

# Marketing and Practice Management For the Millennium

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New Orleans, Louisiana

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# The Three Myths of Healthcare

# Goals & Objectives

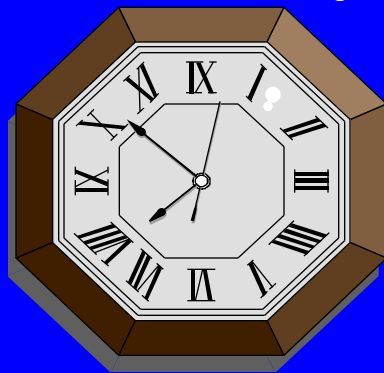


## Goals and Objectives

- Review the needs and wants of the American physician
- Discuss why it is important to market your practice
- Provide practical examples of marketing and practice management that can be easily incorporated into any practice

## Rule of 72

*“If you have a plan or idea and do not take action on it within 72 hours, chances are you never will.”*



## Needs and Wants of the Physicians

- Maintain existing patients
- Attract new patients
- Improve reimbursements
- Decrease overhead
- Decrease litigation
- Improve morale of the staff
- Improve the efficiency of the practice
- Put the “manage” into managed care
- **ADD NEW TECHNOLOGY TO THE PRACTICE**

# Impact of Alternative Medicine

- 425 million visits/year to unconventional health care providers
- 388 million visits to physicians

NEJM Jan, 1993

# Impact of Alternative Medicine

- \$1 Trillion U.S. health care budget
- \$23.5 billion for all physician services
- \$13.7 billion spent on unconventional medicine (\$10.3 billion was out of pocket)

NEJM Jan, 1993



## Facts and Future of TURP Income

<i>Year</i>	<i>Income</i>
<b>1987</b>	<b>\$70,000</b>
<b>1990</b>	<b>\$56,000</b>
<b>1992</b>	<b>\$46,000</b>
<b>1998</b>	<b>\$12,000</b>

## Some Eye-Opening Statistics

- Each urologist has approximately 10 loyal referring PCPs
- Average PCP sees 30 patients\day
- Approximately 10 are men >50yrs
- 100 MEN >50 YRS OF AGE COULD BE SCREENED EVERY DAY

## 100 MEN >50 YRS OF AGE\DAY\*

- 93 negative DRE
- 77 PSA<4.0
- 7 positive DRE
- 23 PSA > 4.0
- 30 PATIENTS REQUIRE ADDITIONAL  
WORKUP (TRUS AND Bx)

\*Brit J Urol 1993:71(1) 38-42

## 30 PATIENTS REQUIRE ADDITIONAL WORKUP\*

- CaP detected in 4 patients
  - 2 RPs
  - 2 TAB or ERT
- 26 watchful waiting

\*Brit J Urol 1993;71(1) 38-42

## Normal DRE and Normal PSA\*

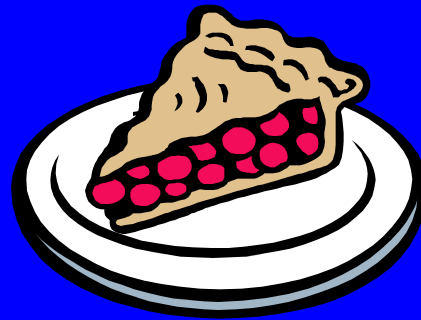
- 93 Negative DRE
  - 77 PSA<4.0
  - 46 Symptom scores <8, watchful waiting
  - 41 Symptom scores >8,
    - Large glands (>40gms) – finasteride
    - Small glands (<40gms) – alpha blockers
  - 4 Require surgery
- \*Brit J Urol 1993:71(1) 38-42

## Income from 100 screened men\day

- IOVs
- FU visits
- UA, PSAs
- TRUS and Bx
- Surgery (RPs and Prostate surgery)
- Other urologic conditions (ED, Vasectomies, Stones, Prostatitis)
- Opportunity to treat family and friends

## Take Home Message

- There are a lot of opportunities, i.e., a big pie,” for physicians\urologists in American healthcare
- We just need to “grow the pie”



## How to Screen 100 Men\Day?

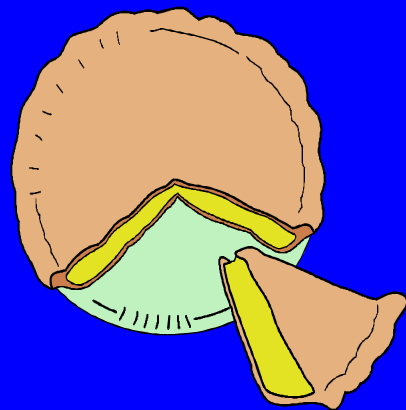
- Need to educate PCPs to ask questions about LUTSx, do a DRE, and obtain a PSA



## The BPH Pie

14,000,000 men with LUTS

- 5% have received medical and surgical treatment
- 95% or >13 million men are untreated



# How to Grow the Pie?

- Speak
- Write
- WWW





# Speaking to Grow Your Pie

## Lunch and Learn Programs

Meet with PCPs to discuss common urologic conditions

“BPH When to Treat and When to Refer”

10-12 minute informal presentation

Provide handout

Follow-up letter

Sponsored by pharmaceutical company





# What's New in Medical Management of BPH

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## Goals and Objectives

- Brief Review of medical management
- Use of finasteride in management of hematuria associated with BPH
- PSA as a tool for CaP detection
- When to refer to a urologist

## Watchful Waiting

Minimal symptoms that do not  
impact the patients quality of life

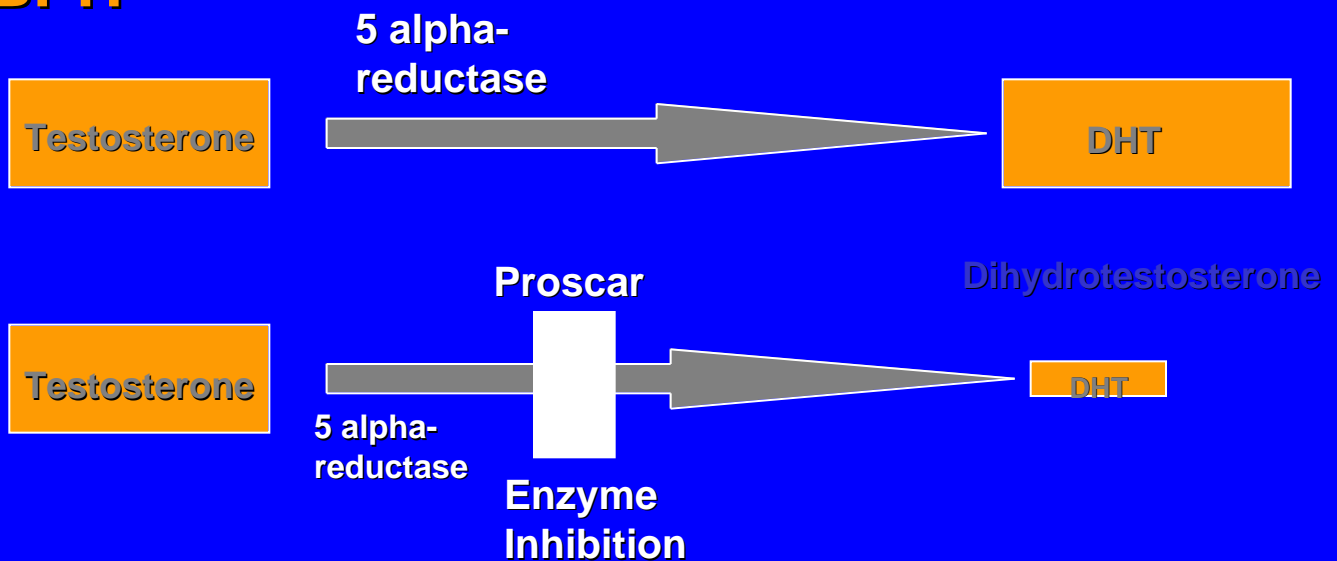
Annual assessment of symptoms, DRE,  
and PSA test

# Pharmacologic Management

- Finasteride
- Alpha blockers

# Finasteride

- Acts on a major underlying cause of BPH





# Alpha Blockers

- Mechanism of action / benefits
  - Relax prostatic smooth muscle
  - Relief of obstruction
  - Reduce blood pressure in hypertensive patients

# Moderate Symptoms and Small Prostate Glands

## Alpha Blockers

Terazosin (Hytrin) 2-5 mg\day

Doxazosin (Cardura) 1-4mg\day

Tamulosin (Flomax) 0.4mg\day

# Take Home Message

- Patients with symptomatic BPH and small prostate glands treat with alpha blockers
- Patients with symptomatic BPH and large prostate glands treat with finasteride

## Use of Finasteride in the Management of BPH- Hematuria

- Hematuria is an indication for surgery in 12% of patients
- Result of increased vascularity in the PG
- Prevalence of hematuria after prostate surgery is not known

## **BPH Causing Haematuria: prospective study and effects of finasteride\***

- 56 patients
  - 28 advice
  - 28 5mg finasteride
- Advice- 14 cured, 14 rebleed
- Finasteride-26\28 cured

\* BJU Suppl. 4; Abstract 147;1998

# Haematuria associated with BPH-

## A new treatment option\*

- Retrospective study 42 patients
- 18 no treatment -
  - 2 died
  - 6 continuous bleeding, 3 TURP
  - 9 no bleeding
- 24 finasteride -
  - 20 no further bleeding
  - 2 died, 2 stopped Rx

\* Prostate Cancer and Prostate Diseases, 3\98

## Finasteride in Management of Post Prostatectomy Hematuria

### Conclusion:

Finasteride appears to be an effective agent for controlling gross hematuria secondary to prostatic bleeding

Finasteride should be considered an alternative to TURP or hormonal ablation in patients with recurrent hematuria and no significant obstructive uropathy

**The Usefulness of PSA as a  
Tool for Prostate Cancer  
(CaP) Detection Among Men  
on Finasteride**



# **Use of PSA As a Screening Test for PCa**

- **Serum PSA is the most useful tool for Prostate Cancer detection.**
- **Short-term studies show Finasteride decreases serum PSA levels by ~50%**

# PLESS Trial

- **4 year**
  - randomized, double-blind, placebo-controlled
- **3040 men with BPH**
- **Entry PSA < 10**
  - negative baseline bx if PSA > 4
- **Serum PSA measured 4 - 8 mos.**
- **PSA reporting**
  - actual (placebo)
  - doubled +.1 (finasteride)

# Median Percent PSA Change

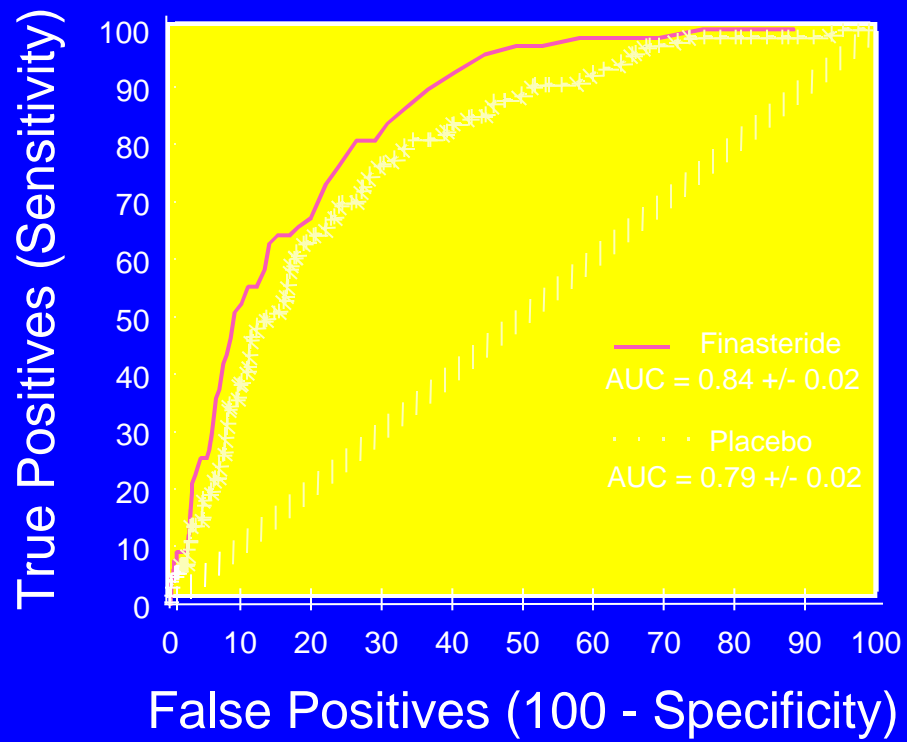
	<u>Placebo</u>	<u>Finasteride</u>
No CaP	+10	-57
CaP	+16	-42
ALL	+10	-56

# CaP Detection: Overall

	<u>No.</u> <u>Pts.</u>	<u>No.</u> <u>Bx(%)</u>	<u>No.</u> <u>CaP(%)</u>
<b>Finasteride</b>	<b>1523</b>	<b>390 (25.6)</b>	<b>72 (4.7)</b>
<b>Placebo</b>	<b>1511</b>	<b>456 (30.1)</b>	<b>77 (5.1)</b>

# PSA ROC Curves for Prostate Cancer Detection

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## PSA - Sensitivity and Specificity

PSA	Sensitivity Finasteride	Specificity Finasteride	Sensitivity Placebo	Specificity Placebo
1.0	95.5	55.4	98.6	22.9
1.5	80.6	70.9	93.2	36.9
2.0	65.7	81.7	90.4	46.3
2.5	55.2	87.7	84.9	55.2
3.0	43.3	91.9	80.8	62.2
3.5	29.9	94.0	76.7	68.7
4.0	25.4	95.6	69.9	74.5

# **Effect of Finasteride on Serum PSA**

- **Most BPH patients experience approximately 50% reduction in PSA after 6 months of treatment with finasteride**
- **Little additional PSA change beyond 6 months**

## **“Rule of 2”**

- **cumulative PSA distribution of finasteride-treated men mirrors placebo-treated if PSA is doubled**



## **Effects of Finasteride on PSA and CaP Detection**

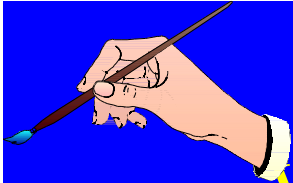
- **Overall incidence of CaP similar among finasteride and placebo-treated BPH patients.**
- **“Multiply x 2 rule” preserves usefulness of PSA as tool for CaP detection**
  - similar sensitivity
  - improved specificity
- **Characteristics of CaP in finasteride treated pts. similar to placebo**

# Indications for Urologic Referral for BPH

- Failed pharmacologic management
- PSAs greater than 4.0
- Prostate nodule or abnormal DRE
- Hematuria
- Urinary retention
- Azotemia
- Recurrent UTIs

## Summary

- Alpha blockers useful in treating BPH in men with small PGs
- Finasteride is indicated for men with BPH and large PGs
- Finasteride is effective in treating BPH related hematuria
- Finasteride does not affect the ability of PSA to detect early PCa

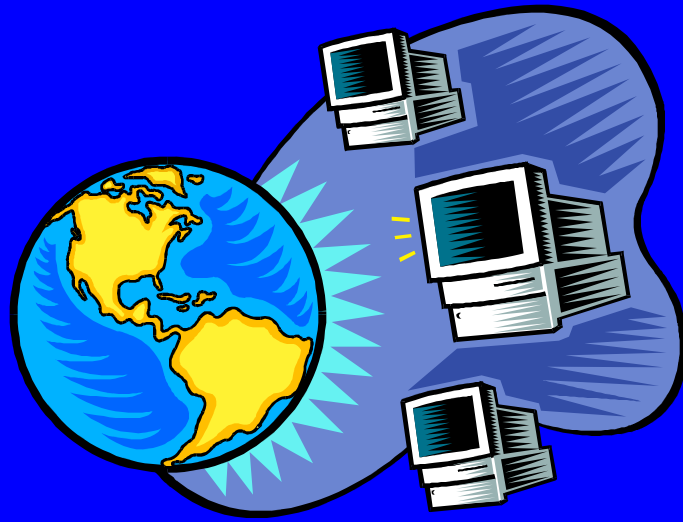


## Writing to Grow Your Pie

- Articles in local magazines and publications
- Senior citizen bulletins
- Health and fitness publications
- Regional magazines
- Health club and spa newsletters



# Marketing and the WWW



## Wants of Our Patients

- Want access to information-  
quick, accurate, customized and  
NOW!
- Want well-written educational  
materials
- Welcome to marketing on the Web

## Why the WWW?

- Demonstrates you are on the cutting edge of technology
- Opportunity to provide useful and ACCURATE information to your patients
- Showcases your practice
- Allows you to conveniently communicate with your patients
- Serves as an electronic brochure

## Why the WWW?

- A segment of your patients have access to the WWW
- Indicates your cutting edge technology
- MAY have the ability to attract new patients to your practice
- Capture the trend that patients are thirsty for information



## Why the WWW?

- Reduces printing and mailing costs
- Eases the workload of your staff
- Easy to update, modify and correct

# Getting Started On The WWW

- Read Designing Multimedia Web Sites by Stella Gassaway, Hayden Books
- and
- How to Make a Fortune on the Internet by Martha Siegel, Harper Collins

# Web Content

- Offer freebies
- Provide connections to other useful Web sites
- Online newsletter

## Web Content

- Photos of the doctors and the staff
- C.V. of the doctors
- Evidence of C.M.E. attended by the physicians
- Honors and accomplishments received by the physicians
- Articles written by the doctors, both journal and lay articles

## Web Content

- Articles written about the doctors and the practice
- Information on the areas of interest and expertise of the practice-this is where you make an effort to differentiate your practice from other practices in the community
- The office logo

## Web Content

- Interesting articles and useful information about your practice and your specialty
- A map to your practice
- Names of managed care plans and health care plans

## Web Content

- A history of the practice
- Online consulting with the practice
- Ability for patients to ask the doctor a health care question(s)
- Other useful web sites-links to high-quality health data bases
- Directories of support groups  
([www.ustoo.com](http://www.ustoo.com), [www.ichelp.com](http://www.ichelp.com))

## Web Content

- Testimonials-patients, insurance companies and colleagues
- E-Mail address for feed back
- Last time the site was updated
- A count of the number of previous visitors



## Web Content

- Ability to make an online appointment with the practice
- Online reporting of tests and studies using codes to ensure security and privacy
- Ability to conduct online chats
- Answers to FAQs

## Suggestions for your Web site:

- Accommodate “cruisers” at 28.8K
  - provide a “text only” button
  - can quickly read the data
  - avoid lengthy delays to see fancy graphics or “eye candy”
- Offer *free* and valuable expert advice

*“If you build it....  
they will come”*

May apply to baseball diamonds but  
not to Web pages

# Getting Your Site Recognized

- Internet search engines
- [www.altavista.digital.com](http://www.altavista.digital.com)
  - [www.excite.com](http://www.excite.com)
  - [www.hotbot.com](http://www.hotbot.com)
  - [www.lycos.com](http://www.lycos.com)
  - [www.webcrawler.com](http://www.webcrawler.com)
  - [www.yahoo.com](http://www.yahoo.com)
  - [www.dogpile.com](http://www.dogpile.com)

# Getting Your Site Recognized

- List your site with health sections of regional or city online directories
- Include web site on all printed materials from your practice
  - Stationary
  - Business cards
  - Brochures
  - Newsletters
  - Invoices and statements
  - Trade links with other sites
  - Participate in forums and newsgroup discussions

# The Care and Feeding of Your Web Site

- Update frequently
- Keep content fresh and compelling
- “No one bites at stale content”

Web Site Creation

[www.urologychannel.com/neilbaum](http://www.urologychannel.com/neilbaum)

Urology Channel

“After browsing medical web sites, I came away better informed about my disease, but I wouldn’t substitute even the best medical Web site for a good relationship with a skilled, trusted doctor.”

**Chris Tucker**  
**“Cutting Edge”**  
**Southwest Airlines,**  
***Spirit*, October, 1999**



“Next time I’m in the grip of  
some malaise, I’ll check two  
Web sites, then call my doctor in  
the morning.”

Chris Tucker

“Cutting Edge”

Southwest Airlines, *Spirit*, October, 1999

# Electronic Medical Records

## Advantages:

- Never lose a chart again
  - \$3.00 every time someone touches a chart
  - lost chart is even more expensive
- Documentation to ensure compliance and avoid costly fines
- Legible form without cryptic abbreviations

## Advantages of EMR

- Accumulate disease management data, outcome data, utilization, and patient processing data
- Negotiate from a position of strength
- Improvement in the efficiency of the practice
- Lengthy dictation of procedures, operative reports, referral letters, and discussions regarding treatment alternatives are easily incorporated into the chart
- Eliminates printing, mail, and faxing costs

## Advantages of EMR

- EMR should easily be integrated into practice management software
- Records available to doctor at home or anywhere they have access to a modem and a computer
- Provides graphing and analysis of data to demonstrate the effects of treatment modalities

## Advantages of EMR

- Doctor spends more time with the patient
- Creates the record real-time
- Reduces transcription costs to \$0

## My Suggestion for EMR

- Purkinje ([www.purkinje.com](http://www.purkinje.com))
- Runs on portable, hand-held, pen-based computer
- Interacts with patient registration & billing programs
- Documents E & M coding, protection against HCFA audit

## Purkinje EMR

- Creates true to life clinical note writing
- Contains 300 customizable templates covering all specialties
- Templates are a filter to extensive knowledge base
- Allows charting by exception-everything that is normal is accepted by the program (only need to enter abnormal results)

## Purkinje EMR

- Clinical notes created by tapping a pen on a lightweight, hand-held computer
- Computer connects by RF to your Network
- Can add handwritten notations or drawings
- Accommodates VRS
- Links to Merck Manual, PDR, drug database, patient instructions
- Alerts doctor to drug interactions



## Purkinje EMR

- Integrates to billing and registration programs
- Extract data to measure outcomes, practice patterns, patient tracking, and disease management

and best of all.....

## Best of all.....

- **Computes the appropriate E & M code**
  - Prevents upcoding and costly fines when the HCFA auditors arrive to review your records
  - Avoids necessity to downcode and lose thousands of dollars that have fallen through the “coding cracks”!

# Implementing an EMR

- Windows Compliant:
  - Workstation: P266 or better
  - WIN 95/98/NT
  - 64 MB RAM
  - Server: WIN NT (for more than 1 user)
- 4 hours training: up and running  
4 more hours for advanced tools / techniques  
(for possibly 1 expert user in your clinic)
- Software license: \$5,000 per physician / user

## Do Not Skimp on Support

- Maintenance is the key to success of the program
- Vendor needs to provide day(s) of training and staff support
- Select one staff member and one physician as the "go to" person
- Regular (quarterly) updates
- Cost of support

# Jerry McGuire Philosophy:

“Show me the money!”

## What's the ROI

- Improved efficiency and productivity
- More time spent with patients
- Reduced time pulling and returning charts
  - Cost is \$3 each time someone touches a chart
  - See 100 patients\week or 5000\year
  - Saves \$15,000 in chart pulling

## What's the ROI?

- 5000 patients\year
- 20% new patients
- Cost of chart materials = \$2
- Saves \$2000\year

## What's The ROI?

- Transcriptionist cost \$25-35K+\yr
- \$2-3\page
- With EMR, your transcribing costs will be pennies



## What's the ROI?

- Chart space converted to exam rooms, patient education
- Cost to maintain off-site storage of charts now negligible

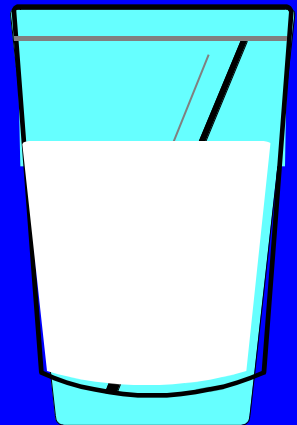
## Bottom Line on EMR

- Improves efficiency of patient care
- Offers opportunities for disease management
- MAY decrease overhead expenses  
Copying, transcription, storage & filing
- MAY increase revenue improve coding & documentation accuracy, patient reminders & alerts, physician productivity
- WILL allow proper coding and decrease likelihood of HCFA fines and penalties

# Summary

**The Chinese symbol for crisis is the same as the symbol for opportunity**

**Do we see the glass of milk as half full or half empty?**



## Let Me Hear From You

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