

# AN INTEGRATED APPROACH TO MARKETING ORTHOPEDIC AND NEUROSCIENCE SERVICE LINES



AN INTEGRATED ORTHOPEDIC

NEUROSCIENCE SERVICE LINE

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**+HealthLeaders**<sup>Media</sup>  
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# About the Authors

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Patrick T. Buckley, MPA, is president and CEO of PB Healthcare Business Solutions, LLC, a consulting firm that assists healthcare organizations with strategy, marketing, and management. Buckley has worked with many of the leading healthcare organizations across the country, providing strategic consulting to academic medical centers, healthcare integrated delivery systems, community hospitals, multidisciplinary physician group practices, physician faculty practice plans, and healthcare associations. He has more than 25 years of experience in strategic planning, brand and corporate communications consulting, marketing, advertising, and strategic business development for the healthcare industry.

In addition, Buckley is a recognized authority on service line marketing organization and marketing planning, particularly cardiovascular services, neurosciences, oncology, orthopedics, and women's health.

Prior to founding PB Healthcare Business Solutions, Buckley was president and CEO of Rynne Buckley Marketing and Communications. He served as the chief strategic planning and market development officer for State University of New

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Buckley has been a featured speaker at national healthcare symposia, including the Society for Healthcare Strategy and Market Development (SHSMD), and at hospital and healthcare marketing associations. He was awarded the former Alliance for Healthcare Strategy and Marketing's highest achievement award in marketing excellence. He has been a featured writer in *Chicago Hospital News*, *Spectrum* (SHSMD's newsletter), *Redspring Report*, *Medical Economics*, *MD News*, and *Healthcare Marketing Report*. He also serves on the editorial advisory board of *Healthcare Marketing Advisor*, a newsletter published by HealthLeaders Media.

Buckley is the author of *The Complete Guide to Hospital Marketing*, written specifically for marketers and other professionals who are new to the healthcare marketing field, *Physician Entrepreneurs: A Marketing Toolkit*, written to assist practice administrators and physician CEOs of medical group practices.

A graduate of the University of Notre Dame, Buckley holds a Master of Public Administration from the Maxwell Graduate School for Citizenship and Public Affairs at Syracuse University. In addition to his consulting credentials, he also earned a certificate in integrative health coaching from Duke University Medical Center, and is certified by the American Health Information Management

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## Michael Gilpin

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**Michael Gilpin** has over 25 years' experience providing critical marketing intelligence, innovative strategies, and tactical program execution within the healthcare community. His expertise includes market forecasting and scenario planning, brand messaging, as well as advertising and promotion.

His appointments include marketing leadership in both for-profit and not-for-profit venues in highly competitive environments. He served as corporate vice president of marketing with Blessing Health System in Quincy, Ill., facilitating market analytics and integrated brand management.

As marketing director for St. John's Regional Medical Center in Joplin, Mo. (Catholic Health Initiatives), he engaged stakeholders in the development and implementation of aggressive marketing plans, providing quantifiable business growth in cardiac, orthopedic, oncology, and neuroscience service lines, resulting in an organizational \$30 million financial turnaround. During his tenure at St. John's, he also coordinated business development and provider relations for HealthFirst, St. John's physician hospital organization that consisted of 14 member hospitals and 375 physicians. Prior to St. John's, Gilpin served as chief

## About the Authors

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Gilpin holds certifications and advanced training in customer-centered culture, Lean Six Sigma, consumer research, disaster communications, and executive media. He served as judge for Professional Research Consultants' National Achievement Awards, which recognize hospitals and systems for outstanding accomplishment in service line patient satisfaction and loyalty. He has been a featured presenter at national and regional symposiums, including Society for Healthcare Strategy and Market Development and The American College of Healthcare Marketing. In 2006, he was a copresenter of the HealthLeaders Media webcast "Service Line Metrics: Ingredients for Success."

Gilpin is active in civic and community activities, having served on numerous boards. He also teaches communications and media culture classes at Culver Stockton College in Canton, Mo., and John Wood Community College in Quincy, Ill.

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William K. Cors, MD, MMM, FACPE, is an experienced physician executive with a background that includes 15 years of clinical practice and more than 15 years of executive hospital/health system management experience and experience as a healthcare consultant. He currently serves as the chief medical quality officer for Pocono Health System in Pennsylvania. Formerly, he was the vice president of medical staff services for The Greeley Company in Danvers, Mass.

Cors has extensive experience in all facets of medical staff affairs, operations, and development. His primary areas of expertise include strategic alignment of medical staff and hospital leadership and governance; credentialing, privileging and peer review; clinical resource management; improvement of quality of care and patient safety; public accountability preparedness; and management of medical staff conflicts, change, and disruptive behavior. In addition, he has wide experience in medical staff documents and regulatory accreditation.

Cors holds an AB degree from the College of the Holy Cross, an MD from New Jersey College of Medicine, and a Master of Medical Management (MMM) from Tulane University. He is a Fellow of the American College of Physician Executives (FACPE). Cors is board certified in both neurology and medical management. He holds an academic appointment in the Department of Neurosciences at Robert Wood Johnson Medical School in New Jersey. Cors served on the board of directors of the American College of Physician Executives (ACPE) from April 2007 to March 2010.

## About the Authors

In addition to working with medical staffs, hospitals, and boards across the country, he has also authored or coauthored numerous publications. These include the following series that ran in *Medical Staff Briefings*: a 12-part series on improving physician-hospital relations in 2006 and 2007; a nine-part series on strategic medical staff development in 2008 and 2009; a seven-part series on leadership challenges in 2009; a 12-part series on new medical staff models in 2009 and 2010; and a 10-part series on leading change initiatives in 2012. In addition, he was the lead author for the 2007 publication *The Medical Staff Leader's Practical Guide*, Sixth Edition; the 2008 publication *The Greeley Guide to New Medical Staff Models*; and the 2010 publication *The Greeley Guide to Physician Employment and Contracting*.

### **Frederick J. Barnes, MD, FAAOS, FACS**

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# Preface

One of the few things we can be certain about today's healthcare marketing can be summed up in a simple statement: *“The future of our healthcare delivery system will never go back to the way it was, and those who are convinced otherwise should be in a different industry . . . or none at all.”*

For those of you who may interpret the colossal change in healthcare being primarily due to mandated healthcare reform or other regulatory parameters, the authors of this book would like to challenge you to consider a bigger phenomenon within our industry. The authors contend that consumer expectation is the true driving force behind healthcare. They do not argue that reimbursement, regulatory compliance, access, and a myriad of other issues are insignificant, but—compared to the new demands of today's consumer—they become secondary in capturing new market share.

One has only to look beyond healthcare to get a better understanding of consumer expectations. Unlike our parents or grandparents, we now expect things “the way we want it” *and* “we want it now!” The explosion of information now easily accessible to all ensures that we not only know what to expect, but we also know where to get it, in an instant.

In this publication, seasoned healthcare marketers and prominent physicians have teamed up to provide a unique and critical look at orthopedics and neurosciences marketing while presenting straightforward, easy-to-understand tactical strategies

## Preface

and ideas for immediate implementation. As healthcare practitioners, they recognize the need for sustaining revenue while planning for the future. The authors have experienced first-hand the silos and barriers that plague our industry. But more importantly, they comprehend the urgent need to adapt and embrace a new environment of innovation and customer-centric focus.

The chapters contained herein emphasize the essential elements necessary to accomplish identified goals in today's orthopedic and neurosciences service line marketing. Topics include designing services that foster customer satisfaction, developing an effective and measurable marketing plan, using market intelligence to competitive advantage, targeting the right audiences, successfully executing communication and promotion strategies, and developing a team approach toward internal marketing. In addition, these chapters contain special segments focused on the unique clinical aspects of marketing orthopedic and neuroscience services. The easy-to-understand language will guide market warriors at all levels through key components crucial for short-term results. More importantly, thought-provoking alternatives are provided to stimulate new ideas and approaches. Whether your goal is market dominance or collaborative existence, this publication provides you with the critical resources to lead your organization toward innovative and sustained growth for years to come by understanding: *then, now, and wow!*





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# The Changing Landscape

## This chapter will:

- Discuss the media's impact on healthcare consumerism
- Chart the journey of consumer ownership in healthcare delivery
- Address a critical juncture necessary for success in marketing today's orthopedic/neurosciences service lines
- Provide relevance and application of the four P's of marketing orthopedic/neurosciences services
- Profile a clinical case study with a 21st century consumer

As healthcare professionals discuss uncertainty in the industry, regulation and reimbursement often top the list of topics. Without question, these are two very important issues, and no marketing strategy would be complete without serious consideration of anticipated revenue and control management. However, as industry and market leaders, it is crucial to look beyond the hurdles of doing business and stay focused on the true business driver—the customer. Think about it: When a customer is totally satisfied and expectations are fully met, a desire for change seldom exists. Many consumers have become disillusioned with today's healthcare delivery system. Some have advanced to a level

of profound dissatisfaction, and it is this well of discontent that, more than anything else, is driving change.

As good as it is, the U.S. healthcare system is not fully meeting the expectations of its consumers. So what has changed? Fifty years ago, John and Jane Q. Public were generally content with the existing healthcare system. It was a pretty simple process. If an individual had a serious illness, the doctor was called, and the individual's treatment was generally managed by his or her doctor. If hospitalization became necessary, the individual was admitted into a hospital, where a host of others assumed responsibility for his or her well-being. It was generally at this point when the individual became reclassified as a "patient," and once designated as such, his or her life became heavily regimented.

The patient was told when to arrive, where to go when he or she got there, what to wear after admission, and when he or she could eat, see visitors, and take medications. Finally, the patient was instructed when to go home. At discharge, an itemized bill was presented and promptly paid. If patients did not have the resources readily available to pay the bill at discharge, an alternative payment plan was arranged. In early days, it was not unheard of that doctor fees were covered via the barter system. (Can you imagine CMS calculating how many jars of homemade marmalade were required for an arthroscopic procedure, not to mention the verbiage over the exact size, weight, and color of the glass jar housing the marmalade!) After recovery, the former patient generally lauded the wonderful care he or she had received.

Overall, the healthcare system seemed to work back then, so why the need for change? Surely, the change was not due to any industry shortcoming. After all, do not some hospitals still follow the same guidelines with respect to telling the patient when, where, and how care will be delivered? Despite countless customer relations programs and much rhetoric, many healthcare systems today still conduct day-to-day business in much the same way they did years ago. By way of example, appointments, attire, and dining all remain at an organizational convenience level, leaving the customer to accept someone else's definition of "service." And therein lies a significant part of the public's dissatisfaction with 21st century healthcare: People have evolved from prospective "patients" to "consumers." And, unlike yesterday's patients, today's consumers are armed with vast amounts of knowledge and a whole new set of expectations.

## The Journey to Consumer Ownership

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The customer's journey from "patient" (recipient) to "manager" (owner) is long overdue. Fortunately, more and more individuals today are taking responsibility and are now beginning to take control of their own healthcare in collaboration with doctors and other healthcare professionals. The reason is relatively simple. A plethora of reliable information is readily available to consumers concerning most every healthcare topic imaginable. Prior to the 1960s, most of what consumers knew about major health-related events was filtered through physicians, nurses, hospitals, or other caregivers. Occasionally an individual would take the initiative and augment his or her limited knowledge with terms and symptoms from a local library's medical dictionary. In the 1960s, things began to change. Television was coming of age along with the baby boomers. Television

programming evolved beyond the quiz and variety show formats and began airing TV dramas. Television character Dr. Ben Casey was broadcasting medical vocabulary into thousands of living rooms. By the mid 1990s, medical-based dramas like *ER* dominated television primetime programming, adding terms like “myocardial infarction,” “osteoarthritis,” and “CAT scans” into our mainstream vocabulary.

Although it may be a stretch to attribute early television entertainment as the basis for the enlightened consumerism of 21st century healthcare, it is fair to say that media programming does reflect cultural interest. Given the vast quantity of health-related topics addressed in today’s media, it is safe to say that healthcare is certainly a prominent subject in many people’s minds, especially in key demographic segments of our society. It is also safe to say that these individuals are not only concerned with healthcare issues in a general sense; they are enormously concerned with how those same issues impact them directly, as well as their family and friends.

Likewise, media executives are not blind to the opportunities created by this shift in public interest. Today, healthcare means big business to the media industry. Virtually every news network has physicians, nurses, or other health professionals on retainer to provide regular updates and interpretations of a wide range of medical issues. Research indicates that in the United States, healthcare is second only to sports in public interest for local news programming as it relates to ongoing topics. The growing influence of healthcare as a major revenue opportunity has caused executives to place healthcare ever higher on their list of programming priorities.

The convergence of media has leveraged the power of broadcast, cable, movies, print, and, ever increasingly, the Internet to meet the consumers' growing demand for new and better healthcare information and services. Traditional media will continue to play a vital role in supplying a wealth of valued healthcare information to the public marketplace. However, by the nature of traditional media technology, it lacks a critical link in the new age of tech-savvy consumerism. Consumer-ready material immediately available for customers, on their timetable, has replaced the antiquated model in which the vendor determined the “what and when and how much” of their controlled content release. Today's consumers have turned to the Web, a medium unlike any other for the gathering and dissemination of enormous amounts of information available to anyone nearly instantaneously, to fill this missing link. It is estimated that in 2012, the top five (ranked by volume) health information sites alone totaled nearly 80 million unique visitors per month (see Figure 1.1).

FIGURE 1.1

**TOP FIVE MOST POPULAR HEALTH WEBSITES**

<b>Website</b>	<b>Estimated number of unique monthly visitors</b>
Yahoo! Health	21,500,000
National Institutes of Health	20,000,000
WebMD	19,500,000
MedicineNet	10,500,000
Mayo Clinic	7,000,000

Source: [www.ebizmba.com/articles/health-websites](http://www.ebizmba.com/articles/health-websites).

Consumer-initiated visits to the Web continue to increase significantly, as does the growth of new educational and social networking sites. Thanks to ever-more-efficient processors and browsers on laptops, tablets, and smartphones, consumers now have instant access to data on almost any health-related topic known. No longer are consumers constrained to receive messages at the discretion of marketers or advertisers. Traditional “push” advertising has been eclipsed by consumer-initiated searches on the Web. Conventional ads once drove consumers to a “try it” level of commitment; that same ad now drives the consumer to a “comparison” or “research” stage.

Why is this? The reason is due largely to the ease and availability of relevant information combined with more involved and concerned consumers. It also reflects the consumer’s quest for assurance that a particular product or service will meet his or her specific expectations. Product reviews were once limited to consumer-oriented magazines. Now hundreds of sites are available to review, rank, or rate services of hospitals and physicians. The chain of communication has expanded exponentially from yesterday’s patient’s circle of friends and family to a vast network of resources, including governmental and advocacy-based websites.

### **A Critical Juncture**

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The healthcare industry is at a critical juncture. More and more consumers are demanding a principal role in their own and family members’ healthcare. The information and technology is readily available for them to assume that role. For marketers, the question should be, “How is our organization prepared to engage this new customer and how will we fulfill his or her demands?”

Fortunately, many healthcare providers are moving in the right direction, focusing more in the area of consumer marketing. Healthcare organizations have raised the bar by implementing quality outcome measures and customer experience training for employees. Some providers are also beginning to realize value in regard to the growing diversity of marketing applications now available.

At this critical juncture, it is vital that marketers dedicate themselves as innovators for customer integration. However, most organizations have a long way to go. In many consumers' minds, healthcare today has scratched only the surface in becoming a customer-centric business able to adapt to individual needs. While consumers generally value the services healthcare providers offer, most consumers still perceive the business of healthcare as bloated, complex, and difficult to endure. Many still associate healthcare delivery with the one-size-fits-all mentality once commonplace. Today's consumers are looking for something different. They want personalized adaptability, convenience, and value. These are among the key benchmarks by which the future of healthcare will be measured.

Accomplishments in quality care and technology will retain their relevancy, especially in the reimbursement arena. In the eyes of the modern consumer, however, these attributes are already subsiding as differentiating factors for choosing a healthcare facility. Technology and quality care are more and more considered baseline attributes possessed by the majority of healthcare providers.

After all, what consumer willingly chooses a hospital on the basis of poor quality and antiquated technology? It is to be expected that the federal reimbursement system will continue to provide scorecards reflecting desired measurable outcomes

until a point in which consumers redefine what they deem important or desirable. When enough consumers change their desires, the measurable outcomes will change.

## The Four P's of Marketing

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So, what are the expectations placed upon marketers as they engage today's enlightened consumers? The first thing to remember is that the core principles of marketing still apply. Marketing involves an exchange relationship between a buyer and a seller in which the buyer makes a price/value assessment, resulting in either acceptance or rejection of a good or service. It is the innovative manner in which marketers apply the four P's that will differentiate success and failure. The four P's are:

- Product
- Price
- Placement
- Promotion

### ***Product***

It has been difficult for healthcare professionals to adapt to the concept of thinking of their offerings as products. Perhaps this is due to an attitude that places healthcare above the retail arena, or perhaps a desire to perpetuate the complexity of the industry. Unfortunately, there are some who feel that by maintaining an

aura of complexity in providing healthcare, the consumer will not focus on the basic rules of supply and demand. From product development to end user, it is simplicity that consumers seek; effective marketers should consistently remind their colleagues of this when matching goods and services to consumers. Starting with product development, marketers must invest themselves in the total process.

Product development is sometimes difficult in healthcare, because, as an industry, it tends to think of itself as a “service industry” and not a “product provider.” In part, this is due to healthcare professionals limiting themselves as to what they articulate as products. The process is made easier if one thinks of a product and a deliverable synonymously defined as something of value transferred from one person to another with the express purpose of adding function, value, or purpose. In other words think of service as the “how” and the product, or deliverable, as the “what.”

The emphasis on standardized quality initiatives and metrics has moved healthcare providers closer to the product side of the spectrum. Fewer complications, fewer infections, and shorter stays, are all “whats.” As a consumer, would you not be willing to pay a higher copay for knee surgery from a provider whose rates of infection are lower than another provider?

By thinking in terms of deliverables, marketers can help clinically oriented service executives quantify the myriad of functions within their service line as specific products demonstrating function, value, or purpose.

Admittedly, some products are easier to identify than others, such as the following wellness screenings:

## Chapter 1

- Written cholesterol count
- Body fat index card
- Range-of-motion assessment
- Written diagnosis
- Screening report card

The following products are less obvious to articulate at first glance:

- Transparency
  - Written or posted quality outcomes
  - Documented in-hand pricing menu
- Provider collaboration
  - Savings in time/fuel cost due to less travel via increased locations/access
  - Product consistency
- Electronic medical records
  - Time and convenience factor associated with duplicate forms
  - Accurate diagnosis based on timely comprehensive data
  - Reduction in medication errors

### **Products based on consumer desires**

Develop products based on consumer desires by involving consumers in the development process early to ensure these specific desires are clearly met. Field test components as they are developed. Old-school thinking suggests such a highly integrated process is too cumbersome and costly, which, given the current business world, is nonsense. It is better to invest now and have a marketable product. One approach involves developing virtual sampling groups via social media tools; get input on product need and product features through ongoing dialogue with your online followers.

### **Communication as a product**

Treat communication as a deliverable. Baby boomers with joint pain, for example, talk to their peers, gather information via the Web, and possibly download an app or two. In some cases, by the time they contact their caregiver, they already have a pretty good idea of the diagnosis and treatment options. They look to their health providers for verification, support, and the added value associated with a clear definition of available options, the processes involved, and the predictable outcomes. Armed with that information, consumers will develop a sense of ownership in the path taken and predictably be more compliant and satisfied with the final treatment path.

Develop a checklist of key points the customer will have upon completion of the initial visit, including a written:

- ❑ List of treatment options, along with relative time commitments for each.
- ❑ Estimate of the charges associated with different treatment options. Most individuals walk out of a clinical consultation not having a clue as to what the true out-of-pocket costs are.

### ***Price***

Healthcare is notorious for not connecting cost and service at the consumer level. Yet cost is typically at the forefront of concerns for many consumers. It is amazing that even today, many organizations do not, or cannot, calculate the end cost of its deliverables. Consumers of healthcare, like retail consumers, want to know “how much does this cost?” The following are several key steps you can take:

- Create defined pricing. Marketers must take a seat at the product development table and insist that cost and pricing are parts of the development mix.
- Provide online pricing. A handful of health systems now offer a comprehensive list of pricing for their services. As accountability continues to increase among service providers, this trend will only grow.
- Compete on price where feasible. Take a page from retail and provide specials, coupons, door busters, loss leaders, etc. Remember, if quality is a given, experience and price are the differentiators.
- Maximize point-of-service sales.

- Make cash and other payment options available at point of service. It is amazing the number of hospital-related service points that still do not accept payment at time of service.
- Implement cross-selling (e.g., when joint issues are related to a consumer being overweight, refer them to nutrition services, and vice versa).

### ***Placement***

An ancient Chinese proverb states: “Don’t stand by the water and long for fish: go home and weave a net.” If you want customers, weave your net and surround your customers with it. Consider the following:

- When customers reach out for guidance, you must be there and be ready to provide exceptional service.
- Make your online services interactive at every possible juncture.
- Provide early or reduced offerings to social media followers.
- Maximize your marketing efforts. When you go to the customer, make sure you are getting the biggest bang for your buck. Case in point: Many hospitals conduct mall-based walking clubs. They have staff available during early morning hours for club members, but they leave before potential new customers arrive during mall shopping hours. Getting the staff back to office early may ease staffing issues but does not maximize your potential return on investment (ROI) by attracting new customers (vendor-convenience mentality versus customer-centric practice). Keep

your product in front of consumers when mall traffic is at its peak, and provide transportation services for prospective orthopedic patients.

- Seek collaborative affiliations with businesses and organizations frequented by consumers on a daily basis, such as grocery stores, exercise clubs, child care centers, and restaurants, which are all primary gathering places, especially in smaller communities. Some of these businesses may have available rooms for targeted ortho/neuro-related activities. *Note:* hospital space is usually expensive. Consider locating services in less-expensive real estate, closer to consumer traffic.

### ***Promotion***

Promotion is the methodology used to get the desired information to the consumer. Done well, it can increase interest and demand for your products. Done poorly, it leaves consumers uninterested or even drives them away.

Promotion can be likened to the icing on a cake that everyone sees after the baking is finished. Like the icing, promotion cannot stand on its own and will collapse without substance. Whichever promotional format (see Chapter 6) you choose to employ, be sure it is built on a solid platform.

The following are a few considerations to stimulate thinking:

- Package your services to maximize cross-selling potential.
- Develop smartphone apps to augment ortho/neuro services.

- Employ QR codes as a simple means for consumers to link to your products and services.
- Leverage excess capacity with promotional inducements.
- Promote internally *first*. Make sure all employees are knowledgeable and intelligently promoting the ortho/neuro services. (More on this topic in Chapter 7.)
- Follow up with engagement instructions and/or opportunities.

## **The Clinical Perspective: The Informed Healthcare Patient**

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The promise of consumer-driven healthcare has been touted for some time. The market potential of an informed patient is envisioned as a “consumer” equipped with reasonable knowledge of the medical condition and armed with quality/satisfaction metrics of both physician and healthcare organization and information about actual cost and pricing. That we are on the cusp of this wave in orthopedics is illustrated by the following case study.

**CASE  
STUDY**

**The New Consumer**

The patient (consumer) is a 26-year-old male graduate assistant at a local university taking full advantage of his ability to navigate and integrate the Internet and social networking in making informed decisions about his healthcare. The patient had a history of musculoskeletal back pain radiating down his right leg for almost eight weeks. An initial wait-and-see period produced no appreciable changes.

The patient presented to the orthopedic service to obtain a formal medical evaluation and to discuss treatment options. It should be noted that prior to his first visit, the patient had already performed a fairly extensive review of his options concerning treatment for his continued back pain. Using a variety of medically related websites and scanning of social media for information from others with similar problems, the patient had a fairly good idea of what his medical problem was and how it might be treated.

Orthopedic evaluation was to have his views validated by clinical examination, although other diagnostic considerations were possible. A thorough history and physical examination was performed. The working diagnosis was that this patient was suffering from sciatica with the nerve root irritation resulting most likely from a herniated lumbar disc. To confirm this hypothesis, it was recommended that he would benefit from a diagnostic imaging procedure of the lumbar spine.

From his research, the patient anticipated this possibility and informed the physician that perhaps they should consider a lumbar MRI study. If the physician concurred, the patient wanted to make sure that it was an open unit MRI, because he suffered from claustrophobia. The patient was already aware and understood that imaging in an “open” MRI could cause potential degradation in image quality. From what he had learned, he did not believe that this risk-benefit would adversely affect confirmation of the clinical diagnosis of disc herniation, which he believed he had.

**CASE  
STUDY****The New Consumer *(cont.)***

Assuming that the diagnosis was correct, he had researched the possibility of epidural injections as a treatment option as well as the potential complications of such a procedure. Although he also researched the experience and outcomes of those performing this procedure in the immediate area, for this, he needed the physician to comment, as the level of specific practitioner performance in this area was “not very granular,” he explained. Once some referral names were provided, the patient indicated that he would like to research the practitioners himself so that he would be comfortable with any actual treatment decisions to be made.

Diagnostic and treatment decisions were discussed with the patient in a fully collaborative manner. This included the ordering of a lumbar MRI in an open unit, initial symptomatic treatment with nonsteroidal inflammatory medications and home exercises, and the planning for next steps after the results of the imaging studies were available. The patient voiced agreement. Indeed, he felt that he played a significant role in the decision-making process.

The patient did have an MRI scan that demonstrated an L5-S1 disc herniation, confirming the patient’s history and the objective neurological and orthopedic findings on physical examination. The patient was referred for further treatment with epidural injections and outpatient physical therapy. Recent contact with the patient indicated that he has done remarkably well.

This case clearly illustrates the cusp of the growing wave of consumer-driven healthcare. It illustrates that patients are and will increasingly become more sophisticated. More and more, they will have access to clinical knowledge gleaned from medical websites, “disease related” forums on social media, evaluations of provider quality/satisfaction metrics from a host of websites, and eventually full financial transparency from most (if not all) healthcare providers. The successful clinical service line will recognize and adapt early to this reality that patients will exponentially want to be involved as active participants in their own care.

Another lesson gleaned from this case is that, from a clinical point of view, this patient had a very favorable experience. In the past, he may have told some friends, family, and close acquaintances of this success. Today, however, this patient will most likely disseminate the experience through social media. Conversely, a negative physician-patient relationship, interaction, or communication will also be transmitted near and far.

## Summary

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In a competitive market where patients with less than life-threatening conditions can research where to go for care, the successful service lines will recognize the fundamentally changing nature of the physician-patient relationship. Some will embrace it. Some will bemoan it. But change is inevitable, and successful adaptors will do well to afford the opportunity such a patient presents. The opportunity, very simply, is that a patient like this allows the relationship between the physician and patient to be very collaborative, respectful, and outcome oriented.

Healthcare marketers must encourage their colleagues to think beyond just quality indicators and customer service when developing new, tangible offerings for today's consumer, offerings that are desirable and meet the specific need of their prospective customer (product). Healthcare marketers need to demystify the process by providing the customer with a precise knowledge of the product's benefits and limitations as it relates specifically to them (promotion). They need to arm the customer with a clear understanding of the value related to their own good health, as well as the financial investment associated with their purchase (price). Finally, they need to make absolutely certain their product is convenient and simple for the customers to access (placement). By ensuring these basic elements are met, the market plan mix is in place for success. As always, the final differentiator lies in the skill, ingenuity, and tenacity in which the marketer exercises in execution of bringing product and consumer together.



# AN INTEGRATED APPROACH TO MARKETING ORTHOPEDIC AND NEUROSCIENCE SERVICE LINES

**Patrick T. Buckley, MPA | Michael Gilpin  
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*An Integrated Approach to Marketing Orthopedic and Neuroscience Service Lines* offers a unique perspective based on the authors' extensive experiences in both the marketing and orthopedics industries. Coauthors Michael Gilpin and Patrick T. Buckley, MPA, bring extensive experience as healthcare marketing professionals, and William K. Cors, MD, MMM, FACPE, and Frederick J. Barnes, MD, FAAOS, FACS, bring senior hospital and healthcare system management experience. Brought together, these authors provide unique composite insight from three different perspectives: physician, consultant, and practitioner. In a clear and succinct style, this resource outlines the key marketing fundamentals and strategies critical for building and growing an accomplished, integrated orthopedic service line in the 21st century.

Blending the perspective of two physicians and two marketing healthcare professionals, this book:

- Provides a detailed road map for marketing and promoting today's integrated orthopedic and neuroscience service line
- Brings together best marketing practices with best clinical practices
- Explains why the customer's point of view must be your marketing point of view
- Outlines why marketing must be a collaborative, ongoing activity that involves the entire organization

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