

# **Internal Marketing Pearls**

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## **Internal Marketing Pearls**

There are numerous articles written each year about marketing a medical practice. It seems most of what is written focuses on external marketing. External marketing consists of phone book and newspaper ads, web pages, billboards, television, radio and direct mailings.

Although these marketing strategies work well, they can be costly. For instance, a 2.5 x 6 inch ad in Columbus' yellow pages is \$1300 a month. That is \$15,600 per year. Another example would be an FM radio advertisement. A typical 60-second ad run 4-5 times a day during peak listening time for one week is about \$2,500.

While my practice does participate in external marketing, we also have become quite successful with internal marketing. This type of marketing can be just as effective and is much less expensive.

Internal marketing is directed toward a group of people who are familiar with your practice and have a history of foot problems. Internal marketing is directed towards your patients!

Internal marketing can be as subtle as suggesting that a current patient send his or her family, friends and business associates to you for foot care. It can also be as aggressive as hosting a monthly lecture at your office.

I will share with you a few internal marketing strategies that are used in my practice. These include sending recall letters, mining explanation of benefits forms, face-to-face interaction, and unpaid accounts. These have worked well for me and I'm sure they will work for you.

### **Recall Letters**

We have started several new treatments programs in the recent past. Among these are diabetic shoes, ESWT, physical therapy, neurolysis, retail items, AFO's, and diagnostic ultrasonography. Two or three times a year I have the office staff go through our inactive patient charts (those who have not been treated in 12-36 months) and identify all patients who could benefit from a new service. We send each patient a letter discussing each new service and the reason for which it is used. The response is terrific. The phone calls start immediately!

### **Explanation of Benefits**

Looking in detail at explanations of benefits (EOB's) is another great internal marketing tool. I can't imagine a medical practice that provides a service but doesn't know to what extent, or even if, they were reimbursed. I enjoy setting aside a few minutes each day with a red pen and EOB's in hand. I first look at the patient's name, the CPT codes and amounts charged. Then, I look at allowed-amount, deductible-amount and finally how much was actually paid. If the amount paid is a low payment or non-payment, I check the reason code and if needed circle it and make a note for the billing service to check it. Oftentimes, the "payer" has made a mistake in their favor, making this a profitable ritual.

Obviously, some insurance plans are better at reimbursement for services than others. If I notice an insurance company that paid particularly well for a service, I have the chart pulled for review. After looking over it I have the assistants call the patient and ask about satisfaction. Often, the patient will say, "I've been meaning to call the doctor; my other foot is starting to hurt." The patients appreciate our interest in them and we appreciate providing another service for a patient with good insurance coverage.

There are a couple of other things you can do with EOB's. One is to identify the local employers whose insurance consistently pays well for your patients. These companies are placed on a "special consideration" or "VIP" list and their human resources department receives practice information packets or even a foot screening if they allow it.

Another EOB suggestion is to identify those insurance companies that consistently pay unreasonably low, not at all, or apply discriminatory practices to your services based upon your degree. Your state podiatric association should be notified of repeated attempts by insurers to avoid paying for legitimate services.

### **Face To Face Interaction**

I often find myself in some “face to face” internal marketing situations. One instance is when I have a particularly happy patient with an excellent surgical result and I am ready to discharge them from my care. I tell the patient how much I enjoyed treating him or her and that I will miss the exceptional doctor patient relationship we have. Also, I tell the patient to send in someone just as nice as they are. The patients enjoy the praise and oftentimes they will refer someone!

Another situation I find myself in is when I venture into the reception area at the office and chat with the relative or friend of a patient I am treating. It’s amazing how many of these people have foot problems. I have had these patients kick off their shoes and say, “can you fix this bump?” They will tell you about their pain and wait for an invitation into the practice. Of course, we are happy to oblige. I keep a packet of “to go” information to give the prospective patient. The “to go” information is no more than a practice brochure and new patient paperwork. Oftentimes, they will make an appointment before they leave the office. I’m convinced they just want to see what kind of person the doctor is. If you are friendly, show a genuine concern for their foot problem and exude clinical confidence, you’ve got them as a patient.

### **Unpaid Accounts**

This next suggestion about patient balances isn’t for every practice or for every patient with an unpaid account. It should definitely be considered on a case-by-case basis. If you give this a try you might be surprised at the results.

Let’s say you have a patient for whom you provided treatment 8 months ago, received decent compensation, but he or she still has a balance that has gone unpaid. In my experience these patients are embarrassed, for obvious reasons, to come back for further treatment. Oftentimes there is a good reason the bill has not been paid.

You basically have two options. You can send them to collections in which case you will never see them again, or you can write off their old debt and send them a “love note.” An example of which follows:

Dear Patient,

The doctor has written off your balance due as a gesture of good will.

We are pleased that you chose our office for your foot care and invite you to call for an appointment if you need our services in the future.

Warm Regards,

Office Manager

Many of these patients call to thank us for relieving their debt and just as many return to the office for further treatment. Also, I feel good about helping them. My father once told me this about medicine: “If you can’t make money, make a friend.”

In summary, I urge you to consider these and other types of internal marketing strategies for your practice. Your patient base is the most important commodity you have, and it is so easily accessed by using a stamp, a phone call or a sincere smile.

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