How to Develop your Practice

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Disclosures

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• I do not use irrigation or no-touch technique for my virgin IPP’s.
The Good Ol’ Days are Gone!!!
How do you become a preferred provider in our new health care market???
What is our New Health Care Environment???

- ACO
- CIN
- Hospital Mergers
- Medical Group Mergers
- Narrow Networks
- MACRA—Medicare Access and CHIP Reauthorization Act of 2015
Common Theme

• Cost Containment
• Volume Based Medicine to Value Based Medicine
• Quality/Cost
• Pay for Performance
What is a Preferred Provider???

• 3 Perspectives:
  • Patients
  • Physicians
  • 3rd Party Payers
What is a Preferred Provider???

- **Physician Perspective**
  - ACO/CIN compatible
  - Insurance compatible
  - Availability
  - Office efficiency
  - Patient satisfaction
  - Center of Excellence
What is a Preferred Provider???

• **Patient Perspective**
  • Online Image
    • Health Grades
    • Social Media
    • Website
  • Center of Excellence
  • Community Reputation
  • Insurance/ACO compatibility
What is a Preferred Provider???

• 3rd Party Payer Perspective
• Quality/Cost!!!
• Resources to Manage Population Risk
How do you become a preferred provider in our new health care market???

- It's Complicated!!!
- Multifactorial/Multiple perspectives
- Strategic—You need a plan
How do we build our practice from the Physician Perspective?

• We must be properly positioned in the market
  • ACO/CIN/Insurance compatible
  • Work with Hospital Business Development to raise awareness of your presence in the market.
    • Strategically meet the docs in person
    • Teach them how to optimize the Q/C ratio—Financial incentive!!!

• Optimize office operations—you are being evaluated.
  • Customer service is paramount
  • Office efficiency—Be on time!!!
  • Availability
  • Pcp communication—Notes/Texts.
How do we build our practice from the Patient Perspective?

• **Create Centers of Excellence** and engage in Direct to Consumer Marketing. Pts of all ages are actively involved in Social Media—77% of patients search a practitioner or institution before making an appointment
  • Web Site Development
  • Separate phone line for customer service and data tracking
  • New sign on the door
  • Social Media—FB/Twitter/Linked In/U-tube
  • Research and Post your clinical outcomes
  • Don’t need to create a new LLC or Business
ED Specialists of Arizona—A Center of Excellence for Men’s Health and Penile Implant Surgery
B E Y O N D T H E B L U E P I L L
A SIMPLE SOLUTION

When Viagra-Levitra-Cialis and Injection Therapy fail, we have a Simple Solution: A 30-Minute, Outpatient, Minimally Invasive Procedure that is covered by insurance in most cases! 96% couple satisfaction rates make this procedure the Single Most Effective Treatment Available for ED!!

A little background...

Erectile Dysfunction (ED), or impotence, is a surprisingly common condition experienced by nearly 40 American million men. And contrary to popular belief, medical causes are found in 80 to 90% of the cases. Despite these statistics, the average urologist does not routinely complete a comprehensive evaluation or treatment of ED due to a lack of training and/or comfort with the topic of human sexuality. Uniquely, as an ED Specialist, I am very comfortable and well trained in the subject matter. This allows me to establish a strong relationship with my patients and to address the specific details of their condition.

In the years following the advent of medications like Viagra, millions of men have tried these medications in an attempt to improve their erectile function and regain intimacy in their lives. Unfortunately, these meds have failed in 30-40% of the patients. Under these circumstances, patients require a detailed history-physical and a panel of blood tests that may reveal reversible causes of ED. Additionally, patients can benefit from the Color Doppler Ultrasound (PCDU), a specialized test that I perform to evaluate the penile arteries and veins.
Radio Marketing Pearls

• The right message.....to the right people.....the right number of times

• Conservative Talk Radio/Sports—Check the Demographics of the Target Audience

• Must Invest in your future—The ROI is there!!!

• Crafted Co-Marketing arrangement with Hospital/Industry/Physician--Minimize cost to the practice
Radio Marketing Data

NOV. 2013—99 Users/216 Sessions

OCT. 2016—836 Users/1004 Sessions
Radio Marketing Data—1st year data

• 225 new patients---Through ED line
• Revenue generated (including downstream revenue)—70 K
• Cost4K/month = 48K
• 30 IPP’s 2013 (before radio marketing)
• 55 IPP’s in 2014
• 75 2015
• >100 2016
How do we build our practice from the 3rd Party Payer Perspective

- Remember—Quality/Cost. Cost Containment. Value Based Medicine
- Protocol Based Medicine—Minimize variability to optimize outcomes at a lower cost.
- Large groups can manage population risk by learning their cost for a given clinical pathway, negotiating a PP/PM rate in exchange for all of their lives.
- MACRA
MACRA

• Replaces SGR with a new Quality Payment Program
• 2 ARMs: The Merit Based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APM’s)
• MIPs
  • Cost (No reporting necessary)
  • Quality (PQRS)
  • Clinical Practice Improvement Activities (Care coord/Pt safety)
  • Advancing Care Information (EHR)
• Potential Bonus/Penalty: 4% 2019, 5% 2020, 7% 2021, 9% 2022
Summary

• We need to differentiate ourselves based on QUALITY and COST in order to be preferred providers in the new health care environment
• Multiple Perspectives
• Strategy—You need a plan!!!
• Direct to Consumer Marketing