



MIND YOUR OWN BUSINESS

How To Turn Your Medical Practice
Into A Business Rather Than Just A Job
'The P.E.C.A.N. Approach'

JJ STAIANO

Contents

1. Marketing Is Good Medical Practice	3
2. Private Practice Is Not Like The NHS.....	6
3. Think Of It Like A Business, Not A Job.....	9
So How Do You Make A Business?.....	9
4. The Importance Of Perceived Value	13
5. 3 steps to build a personal brand	17
How do you value your business?.....	22
6. Adding value to your practice	25
Form over function	27
Lead magnet	28
7. The 6 C's.....	31
Crowd.....	31
Capture.....	31
Consultation.....	32
Conversion	32
Continuity.....	32
Cash value	32
8. One Step At A Time	33
The First Step	33
The Second Step.....	33
The Third Step.....	34
The Fourth Step.....	35
The Fifth Step	36
The Sixth Step	39
The Seventh Step	40
ASK FOR A REVIEW.....	41
9. Keeping Score.....	43
Measuring the effectiveness of emails	44
Open Rate	45
Engagement	46
10. Positioning.....	49
How do you position yourself?	50
How does your website look?.....	50
Price:	50

Phone:	51
Email:.....	51
Interaction in person:.....	52
11. Excellence.....	54
12. Content	57
Content is King	57
This is Marketing!.....	58
It is not.....	58
It is.....	59
13. Automation	61
14. Nurture.....	69
After the enquiry.....	71
When someone books an appointment	72
After someone comes for an appointment	72
When someone books to have a procedure.....	73
After they have a procedure	74
15. The P.E.C.A.N. Approach.....	77
16. Why We Owe It To Our Patients To Build A Better Private Practice	79

1. Marketing Is Good Medical Practice

This book is about building and growing a successful Private Practice.

For some reason, we as doctors tend not to think about this much. We are very generous at sharing our knowledge and experience of clinical medicine, but there is still a stigma associated with private practice and we feel almost ashamed to admit that we are interested in treating more patients in the private sector.

We are trained to treat patients and the goal is to improve quality of life.

There is no difference in people whether they are coming to see us in the NHS or in the private sector. People contact us with a problem that they want help with, and our job is to give advice and to treat them. There is a perception that private patients are somehow less worthy than NHS patients. People talk about marketing in medicine as if marketing is unethical.

Neither private practice nor marketing are unethical.

Unfortunately, there have been cases of people who have behaved unethically in the private sector, such as Ian Paterson, Consultant Breast Surgeon, who was performing unnecessary breast operations, but there are also people who have behaved unethically in the NHS, such as Harold Shipman. These cases are extremely rare and the exception rather than the norm.

We have spent our lives training in a specialty to achieve results and ultimately help patients. Right now, there are patients in your area who are seeking treatment for a problem that you could help them with, but **they will not come to see you.**

Not because they do not think you are experienced enough or because you are too expensive.

It is either because:

- they do not know that you exist.
- or they know that you exist, but they did not know that you can treat the problem that they have.

This is where I see the role of marketing

It is about educating patients and letting them know that you exist and what problems you can treat. It is like a knife and it can cause damage or be used for great good. It depends on how you use it.

Marketing can be a force for good. It is not wrong or unethical if you use it to educate and inform people and help them make a balanced decision about what is right for them.

This is the basis of informed consent

Many ethical doctors look down on marketing their practice, but this only allows less ethical doctors to promote agendas which may not necessarily be in the patient's interest but be more in their interest.

Then we wonder why we see so many cases of patients coming to harm because they have been treated by an untrained or inappropriately qualified doctor, when in fact, the patient never knew that their doctor was not appropriately qualified. Usually because the appropriately qualified doctors have not done enough to educate and inform patients about what to look out for and explain what questions to ask, so that patients can ensure that they are treated in the best possible way by the best possible doctor.

Producing and distributing leaflets about prostate cancer or breast examinations in the NHS is deemed a worthy and righteous thing to do, and yet when used in the private sector, it is somehow thought as of being a hard sell.

We are not trying to sell anything, but we do provide a service which can benefit patients.

...and patients are looking for the services that we offer, whether that be in the NHS or the private sector.

If you feel that you have the appropriate training and qualifications to treat patients, then you should be making efforts to engage and inform patients about the conditions you can help

with. You should be giving as much information to them, to not only help them manage and live with their condition, but to also let them know about the treatments that are available and what they can achieve. **It is part of being a good doctor and it is good medical practice.**

2. Private Practice Is Not Like The NHS

We all spend many years working in the NHS before even thinking about starting our own Private Practice. When starting a Private Practice, we think that it is just the same as the NHS but for patients who are insured or can afford to pay, which of course is true.

But when running a Private Practice, there is a lot more that we could (and should) consider because we have a lot more control.

Control over:

- How you and your practice are perceived and positioned within the marketplace
- Handling of enquiries
- Appointment reminders – quality, quantity and content
- Information given before and after consultations and procedures
- Frequency and duration of clinic appointments
- Support and guidance offered around a procedure
- Long-term follow up and support given to patients

From a clinical point of view (what you actually do to treat the patient), your Private Practice may be just the same as the NHS

...but in terms of the overall service that you offer, it is completely different (if you want it to be).

As doctors we are practitioners. **We provide a service** and we spend a lot of time and energy in honing our skill so that we can treat patients as well as possible. However, when you look at businesses, and particularly successful businesses, they **do more than just providing a service.**

Successful businesses have a brand and a brand is something that gives people a reason to choose them

Put in a medical point of view, it is about informed consent and letting people know what can be achieved by a certain treatment so that they can decide. Good businesses do the same thing. They let people know what they can do and who they can serve, to allow potential customers to decide whether they want to do business with them.

The problem with most doctors, is they do not try to develop a brand of their own to give patients a reason to want to choose them. They rely on other brands giving them work and never really give patients a reason to differentiate them from anyone else providing the same service.

The strongest brand in medicine is the NHS

When you work in the NHS you never have to worry about getting patients, and you never have to be concerned about filling your clinic or theatre lists. All you have to do is deliver the service. Everything else is taken care of. There is no need to advertise your services and no need to make sure that you are in the front of people's mind if they ever have to come back to see you in the future. You do not need to tell GPs and your colleagues about your services. Patients will come to you because they will come to the NHS.

Private practice is different

You do not have the infrastructure of the NHS to support you. If you focus all your work at one of the private hospital groups like BMI or Spire, you will have their brand to work under and they will send patients to you. You may be happy with this.

Many doctors have successful private practices when working under the brand of a private hospital or for patients who found out about them through the NHS.

However, if you choose to build your practice like this, you must realise that if you are relying on the private hospital,

- your source of patients is not secure,
- your fees are not secure (in this day and age they are only going one way – I'll give you a clue, it's not up!),
- and the private hospitals have control over the patients.

If you do not rely on your private practice for an income because you have other sources of revenue such as the NHS, then that might be fine,

...but this is dangerous if you want a long-term sustainable income from private practice.

When starting off in private medicine it is not uncommon to think that it will just be like the NHS and you can turn up to clinics which will have new patients sitting there for you. Anyone who has done this will realise it is very slow to start off with and whilst it does gradually build and can build into a healthy practice, you will always be at the mercy of the hospitals even though you may not realise it.

I found this out to my cost when I left the NHS and started working full-time in private practice.

I decided to open my own clinic and found that my clinics in the private hospital dried up overnight

It was then that I realised that the patients were not coming to see me, they were coming to the private hospital, and if the hospital suggested an alternative surgeon, they could easily be directed elsewhere.

This was a **painful lesson to learn** and one which you may never learn if you do not open your own clinic. But you will always be under the control of the hospitals who can direct the flow of patients and the amount you can charge those patients.

If for any reason you were not able to operate at one hospital, you may not easily be able to move and set up elsewhere.

You are beholden to a brand whether it be the NHS or the private hospitals and will not ultimately have control or security.

the staff's email accounts are on the manager's computer so that they can access it from the one computer.

If my vision and mission were to have a self-sustaining business that ran like clockwork with less intervention, we might have out of office reply as being a pre-requisite to the path of excellence for the vision.

I might have a system which linked the email software with the holiday planner and calendar and a process that said that holidays had to be booked in a certain way to ensure the out of office reply was set up.

It is all about thinking what is right for your business. **It is not one size fits all** and an excellent service for one person's practice and patient demographic might be very different from another's. Think about what your patients want and what you want.

Make a plan and put in systems and processes to support the delivery of your plan.