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STARTING AND BUILDING YOUR AOM PRACTICE

Ethical Patient Attraction & Retention ("Marketing")

or transitioning from agoraphobia to agoraphilia.

➔ ***TIPs: Tremendously Important Practices.***
- *Tricks, habits, techniques that are keys to practice success.*
- *Practice these until they are second nature*

PATIENT ATTRACTION AND RETENTION

Basics

- It is relatively time-consuming, uncertain and difficult to attract, intake/diagnose, treat, build rapport with and earn the trust of new patients.
- Once over the initial "hump," it is relatively cheap and easy to maintain loyalty, trust, and respect, so that patients return to us for treatment, and refer others.
- However, we are only as good as our last treatment! All it takes is one significant negative experience for the most devoted patient to leave for good, and spread the bad word about us.
- Thus, energy, time and $ spent in external marketing goes to waste, if we don't deliver quality care and customer service that earns patients' trust, loyalty and respect.

Why do patients drop out of treatment or disappear from our practices? The best reason, of course, is that their complaint/condition has been successfully addressed and resolved to their satisfaction. However, many times we may not know, or aren't sure.

- Patients sometimes no-show, or cancel or fail to re-schedule appointments with explanations that are vague, obviously evasive, or absent altogether.
- The more information we have about why patients disappear, the more we can address those reasons over which we have some control--and be at peace about those we can't. Follow-up status checks can help us learn why a patient has ceased care.
    - Personal phone calls may be appreciated by some patient, but feel bothersome or invasive to others
    - E-mail is less invasive, but less likely to elicit information
    - Texts are too invasive and risk bad will
    - Receptionist phone calls are probably the best, happy median.

- Systematically tracking reasons for drop-out (see Sample Clinic Outcomes Tracking Spreadsheet) may help us identify patient dissatisfactions with our clinical practice, or other problems that can be rectified--and/or re-assure us that we're doing the best we can. Some ways to elicit information:
    - E-mailing surveys
    - Review systems on your clinic's websites
    - Monitoring social media and review sites (Yelp, Google, HealthGrades, etc.)
    - Old-fashioned comment boxes in the reception area
- Common reasons for dropping out (quitting care with complaints/conditions unresolved):
    - Those we can generally do something about
        - Dissatisfaction with the value of treatment itself
            - Benefits are perceived as temporary, or non-existent
            - Adverse reactions, too painful, or otherwise unpleasant
            - Too costly, not worth the cost
        - Dissatisfaction with clinic environment.
            - Too noisy/chaotic/unaesthetic/unclean
            - Too hot/cold/uncomfortable
        - Dissatisfaction with communication.
            - Poor bedside manner--impatient, condescending, dictatorial, lack of empathy, vague or evasive, etc.
            - Perception that we don't adequately understand their condition or know how to treat it, or are diverting focus from something we don't know how to treat well to that which we think we do, etc.
            - Perception that we have our own goals or agenda (financial, moral, ego-driven, etc.), that don't match their needs.
            - Reception staff that are rude, impatient, or incompetent: appointment mix-ups, failure to return phone calls, confusion regarding fees, insurance billing, etc.
    - Those we may or may not be able to or may not want to do something about
        - Logistical/scheduling problems
            - Our hours are too limited or don't match theirs
            - Our schedule is too busy (nice problem to have, but if they can't see you promptly when they need/want to, eventually they'll go elsewhere)
        - Financial incapacity to sustain treatment. In an analysis of drop-outs I conducted in my 4th year of practice, this accounted for about 15% of drop-outs.

    - Those we can't do anything about
        - Patient moves out of area
        - Patient is overwhelmed with other life demands--caring for family members, etc.

- ***TIPs:*** *Patients who say "I'll call you to reschedule" often don't, and we'll never know why they didn't call, so it's important to have a clear understanding on rescheduling*
    - *At a new patient's first visit, a good practice is to provide a clear sense and preferably a written plan regarding a recommended number and frequency of treatments, and a re-evaluation point (e.g. 2 visits/week for 3 weeks, followed by re-eval).*
    - ***Never*** *let a patient leave the clinic without personally checking in with them regarding their satisfaction with today's treatment, and offering to reschedule them, or having a discussion with them about follow-up care or discharge, as appropriate--even if you're really busy. This is important to:*
        - *Identify any patient problems or complaints (symptoms worse, adverse reaction to treatment) that need to be remedied before they leave, or followed up on later.*
        - *Reach agreement with them about follow-up appointments or discharge, so that they know what your recommendations are, and you know why they do or don't reschedule.*
    - *If they say they need to check their calendar first and they left it at home, offer to schedule them anyway, and remind them they can always cancel (with adequate notice), or re-schedule later if it it turns out they can't make or don't need the appointment.*

But even patients that love our treatment will eventually stop scheduling visits, so we need a constant stream of new patients.

STRATEGIC MARKETING.

Books on marketing will generally preach identifying and going after your "target market." ***But unlike consumer good and services,*** *people generally don't want medical treatment, until they're sick/injured, and hardly anyone "likes" needles.*

For health-care, I suggest a conceptual shift may be helpful, Replace:

- **"Market" with "patient stream"**

- **"Marketing" with "connecting to the patient stream" or "patient attraction and retention"**
- **"Target market" with "mutual attraction population"**

The "Big Picture," Step 1: understanding who seeks out acupuncture:

Let's start by analyzing the demographic "pyramid" of our practice community/location (example), and then adjust for the following factors that appear to apply almost everywhere:

1. Needs for medical care are generally at their lowest from pre-teen through twenties, then start to grow in a roughly exponential curve.
2. However, end-of-life care is often in-patient. Patients' abilities and will-power to go to out-patient care and "fix" problems with conservative care that takes time to work diminishes often starting in the mid-to-late 70s; meanwhile acceptance of chronic conditions and inevitable mortality often rises progressively in the 80s. It's rare for patients in their 90s to seek acupuncture for anything but the most severe pain.
3. Time to spend on medical care climbs substantially after children leave the home, for most parents this is in their 50s and later, and peaks after retirement.
4. Disposable income and insurance coverage for acupuncture starts low in the early to mid-20s, then rises and peaks in the 50s and 60s, and progressively declines after retirement (65) for most people.
5. Hence, the "bulge" in people both needing and wanting care, *and* able to access and afford it, is generally from the 40s through early 70s, then starts to drop off.
6. Gender: informal surveys of acupuncture patients will likely show what published studies have also shown: women are 2-4 x as likely to seek acupuncture as men.

The "Big Picture," Step 2: whom do we want to put special effort into attracting to our practice?

Helpful to identify our "mutual attraction populations" of:

- Patients
- Referring medical providers
- Referring non-medical people

(Which of course may evolve over time)

"Strategic" means:

- That we have strategies and plans that maximizes our return-on-investment (ROI) of time, effort, and $.

- That we develop diversified, multiple sources of patients that provides a steady stream of visits, despite changes in our external environment (web search algorithms and social media trends, physician and insurance networks, government regulations, etc.)
- That our external patient attraction methods are oriented towards becoming self-sustaining, so we can phase out efforts and expenses altogether as our practice grows, and simply focus on patient care ("internal marketing").

Strategic patient attraction (external marketing) means:

- We know our Mutual Attraction Population: who they are; what they like/don't like; what they want/need; what they don't want/need; what attracts them to treatment vs. what are their obstacles to treatment; where and how they spend their time and $; what tips them to come in for treatment.
- We know how to reach and communicate with our MAP through in-person/word-of-mouth, medical professional networks, and the internet (websites, social media, etc.)
- We develop ***sources*** that will funnel (refer) our MAP to us and ***visibility*** that will allow our MAP to find us on their own.
- So that we don't waste time and $ doing lots of "outreach" that only nets us *individuals* from our MAP, and we have to keep going back out for more.

Strategic patient retention (internal marketing) means:

- We know our individual patients well: who they are; what they like/don't like; what they want/need; what they don't want/need; what attracts them to treatment vs. what are their obstacles to treatment; what tips them to decide to come back in for more treatment.
- We have a strategy that is both efficient and personalized to retain, communicate with and maintain visibility among our patients.
- We strive to provide not just good clinical outcomes, but excellent, friendly and fair customer service and ethical business practices.

Patient retention vs. unnecessary care and fostering patient dependency.

I am not recommending using "tricks" and dependency-fostering techniques to keep patients constantly scheduling visits of questionable medical necessity and value. Quite the contrary, if we resolve patient's problems, meet their goals in a timely and cost-effective fashion, and discharge them from care, we increase the likelihood that they consider us a valuable resource and return as needed, refer others to our practice, and speak well of our care to other medical professionals who will refer even more patients.

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Table: ROI of Common Patient Attraction and Retention Methods

Patient retention	**Good/reliable ROI Reputation-building and Low-risk**	**Mediocre/variable ROI**	**Poor ROI Reputation-degrading High-risk, or Ethically- or legally questionable**
Medical case management	Medically-necessary tx • Setting goals • Providing and implementing treatment plans • Providing self-care education and fostering self-sufficiency • Referring out when necessary • Discharging when maximum medical improvement has been reached		Excessive, prolonged, un-indicated, or otherwise medically- unnecessary or inappropriate treatment • Treatment "contracts" • Multi-level marketing of supplements and products • Fostering fear, helplessness and dependency in patients • Failure to refer when necessary • Purporting to treat conditions we can't help
Customer service	Courteous, professional, cheerful, timely, responsible, and competent		Poor customer service can prevent even the most skilled practitioners from flourishing, and increases risks of complaints and suits
Patient follow-up	Medically-appropriate status-check phone calls and emails Annual thank you cards	Birthday cards and other obvious gimmicks	Spam, aggressive attempts to get patients to reschedule

Patient attraction	**Good/reliable ROI Reputation-building and Low-risk**	**Mediocre/variable ROI**	**Poor ROI Reputation-degrading High-risk, or Ethically-questionable**
Social engagement and outreach	Volunteering, enrolling or participating in activities, classes, social events, etc. that are frequent, regular and interactive. The closer to something health-related and/or MAP-related, the better	One-time or infrequent "mixers;" health fairs, and events *(Immediate ROI but may be poor, but it may be good practice presenting oneself)*	Approaching strangers in public *(yes, there are seminars that teach how to do this…)*
Public education	Regular public class schedule or call-in radio show	One-time or infrequent public speaking engagements	
Print advertising (newspapers, directories,		Frequent, long-term low-cost advertising	One-time or annual print directories, coupon books etc.

coupon books, etc.)			

Internal *and* External	**Good/reliable ROI Reputation-building and Low-risk**	**Mediocre/variable ROI**	**Poor ROI Reputation-degrading High-risk, or Ethically- or legally questionable**
NP Discounts	Giving discount coupons to esta lished patients (EPs) to give to their family/friends etc. who are not EPs	Publicly-announced discounts on initial visits (e.g. on websites)	• Free initial consultations • "Groupon"-style social discount programs • Discounts (kickbacks) to EPs for referring new patients
Products with your clinic name on them		The effect of pens, pads, mugs, t-shirts, magnets, calendars. etc. is hard to gauge. May work better to remind EPs of your services; probably does little to attract NPs. If low-cost, may provide some ROI.	
Web marketing	Having an active blog on home page and a social, content-rich website that people will benefit from: educational, informative and helpful Periodic "fireside chats," lectures/demons, and/or Q&A sessions via Zoom or similar platforms that are accessible to the public.	Paying for web-advertising and search engine optimization (SEO) for your website	1. Offering discounts for positive reviews 2. Fake reviews 3. Paying consumer review websites
Email marketing	Following up with individual patients directly	An occasional helpful and informative e-newsletter	Frequent emails and newsletters = spam
Clinic "open houses"		As long as they don't cost too much time and energy. Have you ever gone to one, and did it make you want to schedule?	

BUILDING REFERRAL RELATIONSHIPS WITH MEDICAL PROFESSIONALS

It's very common, perhaps natural, at the outset for L.Ac.s to have conflicting and difficult emotions around cultivating referral relationships with other medical providers, especially physicians. Aren't they the competition, the enemy? Aren't they dangerous, greedy, incompetent, reckless, and contemptuous of or ignorant about AOM?

Common internal inhibitions to cultivating referral relationships

- Misperception that we can get all the patients we need and treat everything satisfactorily and don't need referral relationships.
- Anger towards, mistrust of, unfamiliarity with, or contempt for standard medicine.
- Confusing medical professionals as a category with the malpractice of individual doctors, or with the pharmaceutical and surgical device industries; assuming that all doctors want to do is prescribe drugs, perform surgeries, and make $. Some do, many don't.
- Fear of rejection.
    - Fear that we'll be perceived as frauds, charlatans.
    - Fear that we'll be perceived as uneducated, incompetent, ignorant, or superstitious rumor-mongers.
    - Fear that it will be assumed we're biased against standard medicine.
- Fear of ourselves
    - That our medicine is no good, unscientific, ineffectual
    - That we won't be able to deliver satisfactory results
    - That we can't deliver a satisfactory explanation of AOM

➔ ***TIPs: Practice getting rejected.***

- ◆ *If approaching medical professionals (or for that matter, public speaking or any other form of in-person marketing) is something we want to do, but feel too shy/scared/overwhelmed to do, we can practice trying and getting rejected/ignored until it stops hurting!*
- ◆ *We can seek out "rejection therapy" and "psychology of resilience," emerging branches of psychology that help with risk-taking and recovering from failures and set-backs. There are abundant self-help resources and sources of community support, in person (e.g. Toastmasters), on-line and in print form as well as counselors who specialize in these areas.*
- ◆ *Practicing promoting our medicine and our practices in humble yet confident ways, until it feels natural, will help not only with external patient attraction but also internal patient retention, and with just about every other aspect of our practices--and our lives!*

Physician attitudes about acupuncture

According to published studies of physicians and other professionals within standard medicine:

- The majority of physicians have *favorable* impressions of acupuncture, and would refer patients family members

- The majority of physicians have *unfavorable* impressions of herbal medicine, mostly concerns about safety, efficacy, costs, and herb-drug interactions.
- Medical professionals have much higher rates of CAM usage than the population at large.
- The majority of medical students want more, not less education about CAM including acupuncture.

Thus, regarding the cultivating referrals to acupuncture, the problems and inhibitions are within us, not within the majority of physicians and other health-care providers!

However, herbal prescription presents some potential problems in cultivating referral relationships, that we'll discuss.

Understanding physician's work life and culture is essential to efficiently building successful referral relationships.

- Physician education is the most demanding, competitive, and costly that society offers. Physicians make tremendous personal and financial sacrifices to make it through 4 years of medical school and typically 3+ years of demanding residency + additional and on-going sub-speciality training. They are generally proud and defensive of the knowledge and skills they have acquired at great sacrifice--hence, frustration and bitterness is common towards those who don't respect their knowledge, or who assert the equivalence or superiority of their own.
- Most physicians are tremendously busy and stressed: over-scheduled by the clinics they work for, overwhelmed with patient care liabilities and responsibilities, and under tremendous professional demands.
- Physician satisfaction rates have been on a downward trajectory for years, with no likelihood of going up under the increasing regulatory, insurance, and public controls over and scrutiny of their professional life.
- Although specialists can earn high salaries, almost all have significant student loan debts to pay off. Family physicians may earn little more than or even less than successful acupuncturists.
- Many physicians dislike and distrust the pharmaceutical industry, and particularly the insurance industry.
- Many of them live insular, "siege mentality" lifestyles, where they seek the protection and interference of nurses, PAs, receptionists, etc. from demanding or difficult patients, and associate in their private lives only with other physicians. They are also likely to be highly-protective of their staff and their staff's time. They are generally highly-conscious of their vulnerability to lawsuits and public humiliation for perceived or real malpractice.

- Although some of them may be curious about and open to AOM modalities, and some have already referred patients or tried acupuncture themselves, very few will are likely to have time or interest to read or discuss anything beyond the most pragmatic questions:
    - What conditions does it work best for/which patients should I refer?
    - Is it covered by insurance? How much will patients pay out-of-pocket?

  In other words, there is little time for or interest in AOM's history, *yin/yang* theory, etc.
- Many of them are fine, ethical, skilled, competent and caring people, advocates and care-providers for their patients, and motivated by many of the same concerns that cause people to seek out acupuncture education and training. If we approach them *and their staff* with the same respect and desire to understand due anyone, they can become excellent and respectful referral sources, colleagues, problem-solvers, and even patients, mentors and friends.

How to build referral relationships? Strategies that can work:

- Network, network, network! Let everyone know that we are looking to develop referral relationships, follow-up on all leads!
- Enrolling in courses that provide continuing education credit for a variety of professions, not just L.Ac.s, is one way to break out of the "CAM ghetto" and meet medical professionals from a variety of disciplines.
- Give referrals to get some. Mindset: we want to meet other providers because we have a busy practice and we need to know who's available and interested to help us with our patient load.
- **Good chart notes and referrals are our best calling card.** Every time we receive a referral, we should send the referring provider a copy of the initial visit SOAP note in a timely fashion (best within the day, at least within the week), and follow-up with re-evaluation and discharge reports.
    - If this is the first referral from the provider, including an informational packet oriented towards medical professionals, along with a polite and low-key invitation to meet in person, may open the door further.
    - Safe and ethical treatment are essential and expected.
    - Stellar outcomes are not necessarily expected. Some providers will just unload their "impossible" patients onto you and expect nothing except that you don't make their condition worse or rip them off.

For more information on medical documentation/report-writing to facilitate referrals, try our

- ***Interactive E-books* or Live Classes:**
- ***Medical Documentation and Report Writing: Essential Best Practices***
- ***Report-Writing for Managed Care: HMO, Personal Injury, and Workers Compensation***

- Get treated by other medical modalities we are comfortable with:
    - We introduce ourself as someone who is interested in and open to other modalities, not a narrow pro-AOM, anti-Western ideologue. They can now attach a face and our name to "acupuncturist."
    - We learn something about medicine and health-care delivery
    - We learn something about our health, and get taken care of
- We learn whom we want to refer to--and whom we don't
- Find the courage to call in-person; it's *like* dating. Offer to bring lunch to an office meeting or in-service staff training.
- "Leads groups" such as Business Networking International may generate referrals from non-medical sources, but are only likely to put us in touch with physicians on an incidental basis, probably no more likely than any other social/civic/recreational/religious activity. Leads groups are however a good, supportive environment to overcome fears and develop skills in presenting ourselves and our practice and medicine.

Whom to cultivate referral relationships with? Think about "mutual attraction population." The best potential referring providers are those who are:

- Non-competitive modalities/market position (this is why Chiros, PTs and other L.Ac.s are *not* generally good referral sources, unless we work in their office and are paying rent--and even then...)
- Already overwhelmed by lots of patients that are desperate for care and difficult for them to treat, but likely to respond well to AOM:
    - Chronic pain, degenerative and mood disorders: physiatry, pain medicine, psychiatry, neurology, geriatrics
    - Family medicine
    - Fertility enhancement
    - Functional disorders of the digestive, endocrine and reproductive body systems
    - Oncology
- Someone that we really hit if off with at a personal level.

Referral-building presentations and relationship-building

Goals for referral relationships:

1. Frequent, consistent referrals directly to our clinic of large #s of patients appropriate for your practice.
2. Referrals accompanied by patient demographics, contact and insurance information and pertinent medical records. This allows you to contact patients directly by phone and

answer any questions they may have about acupuncture and your practice, discuss fees and insurance coverage, and offer to schedule appointments.

3. Patients understand and "buy-in" to why they're being referred to acupuncture and why to your clinic for acupuncture.
4. Easy, direct and mutually-respectful communication with physician about any significant medical problems you encounter with their patients (e.g., condition is worsening rather than improving, other "red flags" that have developed).
5. Ability to refer back to them any patients who may need their services.

How referral-building efforts can fail to meet these goals, even when the physicians like acupuncture and like you personally:

- Physician has only vague or mis-informed ideas about acupuncture, doesn't know which patients and for what conditions to refer, and/or refers only conditions that they rarely see, or are inappropriate for your practice, or difficult cases that they don't know what to do with.
- Presented by too long a list of indications, physician feels overwhelmed and unclear, and doesn't refer anyone for anything.
- Physician is initially excited about referring, but then are overwhelmed with their day-to-day demands and begin to forget about you and about acupuncture.
- Physician makes referrals casually instead of making a professional medical referral, just by giving their patients your card or telling them your name with the suggestion to call. You don't know about the referral, and the patient doesn't follow through because they don't understand why they're being referred, or they think the doc is doesn't know what to do and is just trying to get rid of them.
- Physicians generally don't want to recommend treatment that costs the patient a lot of $, and don't refer because they assume acupuncture isn't covered by insurance, or think that acupuncture requires endless on-going treatment and doesn't resolve problems.
- Physician support staff doesn't follow through with faxing you the referrals and associated information.
- Physician hears complaints from patients about your care, communication style, office and billing policies, etc. Physicians recognize that some patients complain about anything and everything, but one serious and potentially legitimate complaint can ruin a referral relationship that has taken years to build.
- Physician hears from patients or other sources that you are dis-recommending aspects of their care or other aspects of standard medicine, or otherwise undermining their care.
- Physician hears from patients or other sources that you are using treatment methods beyond what they recommended to their patient and that they are not comfortable with

you providing, or are outside L.Ac. training and scope-of-practice. Examples might include: herbal/nutritional supplement Rx, psychological counseling, chiropractic-style adjustments, aggressive *gua sha, tui na,* and bleeding and cupping techniques, risky and unvalidated procedures (e.g. colon hydrotherapy), hot lasers, etc..

- Important to know what the physician is and isn't comfortable with you providing, and keep your treatment within their comfort zone--which you may be able to expand over time if you develop good rapport with the physician and their patients.
- If a patient requests additional services, communicating with the physician first is advisable.

Objectives for presentations regarding referral relationships:

1. Get physicians comfortable with you as a *team-playing medical professional*
   a. Who will help them with their patient load and take good care of their patients at a reasonable cost, and
   b. Who respects their medicine, and will refer appropriate patients to their practice.
   c. Who will serve as a resource for information about AOM modalities and standards-of-care.
2. Get physicians comfortable with and knowledgeable of acupuncture as a useful and affordable modality for select conditions and patients that you want to treat.
3. Provide all the tools and information for physicians and their staff to educate patients and quickly and easily make effective referrals to your practice (e.g. a placard that says "Patient referrals, records and insurance information may be faxed to 555-555-5555. We will contact patients to verify benefits and schedule visits within 24 business hours").
4. Establish a system for back-and-forth referrals, reports, and communication--an on-going and mutually-beneficial working relationship. How does this physician prefer to communicate, fax? email? phone?

Contents of a presentation package

- ❏ 1-page "Physician Quick Reference" addressing referral process and insurance
- ❏ Summary of indications for referral to acupuncture, and of acupuncture's mechanisms of action in contemporary science terms, adapted for the physician's speciality.
- ❏ Business cards
- ❏ Referral pad for physician use, that has all your contact information and modalities
- ❏ Referral/fax information on a placard for medical assistants/receptionists
- ❏ Patient-oriented educational brochures about acupuncture
- ❏ Curriculum Vitae

- ❏ Letters of reference (preferably from other physicians)
- ❏ Abstracts from a *few* (2-5) high-quality meta-analyses and/or cost-efficacy studies from high-impact, peer-reviewed medical journals within their specialities that support acupuncture as a treatment for conditions that they see often and/or you want to treat.

ATTRACTING AND RETAINING PATIENTS THROUGH THE WEB

Cautions about web-based marketing

- *An easy way to avoid the risks, benefits, and challenges of developing our patient stream is to invest an enormous amount in perfecting a website that no-one ever visits.*
- *My personal experience is that patients who come to my clinic via the web are disproportionately "window-shoppers," vs. patients from other referrals sources, i.e., many want to schedule just one or two visits to "check it out," and are more likely to no-show or disappear from care than other patients (although I have also developed some excellent relationships with patients who arrive via the web). They are probably more likely than the average patient to write negative reviews on any consumer review website (e.g. Yelp) that they find us through.*
- *In an informal survey of my colleagues, web-based referrals account for no more than about 10% of their (and my) total patient volume.*
- *The web is a fast-changing landscape notorious for sudden "creative destruction." Placing all one's eggs in a particular web-based marketing strategy risks very uneven and unpredictable patient volume.*
- *Patients who find us via the web have not been "pre-screened" by other medical professionals and our established patients, and thus are less likely to be appropriate for our clinical practice than patients from known sources. Extra caution is advisable regarding screening for urgent/serious medical conditions, and for home-based practices.*
- *Yet, every small business needs a website and web presence for credibility and customer service. A user-friendly and informative website adds value to our patient's clinical experience.*

So, how much time, energy, and $ should we invest in our website and web-based marketing?

- Depends on our location in real space *and* in cyberspace.
- Also depends on what we want and need from our website and web-marketing. What are our goals?

Generally good ROI for our websites:

- Patient retention (blogging, articles, helpful links and features):
    - Beneficial to patients, improves compliance and outcomes through education, keeps them connected to us as a resource
    - Low-to no-cost DIY is best
    - Visitors and activity boosts our rankings for free
- Patient attraction: making our clinic inviting to prospective patients who have already heard about us elsewhere, and want to check us out before they contact us. Should display easy-to-find essential information about our clinic:
    - Hours
    - Location(s)
    - Insurance network status and billing (but *not* our rates)
    - What conditions we treat
    - What services we provide
    - Our bio/training/education/credentials/specialities
    - Credible reviews, etc.

Variable ROI: External marketing to attract new patients who would not otherwise find us.

- Generally poor ROI, *unless* we can get on *and stay on* page 1 of Google and other major search engines.
    - Extremely expensive and probably impossible in crowded, established markets like the SF Bay Area. Can be a significant on-going monthly cost.
    - May be free and easy (excellent ROI) in uncrowded markets with few established practices on page 1.
- Specialization can be helpful in web-marketing, and improves our ROI (But claiming specialties without documented special training is potentially risky--appearance of false advertising, risk of complaints to acupuncture regulatory agencies.)
- Try blogging on home page, useful patient-attractive features, and content-rich articles before paying for SEO.
- Social media marketing? Depends on our MAP and our practice model.

Generally poor ROI:

- "Claiming our listing" or paying for listing in the billions of on-line directories and linking them to our website is probably time wasted *except* possibly on the truly dominant search engines like Google and Bing. If you want to do this, consider paying a tech-oriented teenager to do it for you.

- Extensive information about AOM modalities, their history, theories, how they work, research, etc. This is useful for SEO, but not likely to a large factor in getting a patient to schedule/re-schedule. Prospective patients have usually made the decision to seek out acupuncture *before* they jump on the computer, and are just looking for a clinic that looks right. Websites are not likely to convert people to trying acupuncture who were not otherwise interested. The most effective clinic websites don't require visitors to plow through mountains of "selling" AOM to find what most of them really want to know:
    - How much does treatment cost? (I advise against displaying fees, for the same reasons I advise publically announcing discounts. Patients who are interested in treatment can call or email to inquire about fees, which allows us to discuss their insurance, etc.)
    - Will we bill their insurance?
    - Where are we located?
    - What are our clinic hours?
    - Does our clinic look like the kind of place and the kind of people that they will like and will be able to treat their condition?

➔ ***TIP:*** *Practice looking at your own website from the point of view of:*
- ◆ *A prospective new patient who is busy, stressed-out, financially-challenged, and who has a serious/urgent/painful medical condition and doesn't care whether it's AOM or colon hydrotherapy that works but wants a fix quickly. If your website makes your clinic look attractive to such patients and makes it easy for them to contact you for information and scheduling, it will also generally work for the broader patient population. If prospective patients have to hunt to find out critical information and request an appointment, they'll go elsewhere.*
- ◆ *An existing patient who wants to re-schedule quickly and easily.*

<u>Search Engine Optimization Basics</u> (What boosts a website through rankings)

- Traffic (from unique IP addresses, i.e., repeatedly visiting your own site from the same computer doesn't help).
- Time: the longer it's been up, the better
- Text with keywords: the more text with genuine content featuring keywords, the better. But search engines see through text that is just repeating keywords in a non-grammatical fashion, so " acupuncture acupuncture acupuncture acupuncture acupuncture acupuncture acupuncture" doesn't work.
- Freshness: pages that change frequently are boosted over stale pages that haven't been modified or updated. Easy ways to keep your home page fresh:

  - Blog
  - Social media plug-ins.
- Back-links: the more other sites link to yours, the better. The higher the ranking of back-linking sites, the more they boost your site, However, they can generally see through "quid pro quo" arrangements with others sites, i.e., "I'll link to yours if you link to mine."

The dangers of consumer review websites

A recent development over the last few years has been the proliferation of consumer review websites such as Yelp--and increasingly, their dominance over "traditional" search engines. It may seem like we want large #s of positive reviews on, and maybe we should even advertise with, such sites. Considerations:

- Patients who find us through a consumer review website are *probably* more likely than the average patient to go back to that website to write a negative review if they're dissatisfied with something about their experience. Thus, focussing on marketing through consumer review websites *probably* raises one's risk of negative reviews, possibly even complaints to acupuncture regulatory agencies.
- Increasingly, many people do go straight to their favorite review site to search for professional and medical services. But they fall into two types:
  1. Patients who have heard about our name elsewhere, and just want to do a background check to make sure there are no significant negative reviews. For this reason, it's probably a good practice to claim your listing on major sites just to make sure its basic information (hours, location, contact info, etc.) is accurate, and leave it at that.
  2. Patients who want acupuncture, but don't know whom to trust or whom to go to. These patients are only like to find our listings if we can get on and stay page 1 of the review website. Associated risky strategies to try to get on and stay on page 1 can include:
     a. Offering discounts for positive reviews or obtaining fake reviews. Two risks:
        i. If website discovers that you have been doing this, they may take down your listing, or worse, publish on your site that they have caught you paying for or writing fake reviews.
        ii. The website, or anyone else who knows or suspects that you've been soliciting or faking reviews, can complain to the Acupuncture Board, which can trigger an investigation (which you pay for) into whether you're engaging in false or misleading advertising: unprofessional conduct. Conviction of unprofessional conduct can result in license suspension or revocation.

b. Engaging in an advertising contract with a consumer review websites. Risks:
    i. Multiple sources both in and out of the acupuncture profession allege deceptive practices are widespread among consumer review websites, such as boosting negative reviews if you decide to stop advertising with them. *Consider doing an internet background check on the site itself before advertising!*
    ii. Particularly aggressive sales reps have been alleged to boost negative reviews after being turned down. *Personally I avoid picking up the phone when I can tell a call is coming from a consumer review website, and politely but firmly decline to advertise if I do pick up.*

AUDIENCE SENSITIVITY AND COMPETENCY IN PATIENT ATTRACTION AND RETENTION

Gender as an example:

Regardless of *our* gender, prospective and current patients will often make decisions about care based upon some individual and unique combination of approaches that they have been born with (gender), raised with (family, culture, etc.), and develop and acquire (personal choices, serendipity, etc.). *For the purposes of understanding, it can be helpful to generalize about tendencies of female and male patients, which may be described as follows:*

- A "feminine-predominant" approach involves making decisions based primarily on qualitative factors, feelings, intuition, and peer relationships:
    - Is this person visible, reputable and known within my social circles?
    - Are they kind/skilled/safe/ethical/trustworthy?
    - Do they take my complaints seriously, listen well and attentively, and talk to me with respect?
    - Do I like them and want to spend time with them?
    - Does the experience at their clinic feel good to me?
- Important methods that work to attract patients who use a feminine-predominant decision-making process:
    - Visibility and reputation in social networks
    - The feeling and appearance of our clinic environment (safe, comforting, nurturing, hygienic, aesthetic)
    - The warmth and friendliness of ourselves and our staff

    - Rapport-building, cultivating trust, attending to comfort, listening well with focussed attention, and exuding kindness and benevolence
- A masculine-predominant approach involves making decisions based primarily on information, goals, expert opinions, and quantitative factors:
    - Does acupuncture work, where's the evidence?
    - How does it work? Will it fix my problem?
    - What does science and authority think? ("My doctor says....)
    - How long/how many tx does it take to work? How long will it take before I'm cured and can return to work/play?
- Important methods that work to attract patients who use masculine-predominant decision-making processes:
    - Information and education about scientific studies, clinical research, etc.
    - Answering questions and having discussions in a straight-forward, rational and direct fashion
    - Evidence that we have a rational analysis and explanation of their problem
    - Our clinical experience with their condition
    - Clear treatment plans with goals, timelines, and # of projected treatments
    - Focus on measurable treatment outcomes and progress

➔ ***TIP:*** *Our patient attraction and retention strategies and techniques will work better with a wider variety and larger # of people (patients, referring providers, etc.) if they:*
    - ◆ *Employ both methods in a balanced, loving and integrated fashion (free of negative stereo-typing, blame, judgement, resentment/frustration, etc.)*
    - ◆ *Identify our individual and group audience's decision-making processes, and adapt our presentation to their preferences = gender competency and sensitivity.*