

CHAPTER 11

INTERNAL MARKETING FOR THE HEALTHCARE PRACTICE

[Understanding Old and New-Wave Patient Relationship Management Strategies]

David Edward Marcinko

Gary L. Bode

The first rule of any technology used in a business is that automation applied to an efficient operation will magnify the efficiency. The second is that automation applied to an inefficient operation will magnify the inefficiency –

William H. Gates, III

Most doctors equate marketing with advertising. But, advertising is only the most expensive channel of message distribution, and often the least effective facet of medical services marketing. Internal marketing and patient relationships management, on the other hand, is the most cost effective, time effective and most dignified form of medical marketing. Internal marketing and PRM within your practice occurs continuously, even if you are unaware of it.

INTRODUCTION

Patient satisfaction opens the door to internal marketing for your practice and comprises the bulk of professional medical services marketing. We all know practitioners who are only average clinically, that do extremely well. Conversely we all know great clinicians struggling to stay afloat in today's rapidly changing health care environment. The difference is usually patient satisfaction.

Some patients are delighted with us despite a result we'd rather not have our colleagues see. Other patients angrily leave us, for some trivial reason, despite a great result. Much of this paradox is attributed to the patient satisfaction aspects of internal services marketing and PRM.

Positive services marketing impacts your bottom line dramatically. Your gross fees are a function of marketing. Obviously, any other beneficial practice management programs work even better on a larger gross fee base.

Advantages of pleasant patient relationships and delighted satisfaction include:

- Increased patient retention. Patient satisfaction increases patient loyalty. This translates into more billable services and more retail medical goods (DME) sold per year. All practices lose patients through death, geographical relocation, etc. Nothing can be done about it. However, other patients defect to other practitioners or do not seek additional required treatment at all. If no other patient satisfaction program exists, other than a best effort on a case-by-case basis, the techniques listed later can dramatically decrease that defection rate. Retaining a patient is more cost effective than replacing one. Note that even a 1% improvement in patient retention, an extremely low result, and can mean thousands of extra pre tax dollars available for practitioner salary.

- Increased new patient referral rate from current patients and staff. Not only do you retain the referral potential of the current patients not lost, but the rate and enthusiasm of existing patient referrals also improves.
- Decreased overhead percentage rate. The relative amount of profit increases secondary to improved staff-production, more revenue generated on fixed expenses like rent, and decreased advertising costs.
- A fee premium for being the area's *de-facto* preferred medical provider. Increased patient satisfaction skews the usual price / quantity tradeoff of patient consumerism in your favor. This is especially important with no third party covered services.
- Decrease in the average interval between exams and purchases. An average of one-week decrease between "bi-annual" exams translates out to many additional exams done every year just from an existing patient base.
- Decrease of time in the accounts receivable cycle.
- Decrease in the bad debt rate.
- Improved office morale, less stress and increased quality and joy from practicing your profession.

Internal marketing becomes especially important in a specialty where differences in practitioner skills are not perceived by the public as significant, and/or in an area saturated with other practitioners. For example, the world's best heart-long transplant surgeon does not have to worry about his location, office dynamics or personality adversely affecting patients [Think Gregory House, MD]. But, a suburban optometrist surrounded by other optometrists, ophthalmologists and national optical franchises, all competing for the same patient base, does.

Another example of positive services marketing through increased patient satisfaction was AIDS anxiety almost two decades ago. Some percentage-of patients were concerned, perhaps just subliminally, about contracting AIDS in the office or related confidentiality issues. If your staff is trained to point out the sterilization controls present, how the office exceeds HIPAA, MSDS and OSHA requirements and how meticulous you are, these patients relax. This "marketing" merely points out to the patient things you take for granted, and, removes one psychological barrier to full compliance. It is not bragging or manipulation. A remarkable positive cycle of benefits ensues for everyone. There is no down side: nobody one is displeased to see you maintain a clean office.

PATIENT SATISFACTION

Patient satisfaction occurs when patient perceptions exceed their expectations. They get an intangible "something extra" from the visit, above what they paid for. We'll concentrate on managing patient perceptions. Note that when patient expectations match their perceptions, mutual obligations are fulfilled, making both practitioner and patient "even".

The clinical result, within a relevant range, is only part of the patient's perceptions. Numerous unconscious impressions comprise the remainder. We've all had patients love us despite a less than optimal result. We've all had patients angrily leave the practice over some non-clinical matter like a trivial billing dispute. A patient's perception of any health care service is colored by

a vast array of prior experiences that set up current expectations. The patient is pleased to the extent that his current perceptions exceed his pre existing expectations. This encompasses far more than the clinical result (within a relevant range), and includes such non-treatment issues as the demeanor of the staff, condition of the physical premises, psychological comfort during the visit, etc.

Remember, all patients talk about you anyway. In the past, a happy patient told four others about what a nice doctor you are. Today, patients post website comments or blogs immediately after their visits. They are more likely to complete treatment and follow instructions, thus obtaining a better medical outcome, and, generating additional fees for the practice. They pay quicker, cause less bad-debt and help create a pleasant environment for us to work in.

An unhappy patient vehemently tells nine others, onground or online, what a nasty greedy rip-off artist you are. Sad, but true! They are not as likely to complete treatment, thus incurring a less than optimal result, and generate fewer fees. They pay slower, if at all, create a stressed environment and detrimentally affect the attitude of other patients in the office.

Try to eliminate problems that might cause negative perceptions (i.e., a filthy restroom) and implement controls that help assure positive perceptions.

Patient satisfaction is a soft managerial science. It is a numbers game. Most patients don't pre-define what would be "acceptable" from this encounter, but have vaguely defined ranges of prior expectations anyway, gleaned from a lifetime of health care related experience. Any variance between these this "acceptable" range of expectations and each trivial encounter invokes some degree positive or negative feeling in the patient.

The total perception of the office experience is an aggregate of multiple trivial, often subliminal, observations. Patient satisfaction is an intangible and amorphous process complicated by:

- *Inter patient variables:* Significant differences between patients in their "expectations".
- *Intra patient variables:* A single patient can perceive the same thing or situation differently at different times, depending on uncontrollable variables like mood, or, context of occurrence which may (sometimes and/or partially) be controllable by the practice.
- *"Luck of the draw" in physical variables:* Does Sally or Mary escort the patient to the exam room? Was it the blue or green exam room? Did the last patient to use the rest room, five minutes ago, leave a disgusting mess?
- *Heterogeneous staff variables:* Even with appropriate training, people are not machines and have their own quirks.

By proactively anticipating the entire visit, from the patient's perspective, the practitioner can structure and arrange things such that most patients have, mostly positive perceptions, most of the time. This can be done despite all the potential heterogenicity of the above factors. Patient satisfaction can be improved in any office, and can be done by anyone.

Because patient satisfaction is a multi-faceted amorphous subject, there are multiple correct approaches to the subject and no “cook book” recipe on how to proceed. Try and get the big picture. Identify the worst areas and fix them. Identify the best areas and reinforce them. Proceed slowly. It can be done one facet at a time. Adapt things to your own managerial style and personality. Be completely open to suggestion and change. Be aware that patient relationship and satisfaction implementation strategies frequently overlap.

MODERN PATIENT RELATIONSHIPS MANAGEMENT

In context of the healthcare industry, a patient’s (erroneously referred to as customer) relationship to both physicians and the industry (erroneously referred to as a healthcare entity) has increased in complexity and intimacy. Today healthcare organizations are expected to reach out to patients with the right, personalized offers wherever they are, whenever they want and how they want. Despite this dynamic economic environment, healthcare providers – both established and new – are expected to be conducted their transactions and provide service in internet health 2.0 time while continuously building patient loyalty through impeccable patient experiences.

Building these impeccable patient experiences requires “listening” to patients closely, understanding them to provide products and services tailored to their needs. This requires patient data collection, building and executing programs around the patient insights. Medical practices are being challenged in their endeavor to do so more than ever before. The reasons stem from:

- Dynamic economic climate: Economic downturns, rising healthcare costs, political healthcare reform and fierce competition are forcing doctors and healthcare organizations to look closely at their patient assets and forcing both patients and providers to look at technologies such as internet, PRM tools and eMRs.
- Role of technology: e-business practices, SaaS, remote sensing and related healthcare technologies are propelling medical practices to reengineer their entire value chain for more efficient and profitable operations.
- More regulatory scrutiny - Patients are very concerned about privacy of data that resides with the healthcare organization, as HIPAA “whistle-blowers” and other and regulatory bodies are watching medical marketing practices closely.

PRM is a business philosophy; a mind set that healthcare organizations need to cultivate to design, develop and operate an organization around patients in away that is mutually beneficial. This is as true for a two-employee privately held practice, as it is for a mega medical corporation spanning several continents with multiple service lines and medical specialties. PRM allows you to:

- 1) Develop single and consistent view of your patients
- 2) Find and keep your best patients
- 3) Improve patient satisfaction and retention
- 4) Gain competitive advantage

- 5) Develop long lasting and profitable relationships with patients
- 6) Improve sales, advertising and marketing [internal and external] effectiveness
- 7) Improve your downstream practice operations.
- 8) Increase practice business entity transferable economic value.

PRM efficiently helps healthcare organizations differentiate themselves from their competitors through superior patient relationships and streamlined operations with all stakeholders – patients, suppliers, payers, employers and partners. It elevates the patient relationship away from the one transaction, one visit model, and helps physicians realize the lifetime value of a patient. Existing small and medium practices are very well positioned to implement this PRM philosophy and concept. And, start-ups already practice these concepts in their daily operations in that they have less corporate dynamics and complexity in delivering a cross-functional patient experience.

Return on Investment for PRM initiatives

Gone are the days when marketing was inexpensive and it was easy to “build the practice brand.” Healthcare organizations today cannot afford to spend money on programs, which do not show returns on investment. Today’s business climate is especially harsh for functions and programs in a practice that cannot present a clear ROI for their existence. Marketing as a function, and patient retention and acquisition programs are especially vulnerable in this climate unless the marketing and PRM initiatives are supported with a sound ROI argument.

A very basic challenge for a young practice is not only pooling resources but also allocating them wisely. ROI arguments help young healthcare organizations make those choices. Typically marketing budgets and outlay decisions focus on operating expenses like public relations, advertising, patient websites, TV ads or radio shows, and direct mailing. However, PRM does involve capital investment decisions. To be successful, marketing/PRM practitioners should learn to speak the language of business and build an ROI analysis to support PRM initiatives.

TRADITIONAL INTERNAL POLICY STRATEGIES

Aggregate traditional office policies form the philosophical foundation of any medical practice. This is an area where proactive action is crucial. In the absence of expressed formal PRM or internal marketing policies, practices evolve facet by facet in response to various external stimuli. These implicit policies seldom match what the practitioner would have initially defined as ideal. Since such policies are usually negatively based, they diminish the chances of patient satisfaction occurring.

The classic example of a bad internal policy is the sign stating, “We enforce a \$50 cancellation fee for missed visits.” Here, the majority of decent patients are exposed to a negative attitude the practice uses to protect itself from the few abusive ones. This type of policy originates over a few isolated cases without consideration of its overall impact. It sets an oppressive tone. While only one factor, some patients will take this, combine it with a few other negative perceptions, and leave the office less happy than they could be. Note there is nothing wrong with the policy *per se*, but it could be enforced discreetly and selectively without diminishing the rest of the practice.

Anything that can go wrong will eventually go wrong. Most of these situations can be easily anticipated (or more likely, recalled historically) and appropriate reactions delineated ahead of time. Once a problem occurs, say a billing dispute, the emotional dynamics make even a fair solution difficult to accept. This is a classic area where failing to plan translates into planning to fail by abdication.

While patient satisfaction should be programmed into every aspect of practice philosophy, it is but one of many factors to balance. Clinical quality, staffing, cash flow, optimal work load, your personal needs, expense constraints etc. all must be integrated into a viable overall program. This should be documented as a “living” manual, constantly subject to change. Experts often suggest organizing the manual in very discreet topics as a template in an electronic word processor. Then when something changes, it takes only a few minutes to amend and re-print the appropriate section. Since all facets of the practice inter relate, the implications and ramifications of each change should be considered. The entire manual should be reviewed yearly for overall philosophy and viability.

Other typical areas of bad internal marketing policies include:

- *No human resources policy.* Haphazardly addressed employee issues virtually insure a sullen staff with subsequent diminished patient satisfaction.
- *Over-Scheduling.* This is a tough area: non-productive time is lost forever despite ongoing expenses. A high cancellation rate indicates multiple problem areas within the practice. As patient satisfaction increases, scheduling becomes more predictable and holes can be filled from a waiting list. Note the worst wait is the one to pay the bill, especially if the receptionist appears to have little regard for the patient’s time.
- *Billing.* Nothing is worse for the patient than proving a practice’s billing error. Some practice’s place, or allow a managed care company to place, the patient in the middle of the third party payer - practice conflict. Justifiable? Maybe. But the fact is you should be more adroit with such issues than the patient. A patient satisfaction oriented practice would develop a policy that collects the money from the patient regretfully, in the light of the third payer failing to live up to its obligations, despite the practice’s valiant efforts on the patient’s behalf.
- *Communications.* Lost records. Ignored requests for a copy of the prescription. Misplaced records. One part of the billing system ignoring the other. Poor staff interpersonal skills. All these create ill will.

An example of a positive policy is to create a *Patient Bill of Rights*:

- The practice exists to serve the patient.
- It is a privilege for a patient to place his trust in us.
- We will work hard to deserve and maintain that trust.
- The patient deserves the right to quality clinical care.
- The patient deserves our help in understanding his insurance.
- The patient deserves respectful treatment in all phases of the office visit.

- The patient's time is as valuable as our times.
- The patient deserves to know about all our practice's services and advancements.

You get the picture.

Medical Staff Strategies

Involve the staff intimately and immediately in any patient satisfaction improvement program. Take some time to think about how this should be presented. Human resource management is a tricky field. Often the staff is part of the problem, but finger pointing and a judgmental atmosphere are counter-productive. This is not a forum to air petty grievances. Be prepared to accept total personal responsibility for past problems to help clear the air. Proceed slowly, most people view change with caution. Actively seek their input on defining both problems and solutions. Usually the staff knows more about the practice than the Doctor. The more someone participates in planning a patient satisfaction program, the more they become invested in implementing it. Learn a "hold on loosely" managerial style. Encourage "brain storming" where any idea, regardless of how seemingly implausible, can be presented without fear of ridicule. Sometimes two crazy ideas spawn a viable hybrid. Emphasize the morale and stress reduction benefits you anticipate. Start building some team spirit. Introduce the concept that employees, including you, are "internal customers" of each other. What you do with the patient now helps create the atmosphere the in which next staff member must deal with that patient later.

Patient satisfaction often requires an on the spot initiative judgment call. An empowered, trained staff is essential. Be aware a policies and procedures manual may be required and constantly updated. Sometimes an incentive program, like an eventual day off, helps garner staff support. Support them in other ways and be prepared to "divorce" a patient who is abusive to the staff. Without threatening, make sure they understand your continued, consistent commitment to improving patient satisfaction.

Avoidance Strategies

Most doctors find it is easier to start here. Detrimental patient encounter issues can be anticipated and hopefully prevented. Have the staff list everything they've seen as a problem in the past. Things like prolonged waits, dirty bathrooms, getting an answering machine instead of a person, loud patient arguments over bills etc.

The first area to deal with is haphazard, sloppy office procedures. From the patient's perspective, any administrative mix-up (double billing, lost records, and staff problems) provides a possible cause to extrapolate poor practice management to poor clinical quality. Streamlining operations, logical from any perspective, eliminates many possible impediments to patient satisfaction.

A formalized cleaning schedule, or new cleaning service, might prevent cleanliness issues. Re-vamping your scheduling procedure can help reduce the wait. Remember solutions have to work for you too: decreased waiting time must be balanced with optimal work capacity. Note that an empty reception area, while optimal for minimal wait, makes patients wonder why you're not

busier.

Sometimes a problem requires several strategies used singularly or simultaneously. Freeing the receptionist from other duties at crucial times may insure patients always get a person on the line. Phone or email etiquette training (perhaps by play acting with you and the staff), might help phone efficiency. Other staff members pitching in when needed is another possible answer.

Modification of billing policies, coupled with a sound proofed room to discuss them in, may keep one irate patient's squabble isolated.

Waiting Room Strategies

In any potentially detrimental situation, delineate what the staff can do to make it right. A service paradox exists and timely, appropriate action can sometimes build more patient internal satisfaction than if the situation had never occurred.

Take the wait for example. It is not enough to just have policies in place that help prevent a prolonged wait from occurring. There must also be policies in place that ameliorate an adverse situation when it does arise. This can involve placating a patient over long wait, or, reassuring a patient about an empty waiting room. An apology from you and/or the staff might be one technique, "I'm so sorry to keep you waiting. Doctor X and I really try to stay on schedule because we know how valuable your time is." Offering some refreshments might be another. In extreme cases, giving the patient a beeper and turning them loose until you see them may work. Many patients will be impressed you have even considered how the wait affects them. Sometimes the above management techniques, if the wait is not too offensive, can actually build more patient satisfaction than just seeing them on time.

Fee Strategies

Another common scenario is disgruntlement over a fee. This should not occur in front of other patients. Many receptionists find that genuine, cute little quips like, "I know it seems high, but (wink), I'm expensive to maintain," defuse the situation by gentling pointing out the overhead factor. When a patient balks at fees, gently and politely imply that we could inquire if the local plumber was available to do the exam, procedure or surgery. This brings training and relative cost issues into play while making them smile. Costs are high, but justifiable.

Educational Strategies

Patients love to hear about what diseases you treat, what your fancy looking machine does etc. Without bragging or preaching, you and the staff should casually but enthusiastically talk about everything you do. This gives the staff an opportunity to show how knowledgeable and capable they are too. Remember:

- Even if it's mundane to you, it will be new and exciting for the patient
- Builds a personal rapport with the patient and makes the difference between the office visit being a chore and an "experience"

- This is a great sales technique. Even if all your colleagues and competitors all offer the same thing, you might be the only “source” known to the patient.

Many doctors ignore patient education at their own peril. Consider, the doctor that treated two daughters and a Mother from a prominent local family for small problems. One of the daughters came back for an informal second opinion on surgery Mom was going to schedule elsewhere. They simply never realized the initial doctor performed surgery and were actually very relieved that this would handle this for them.

Consider using a word processor, or outsourcing the task, to produce customized, personalized patient informational brochures dispensed during the visit. A similar process can be done through business presentation software like MSFT Power-Point®. This takes some work to initially set up, but always produces better results than commercial pamphlets. The brochure can talk about their condition, your office philosophy, the importance of re examination and request for them to tell their friends about you. Even today, such a personalized document can provide a source of conversation for the patient later and give them a great visual aid.

Future Expectation Management Strategies

Restaurants typically tell patrons the wait will be 45 minutes, only to be pleasantly surprise them with a table 10 minutes later. So, informing patients about expected fees now is easier, and can be rationalized better, than dealing with them in an agitated state when they get a \$200 surprise.

Value Added Strategies

Appear more thorough by discussing what you’re doing with the patient. Clinicians often get so good at gathering information, the patient may not be aware of all the service and training that is working for their benefit. It can also be a positive diversion that turns a long wait into a positive experience. The customized pamphlet described above also adds apparent value.

Adjunctive Services Strategies

A long wait can be ameliorated by allowing the patient to browse in an ancillary medical product department to learn about the latest specialty innovations, or just by visiting a nutritional supplement, pharma-ceutical or cosme-ceutical, display. Additional specialty specific diagnostic modules not only break down a long wait for the core service (you) into a more agreeable format, but add value to your services too.

Reassurance Strategies

Patients often have concerns they never express. Their friend’s Mom has diabetes and they wish they knew more about it. They’re scared of getting it. Or, they wonder about philosophies like optometry versus ophthalmology, chiropractic versus physical therapy, podiatry versus orthopedists, physician assistants versus nurse practitioners, internists versus hospitalist, etc.

Are you capable? What are your credentials? What is your training? How can they tell before they buy? How can they even tell if you've done a good job? What if I move during the exam? What's this going to cost? Am I going to get back to work on time? How hard is to use trifocals? Will it hurt? What's that thing do?

Many find the best way to approach this is to imagine your-self in an analogous situation. Professionals with narrow, albeit deep, ranges of knowledge usually experience intense feelings of helplessness, and control issues, when they find themselves on the receiving end of something beyond their expertise. Imagine yourself at the mechanic's or architects' and extrapolate your concerns back to the patient's perspective.

Reassuring the patient is mutually beneficial. Why let them be concerned?

For example, the staff can work your credentials and training into a conversation. Imagine some patient's relief when your assistant mentions how you treat her and her children. What better recommendation can there be? This is not bragging. Unless laid on too thick, no patient is going to be turned off by knowing his doctor is well trained and credentialed.

Find ways to somehow proactively assess if the patient has any of the common anxieties. You can do this with the premises. A medical library, or slide show or digital-computer display, can be re assuring as can diplomas, CME certificates, etc. You can do this with some standard patter on various topics by you or the staff.

Always encourage questions.

Closing Internal Marketing Strategies

With pleasant patients, have someone directly ask them to be kind enough to tell his friends, family and other doctors about you and the practice. Don't forget to include other family members in this request. Even the most satisfied patient may not think to do this automatically. Some will go out their way to spread the word as this is a personal favor to the staff, and, to re affirms their own decision of making you their doctor. Others will spread the word if and when it comes up in conversation. Properly done, it offends no one while producing positive results in some patients.

Monitoring Strategies

Start to keep records for practice statistics and financial performance. In the proper hands, this performs an invaluable database useful for all manner of managerial decisions. Sometimes, patient satisfaction, and practice management in general, is trial and error. Trial programs can and should be monitored for cost effectiveness and efficiency.

PRM AUTOMATION

The above patient relationship management strategies and philosophy may be considered "high-

touch” and low-tech. For a “high-tech” and lower-touch culture, consider automation. Unfortunately, through 2011, more than 50 percent of all automated medical practice PRM implementations have been viewed as failures from the patient’s point of view. These failures were due to a combination of inability to electronically link channels, lack of process redesign or failure to provide any real patient benefits. Clarity in short-term and long-term goals helps define your objectives, and patient benefits, which are essential to clarify before launch. Involve all stake holders from various office functions and take their inputs to arrive at your practice objectives. Communicate them to all constituencies. PRM affects not just marketing and advertising; but all functions across the practice. In small healthcare organizations it is not unusual to make mid-course corrections to strategies and modify practice objectives. Nevertheless, the process will help minimize chaos and implement automated PRM as seamlessly as possible.

Requirements Gathering

The success of any project depends on clear and detailed definition of the specific requirements of the initiative and of course a systematic implementation. Main contributors to project failure are inadequate user input and incomplete, unclear or changing requirements and project specifications. If the practice pays attention to the process of gathering and documenting requirements, it can pave way to a successful PRM initiative. Gathering requirements and including them in the project management process enables:

- User participation in the process, to build a working solution, to learn the system early on and to build a working relationship with other functions.
- Technical team to build a solution that can work reflecting the user needs and help bridge the gap between the user and HIT community
- Physician-executives or office managers to measure project success, to feel assured of project adaptation.
- Ultimate technology selection

PRM technology evolves rapidly and the many options at your disposal can be baffling. The doctor - as PRM champion and user - must pay attention to the selection process for appropriate technology. PRM deployments for 360 degree patient view and real time patient interactions are great but not if they take tens of thousands of dollars and drag over several years which could be kiss of death for young practices.

Therefore, examine PRM options and note most vendors are improving their footprint and can offer you a “cutting edge toolkit” at bargain prices – applications that you may need, not today, but in “near future”. Ask yourself this question. Do you need it – the capacity, the price and the scale? Do you know with absolute clarity how your practice needs are going to change in the near future? Even if you buy more than what you need, can you handle it and implement this in the timeframes with the resources and constraints you have? It is very critical to be clear about your objectives, gather requirements and then prioritize what you need the most and what you can take up based on your resources.

In addition the rapid pace of technology consolidation is creating a market in which specific technologies are more dependent on other technology decisions and affect larger parts of a practice. This change is forcing more practice and HIT personnel to be cross-functional across a wider breadth of technologies, in order to deliver as much as possible electronically; be asynchronous and automate the process.

Small to medium size medical practices don't need costly and extensive PRM software suites. On the other hand, they need solutions that can give them quick returns on investment and prove their worth within short period of time.

For example, as a patient data mart, spreadsheets are very handy. You can conduct preliminary data functions using spreadsheets and use e-mail software to conduct campaigns. But, you may be better off with a simple Excel® spreadsheet, or MSFT Access® database costing a few hundred dollars, than industrial strength PRM databases or PRM programs that cost more to implement and maintain with multi-year implementation efforts. Today's healthcare software vendors, both those who started out with call centers and those who began in campaign management or sales force automation, are racing to provide a suite of solutions that enable to address small practice needs. This partial list of activities that will go a long way in helping to choose your technologies:

- Before selecting a package, SaaS, or best-of-breed solution based on sales presentations, develop a business case for your PRM initiative and calculate return on investment (ROI).
- Ensure the software solution is simple, amenable to scaleable up-or-down, as practice needs dictate.
- The PRM infrastructure does not stand-alone. To provide intelligent patient service through multiple touch points, it is imperative to have a clear view of the patient. This requires PRM to be integrated with the front office, back office and workgroup infrastructure – enterprise resource planning (ERP) and supply chain software solutions [SCSS], CPOESs and eMRs, to facilitate the flow of transactions and patient data.
- When evaluating PRM technologies, look for software or internet cloud services that allow you to integrate your PRM with other enterprise applications and existing technologies. Even if you do not need this integration today, make sure your new PRM technology can integrate well with your existing technology infrastructure, or hospital affiliations, in the future.
- Software, hardware, network connectivity or cloud computing costs are not the only expense you will incur. You will also incur implementation expenses and opportunity costs if technology is not chosen and implemented well.
- It is essential to have a clear PRM strategy and approach the implementation in an incremental way while digesting PRM in realistic modules. Therefore, critically evaluate

your needs and select the most appropriate PRM solution. Today, software vendors are realizing the potential of PRM for healthcare organizations and are offering software or SaaS hosted solutions to address young practices within their budgets.

Criteria for Technology Selection

Both research and experience reveal an often confusing, complicated world of claims, features, and upgrades, a wide array of technical architectures, and an even wider array of pricing structures when it comes to choosing PRM software. Critical Criteria for selection include:

Scalability: As a young practice, a scalable marketing program and PRM infrastructure should be flexible enough to accommodate specialty trends effortlessly and seamlessly without crushing your marketing infrastructure or its' people, patients or processes. A scalable PRM infrastructure should allow a new channel, a new patient segment, a medical product or service-line seamlessly and with minimum incremental effort or cost.

Interoperability: You may need an authoring tool today to develop your collateral data, and so select a simple MSFT Word® program. Later, you may want to conduct campaigns to re-introduce your practice or gauge satisfaction among current patients through an online survey. The software you build or purchase for individual activities should be able to co-exist and talk to each other. The software you purchase does not have to be monolithic, but it needs to be modular and work together incrementally. For example, your e-mail campaign software, CPOES and e-prescribing functions should work with your authoring tools and eMR. In today's complex and fast paced evolution of PRM products, newer technologies need to co-exist with older legacy technologies, and futuristic eMR systems; so interoperability is one of the critical criteria for PRM technology selection.

Ease of Use: As a young medical practice, pulled in different directions, it is important to have a PRM solution that is easy to use and does not necessitate extensive user training.

Cost structure: Remember, all PRM software comes with obvious costs as well as hidden costs. Ask the right questions and find out the hidden costs for systems implementation, integration and user training.

EMERGING PATIENT COLLABORATIVE MARKETING TRENDS

Given today's economic and political environment, with its' increasing competitive pressures, medical practices are focused more-than-ever on patient acquisition and patient retention. Modern medical practices are teaming together to offer comprehensive end-to-end solutions. If you are partnering with other healthcare organizations to pool in your expertise, offer joint solutions and take up joint medical marketing and patient communications programs, be careful how you execute and about what you agree with your partners on sharing patient databases.

It is advisable to formulate a simple and clear privacy policy and adhere to that in the partnership agreements. Comply with the policy at all patient touch points. Communicate this very clearly with your partners and patients prominently in all your channels of communication. Inventory

your data collection processes and gateways. Select appropriate projects to add security to your data across extended networks and partners. Note there is no silver bullet to protect the privacy. Privacy compliance is as much a business issue as it is a technical issue, sometimes more so.

Implications for Patient Strategies

While you are formulating and implementing privacy policies; you need to address the following questions

- Do your patients respond to your practice's privacy strategy?

It is not enough to have a privacy policy that is so confidential no one is aware of that. It is imperative for practices, once they implement their privacy strategies, to understand how patients are responding and loop the feedback to fine-tune policies accordingly.

- How do you consider the impact on the patient from every privacy decision you make?

Every privacy decision made will impact the patient and your practice; but to what extent? How do you determine this impact? Some of them will be patient-facing and some will be in the back-end. This step is essential so that you can make appropriate decisions and make optimum usage of resources.

- Will your medical practice operations support the privacy initiative?

Privacy enablement requires resources and training with perhaps no immediate, apparent short-term value-add to the top-line or bottom-line. Medical practices that take a proactive view of privacy enablement as cost of doing business in the 21st century will benefit. Practices still need to adopt critical processes and technology that agree with their resources and gradually privacy enable in an incremental way.

Role of Technology

There is no technology silver bullet. Privacy enabling a practice is composed of elements of company loyalty towards patients, commitment to build long lasting and profitable patient management by building trust, and engaging cross-functional teams that can pick and deploy suitable data security across the network. Here are some salient steps for secure data management that affect technology choices of any medical practice:

- Privacy-compliant database development – healthcare organizations have to “listen” and record what patients are saying, and if and how they prefer to be contacted, or not at all. All these details will have to be stored in a secure database, which is regularly refreshed with the outcome of practice communications with patient. This will be the central repository that the office draws upon to design and execute consistent and privacy enabled patient communications.

- Protect the data across the practice, from group to group, area to area, or from network to network. It is not enough for a medical practice to protect data from external intruders, but also from internal data abusers. It is not enough that patient data is secure during transmission at the patient touch point. It also needs to be safe where it is stored. It is not unusual to have patient data stored or lying around where it is accessible by internal intruders. Therefore it is imperative for medical practices to go beyond traditional firewalls to have multi-layered security at the data level.

ASSESSMENT

Internal practice marketing, patient relationships management and office privacy are issues of trust management. Your patients need to trust you with their confidential clinical and sensitive marketing information [traditional and new-wave] and feel they can control how you [data-custodian] treat their information. It does not matter whether you have a two employee practice, or are a regional healthcare system, you must still be careful about how you collect the data, what you do with it, how you store it and how you use with the patient's permission. It does not help that patients may have a lower tolerance for privacy snafus by a young practice. In fact, some patients are known to cut less slack for young healthcare organizations, so follow the "3-C Mantra" in all internal traditional practice marketing, and new-wave PRM activities:

1. Collaborate among cross-functional human or automated teams
2. Comply with all privacy policy and regulations
3. Communicate with patients continuously

CONCLUSION

Patient satisfaction is an ongoing and dynamic process. Whether traditional "high-touch", automated "high-tech", or some degree of hybrid platform, such internal marketing rewards include fantastic financial return on effort, decreased stress and increased personal satisfaction while practicing your medical specialty. While PRM takes some effort and planning, its costs are reasonable and can be a way to help bring the office staff together, improve quality care, and collaborate with your patients as a team.

COLLABORATE NOW: Continue discussing this chapter online with the author(s), editor(s) and other readers at: www.BusinessofMedicalPractice.com

Acknowledgements

Thanks to DeeVee Devarakonda, author of this chapter in the second edition

List of Healthcare PRM [CRM] Software Vendors

- www.SageNorthAmerica.com
- www.esalestrack.com
- www.C2CRM.com

- www.NetSuite.com/CRM_Software
- www.1stdirect.com
- www.TechnologyEvaluation.com
- www.PlayMakerCRM.com
- www.Oracle.com/SiebelCRM
- www.omnivue.net/Healthcare
- www.cio.com
- www.esalestrack.com
- www.salesforce.com
- www.Stylusinc.com

THE END