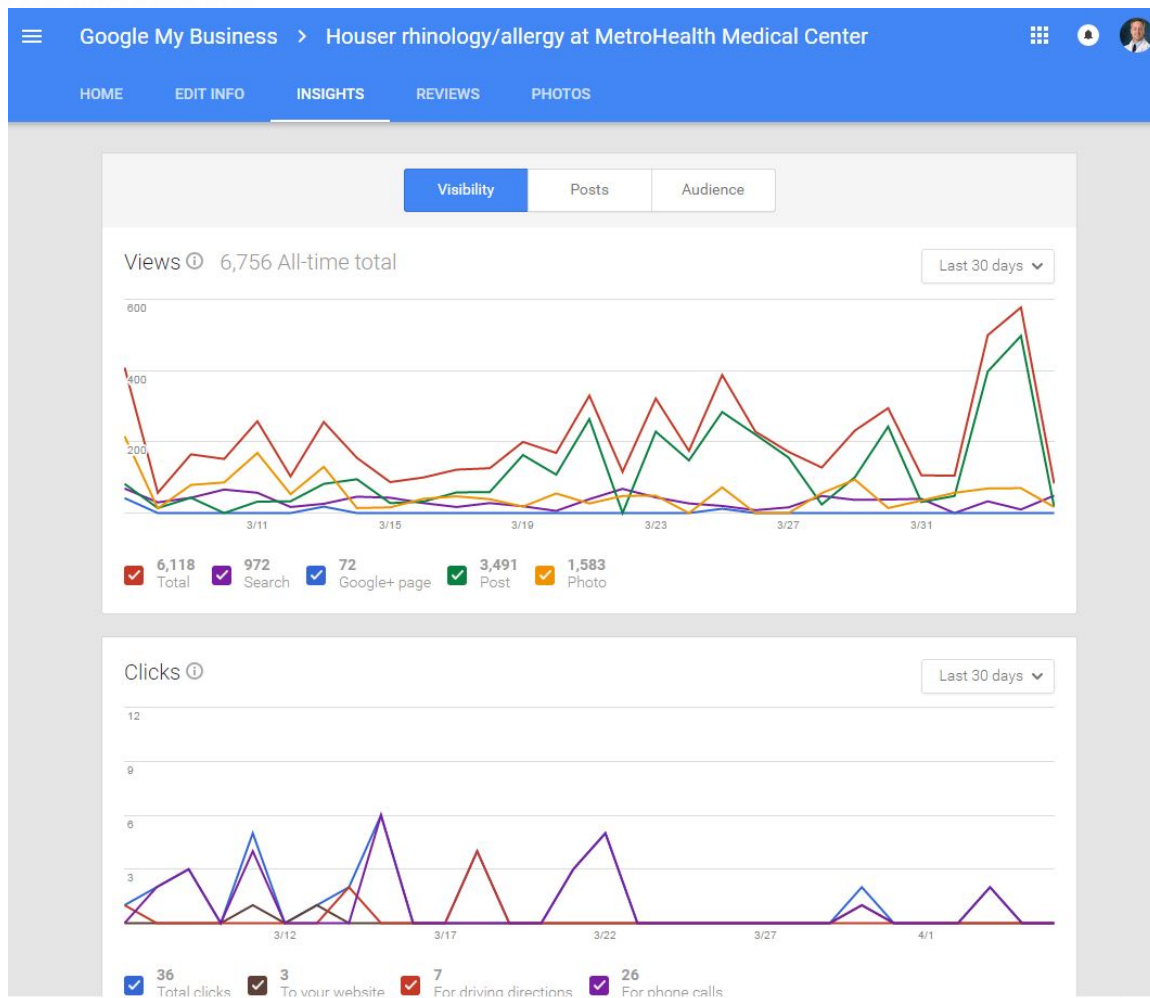
### Google listing

- Patients will use google to find physicians
- Google creates a listing for all businesses in a geographic area
- You need to “claim your listing” by searching the area on Google, finding the listing, and clicking on “claim it now”



- Follow the instructions that will involve either a call to your practice (alert your desk staff it is coming), or a postcard with a 4 digit code mailed out to you within 5 business days.
- Once the listing is officially claimed, then you can edit it and add in more data, such as hours and photos from the practice.
- Fleshing out the Google listing will cause your listing to bubble up higher in the search algorithms, allowing more patients to find you
- As Google is very location specific, you may wish to create an entry for each practice location – each needs to be “claimed” as above. Google does not like duplicate practice names, so you may wish to name it “ENT/Allergy Associates in X community.” It becomes a bit cumbersome, and frankly Google is always refining the process, so it will no doubt change over time.
- The googlemybusiness site will email with data as to web traffic heading your way, as well as calls and direction requests. See below.





## Practice Websites

- Patients today will see you on the web before seeing you in person, and your web presence is an extension of your practice.
- You can consider using a local office to manage your site; this allows maximal interaction and massaging of the site to suite your needs. Basically, you get what you pay for, so you should assess your area for competitiveness, etc. to decide how much \$\$ to sink into the project. A good website becomes a valuable/necessary practice expense in today's market. SEO is vitally important here as well – ask your web designer what they plan to do for its maximization.
- Some sites will allow patient intake forms to speed up their visit once they show up in the office. Some sites steer patients to your practice, and allow them to make an appointment with you: zocdoc is such a service with a \$3K per year fee; they claim to be able to bring in 100 new patients per week.
- If you are in need of a logo, or other smaller work, check out <https://www.fiverr.com/> You can inexpensively contract with an online artist, etc. for such pieces.
- Patient testimonials end up being one of the most powerful agents to convince patients to see you (think of the reviews on Amazon products that you peruse...). Ask a satisfied patient if you can use their image, or at least a statement, as to their care through your practice.

## Public interest messages

- A great way to increase exposure is through public lecturing and writing. While lecturing to a group of providers gathers referrals, speaking directly to the public will generate direct patient self-referrals. Your message can get directly to potential patients via community talks, or articles you author.
- For the former, seek out your hospital-community liaison to inquire as to speaking possibilities. Your talk would need to be geared toward a less educated audience than PCPs.
- Be prepared for the “professional patients” that attend to seek out a free visit by dominating the question session with their own detailed history – learn to halt their domination through offering to speak to them after the session is over, and offer them your card and a visit.
- Be sure to bring many cards and/or flyers for folk to grab as they leave. Many attendees will be under another’s care, but perhaps not satisfied, so they want to “check you out” before they make the plunge into a visit.
- Writing public interest pieces can be very brief blurbs, or more detailed pieces. Your hospital may have a community newsletter that would be a fantastic way to reach patients. Topical stories are often of interest, e.g., seasonal allergy 3 tier approach discussions during grass season.
- Month/week/day awareness for a particular disease state are an excellent time to provide a message on your website, or newsletter. ENT related issues are listed in the following table. One practice’s website that used monthly awareness messages is: <http://entandsleep.com/blog/>

Month	Awareness issues
January	Thyroid health awareness
February	Kids ENT health; World Cancer day (2/4)
March	Sleep awareness week
April	Oral cancer awareness; Facial protection
May	Better speech and hearing; Allergy and Asthma awareness; Better sleep; Trauma awareness; Food allergy awareness week; No tobacco day
June	Migraine and Headache awareness; Cancer survivors day
July	
August	Children’s Health day
September	Thyroid Cancer awareness; Fall awareness; Food safety education
October	Audiology Awareness
November	GERD awareness week
December	

## Physician rating websites

- If you Google any doctor, you will discover half a dozen websites that all attempt to grade physicians to aid patients in selecting a doctor. Google does this on their map searches, and you will also see: healthgrades, vitals.com, md.com, doximity, doctor.webmed.com, zocdoc.com, linkedin.com, angleslist.com, sharecare.com, ratemds.com.
- Keep in mind that your computer savvy patients that found you online, are also more likely to be the ones that post a review online as well.
- Some of these sites allow you to “claim your profile” which allows you to flesh out an entry that a potential patient may see. You may also then be able to respond to reviews if you so desire.



- Negative reviews are bound to occur, and sadly they cannot really be eliminated. For example: a one star review as the poster stated the listed phone number was incorrect, so they were unable to make an appt. – the doctor responded with an apology and updated the data, but the negative review remained.
- You should never go tit-for-tat against patient reports, but either apologize and offer a solution, or simply ignore it. A good article discussing this phenomenon is here:
- <https://www.groovehq.com/support/deal-with-bad-online-reviews>

### Social Media

- **Twitter** is a busy online tool that allows you to post messages that may be seen to those following you immediately, but also remain for others to search and find later.
- Practice specific data, such as a new associate or employee, are helpful. A new service, or location are good to broadcast. It is best to keep a purely professional Twitter profile, and avoid political, or other issues, that may turn off some patients.
- Overall, Twitter is worth having, as it is free, but it is unlikely to recruit many patients.
- **Facebook** allows the creation of pages that potential patients can find and read.
- Essentially, your practice website can be duplicated onto Facebook, to maximize exposure.
- Facebook is more than happy to sell targeted ads to you, to direct potential new patients your way. Their effectiveness is unclear.

### Garnering referrals from PCPs/NPs/PAs

ENT new patient visits are a mix of patient-initiated, and referrals. Word of mouth (most powerful agent, but out of your control – just provide good care and leave your patients to help your practice) and your web presence will facilitate patient-initiated visits as above).

What of referrals from providers? If a patient praises you to their PCP, then that PCP will send more patients your way. Providing feedback (letters, perhaps a call) to PCPs as to your common patient's treatment course will bolster a good relationship.

Educating PCPs as to medical conditions via community talks is a powerful way to develop a referral network – your hospital may arrange these, or through drug reps. The ability to place a name with a face, and seeing a specialist as a regular person, can build trust. Allergy management is a topic of interest to most every primary provider. Never fear that you will educate them to the point that they need not send you patients – the patients will still come, but their work ups may be partially done (meds tried, RAST, etc.), and the complaints will be more appropriate for your care (e.g., tension headache patients might not be sent your way, as not allergy nor sinus related).

Interacting directly with nurse practitioners and physician assistants can also be of immense value in practice building. These folks are often acting as the primary provider for patients, so the issues above all apply. NPs and PAs are often eager to learn more and are receptive to any teaching you can pass on; they often realize that their training is somewhat of a “survey course” and they want more education. These providers may need more shaping though, to direct referrals appropriately (e.g., TMJ pain to dentists, not ENT). These providers will have their own meetings, distinct from MDs and DOs that offer opportunities to interact with them and develop treatment partnerships. Often, these folk do not have the financial support to travel though, so they accrue continuing education credits online, or through local meetings – hospital granted CEUs for a talk you would deliver is a win-win for you and them.