

# Concepts in Practice Marketing

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## **The Internet and Practice Marketing**

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The Internet can serve as an excellent tool for practice promotion if your objectives are clearly defined. Generally, a Web site is designed to attract new patients, support and educate current patients, promote marketing materials and seminars, and provide practice information. Your site reflects the quality of the practice and high standards must be established and maintained. Poor grammar, broken links, slow pages, dated fonts, and improper spacing or alignments are just a few of the errors that must be avoided. No site is better than a poorly designed site.

Search engine ranking is a primary consideration. There are many ways to improve rankings but all must be viewed in the light of the expected return on investment. Before deciding on a "search strategy", you must first determine your most likely market. A critical question is; "Do you expect to attract patients from outside of your state or region?" Ten years ago there were far fewer reproductive medicine practices in the United States than today. Virtually every region of the country is now served by one or more practices with board certified specialists. Many of these practices have a donor egg program and most offer acceptable success rates.

The proliferation of new clinics means that fewer patients are willing to travel to specialists outside of their region. Consequently, the ROI for marketing to the national audience has decreased. However, there will always be a cadre of patients seeking clinics with established long-term results and those that offer specialized services such as PGD.

Some clinics have noticed a dramatic shift from national/international to regional clientele and their marketing strategies have changed accordingly. Many are revising their Internet strategies.

If you sell widgets to a national audience over the Internet, it makes sense to expend funds to increase your search engine exposure. More site visits by people searching for widgets will probably translate into more sales. I am not sure this logic applies to infertility clinics with the exception of specific international markets.

I monitor the activity of several reproductive sites ranging from 35,000 unique visitors per month to 61,000. These numbers represent people that visit the site with unique IP addresses. The site generating 61,000 unique visitors generated 545,000 successful "hits". The most important statistic is the number of unique users since each might be a potential patient.

Statistics such as the "total number of hits" can be very misleading. "Hits" is the number of files requested from the server including graphics, audio files, html, etc. One unique visitor visiting a single page with ten graphics could generate eleven hits.



Do not let anyone tell you it is easy to achieve high search engine rankings. This is an art that requires hours of specialized page construction and submission to each individual search engine. I have yet to see anyone guarantee that a page will appear in the top twenty listings for a specific search term. Some companies send spam mail promising to list your site in over 300 search engines for less than \$100.

This makes little sense for many reasons. First, Yahoo, MSN and Google account for over 80% of searches on the Internet and second many engines will not accept mass submissions. These companies attempt to use automatic submission software and do nothing to improve page rankings such as modifying your Meta keywords, page descriptions, etc.

One would think that a high number of unique visits would generate new patients. This is true only when site visitors are in a financial, geographical, and personal situation that allows them to seek therapy at your practice. Ten thousand hits from people in Europe, Hawaii, or other distant locations are unlikely to produce new patients.

I am reaching a nexus in my analyses of Web site ROI that is leading to revised marketing strategies for some of my customers. Changes in how search engines rank sites, notably the introduction of "pay by click" services such as Overture and Look Smart, have occurred over the last several years.

Overture allows customers to competitively bid for search terms such as IVF, infertility, clomid, donor, etc. and the prices vary widely. A site that holds the high bid for a particular search term will always appear at the top of many major search engines. For example, when "infertility" is entered in the Google search box, the clinics that appear at the top of the page hold the high bids for this term.

Overture charges the term bid price for each person that navigates to your site from the search engine listing (clicks). You establish a monthly budget and once it is exceeded, you drop off the top list until your account is replenished.

If you hold the high bid for IVF, then you will receive far more traffic to your site. The real question is "Are these hits valuable and do new patients result?" Overture probably lends more value in highly competitive dense urban markets. However, an aggressive Overture marketing strategy can easily cost over \$7,000 per year.

Some clinic directories, such as Internet Health Resources (IHR), rank well in the rankings especially for terms such as "infertility clinics". Patients select their state and are provided with a list of clinic subscribers and their Web site addresses. IHR is reasonably priced and produces a good ROI. I would rather receive 40 unique visitors from IHR who are specifically looking for a clinic in my market than 10,000 across the world who are seeking general information.

Some new entries into the directory arena are priced outrageously. I know of one that charges \$10,000 per year for a listing. The sales pitch references number of site visits, page impressions, etc. but the bottom line is how many new patients result. The number of unique visitors from this directory can in no way justify the expense. Spending \$10,000 on Overture key terms would rank your clinic above this directory in most search engines!

Appearing high in the rankings does not necessarily guarantee a good ROI. Many of my sites receive thirty or more e-mails from patients seeking information each week. Many of these questions are from potential egg donors throughout the United States. Unless your practice is paying significantly more for donors than the

## *"Specializing in Reproductive Practice Growth Strategies"*

We receive questions from all over the world on topics ranging from economic considerations to failed ejaculation. My accounts are strongly advised never to provide case specific diagnostic or treatment information over the Internet. However, visitors can be referred to general information pages on the Web site.

It requires staff and physician labor to monitor and respond to these information requests, thus it is costly. ROI is not the only consideration. Providing accurate information to consumers is altruistically beneficial. However, your site is a marketing tool that incurs costs and should produce revenue.

My Internet marketing strategies are evolving for all of the reasons stated above. Every market is different and requires a specialized plan; however, some generalities can be stated.

It might make better business sense to focus on local/regional marketing of your Web site. Links to women's groups, the Chamber of Commerce, professional groups, the Yellow pages, hospitals, local pharmacies, etc. can usually be established at little or no cost. Your site address must also be included on all of your advertising and practice literature.

If Overture is used it might make more sense to focus on more regional search terms. For example, the search term IVF currently costs \$1.10 per click. The term "IVF Charlotte" costs \$0.05 per click. If your practice is in Charlotte, you may be more likely to attract new patients with "IVF Charlotte" and your Overture costs will be markedly less. You will receive far fewer visitors; however, the ones you receive may be more likely to convert to patients. Software is available to track the number of times specific search terms are entered. These data must be reviewed prior to bidding on any search term.

Marketing expenditures should be coupled with a means to measure ROI, which is difficult with Web sites. Monitoring the number of unique visits, analyzing e-mail responses and new patient questionnaires can provide useful information. Your future strategies and expenditures should be viewed in light of your objective analyses of ROI.

We develop unique, common sense, Internet marketing strategies for our customers. We also design and compose the material for our customers Web sites and develop specialized practice marketing materials. If you would

### **Generating New Patients?**

The first question is; What type of patients do you want to attract? The strategies used to attract IVF patients are markedly different from those used to attract menopausal patients. Simply "advertising" your general services will not target specific patient groups.

Two proven means to generate new patients are direct marketing to potential patients and increasing rapport with referral physicians, usually (but not limited to) OB/GYNs. The choice is highly market dependent but we prefer to focus on referral relationships. Referred patients have been "pre-screened" and have often already received first level treatments such as clomiphene or IUI.

I examined the referral patterns of several reproductive medicine practices and in general, an OB/GYN will refer an average of two patients per year. Four very interesting observations emerged from these analyses.

First, there are cadres of referral physicians (usually ten to fifteen) that refer 80% of all patients. Some of these physicians refer ten IVF ready patients per year. I call this the "top ten list" and you should memorize yours.

Second, many OB/GYNs refer no patients. They are either keeping their infertility patients or referring them to another practice.

## "Referral Database Tracking and Analyses Are Critical"

Third, I have identified isolated family practitioners (gatekeepers) that refer large numbers of patients. This is market specific and highly dependent upon the managed care environment.

Fourth, an inordinately high percentage of the referral OB/GYNs who make the "top ten list" are female. The percentage is not reflective of the gender distribution of the total physician population. I do not presume to understand the reasons for this shift but it could be that females are more acutely aware of the need for a rapid complete infertility evaluation by a specialist. Another possible reason is that the number of female OB/GYNs has increased dramatically over the last fifteen years and their recent training likely encouraged the "three cycle and go" strategy.

You should closely analyze your referral physician base prior to developing a marketing strategy. Every market is different and you should employ targeted tactics likely to yield the greatest ROI. We will discuss specific strategies in upcoming issues.

Direct to patient marketing is another means to generate new patients. Careful topic selection and targeted advertising is critical to attract the correct cadre of patients.

Having been to seminars where only three people attended and one where mendicants came in from the cold for refreshments, I must emphasize that selection of the appropriate advertising media and topic are crucial. Our next issue will focus on ways to increase seminar attendance and convert attendees into new patients.

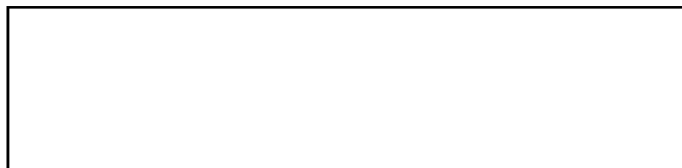
In my experience, newspaper advertising is ineffective in promoting patient seminars. Radio generates much better results and is more cost effective when the proper channel/time mix is selected. More to follow in our next issue. Please call us at 704-598-9309 for a no cost consultation.

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"Focused on Infertility"

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