

RBMA

JANUARY-FEBRUARY 2022

bulletin

RADIOLOGY BUSINESS MANAGEMENT ASSOCIATION ■ VOLUME 57 ■ ISSUE 1

MARKETING



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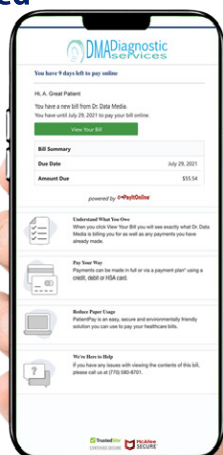
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The holiday season is such a great time to connect with family and friends. It also provides that chance meeting of a family friend who you don't really know too well. During a New Year's Eve dinner, my daughter's boyfriend innocently asked me, "So, what do you do?" I elicited a big exhale as I was collecting my thoughts around what I do in a day that very few are interested in hearing about. I was hoping to fall upon a concise and cohesive response that wouldn't kick off a game of 20 questions. I responded, "I'm a healthcare administrator." I knew in that precise moment that I coincidentally need a better elevator pitch and had disappointed our Director of Marketing.

Over the past year, RBMA has been rethinking how to deliver educational content to those members focused on developing the business of radiology. I am pleased to share that RBMA's RAD Marketers LIVE will continue to be offered in 2022. The feedback from the first nine programs has been extremely positive. These virtual meetups bring radiology marketing professionals together to share lessons learned and discuss common issues and innovative ideas. This community of professionals is passionate, energetic, and creative. These sessions help them drive change within their practices to adapt successfully to the winds of change.

I'm also thrilled at the recent announcement of our new RBMA RAD Honors — an award program developed to recognize radiology practices and vendors that have demonstrated the highest degrees of creativity, innovation, and exemplary leadership. The challenges the radiology industry has faced over the past two years have been met with dedication, persistence, and an impressive dose of innovation — there is no better platform to showcase your outstanding work than the inaugural RBMA 2022 RAD Honors! This program will recognize best-in-class achievement across ten categories, and winning entries will be recognized at the RBMA 2022 PaRADigm, April 24-27, 2022. Entries must be received by March 11, 2022.

Marketing shouldn't be left to only a select few within your practice. It's everyone's responsibility to understand your value proposition and how best to represent it to your community through words, actions, and deeds. So, what do I do? "As a radiology administrator, my job is to create a healthy business environment for our doctors to practice medicine efficiently and effectively. Our radiologists interpret diagnostic images and perform interventional procedures to help diagnose, monitor, and treat injury or disease." I encourage you to refine and practice your elevator pitch while coincidentally making your marketing professionals proud. 

MARK KALMAR, FRBMA

has been the administrator for Corvallis Radiology since 2009. He is a charter member and officer of the Oregon Chapter of RBMA and serves on RBMA's Federal Affairs Committee and Chapter Committee, in addition to the ACR's General, Small, Emergency and/or Rural Practice Network Committee, Teleradiology Work Group.

RBMA PRESIDENT | MARK KALMAR, FRBMA



Social Media

3 Tips to Leverage Your Radiology Group's Social Media Presence

BY DANA ALEXANDER NOLFE AND SARA RYAN

IF EXECUTED PROPERLY, SOCIAL MEDIA IS THE NOT-SO-SECRET WEAPON THAT YOUR RADIOLOGY GROUP CAN USE TO ITS ADVANTAGE. A STRONG SOCIAL MEDIA PRESENCE SERVES AS BOTH A RESOURCE AND CENTER OF CONVERSATION FOR PATIENTS, PHYSICIANS, AND THE COMMUNITY.

In just three years, Rhode Island Medical Imaging's (RIMI) newly defined strategy has led to double and even triple-digit growth across all social properties and has enabled RIMI to nurture and stay top of mind within its target audiences. In a three-year span from November 2018 - November 2021, RIMI's total followers have increased 207%, total impressions have increased 1,108%, total engagements increased 103%, and total new followers/likes increased 252%.

RIMI has grown its social media from an obligation to an opportunity. RIMI's approach to Facebook, Instagram, LinkedIn, and Twitter has proven to reach and grow its provider, patient, and referring physician audiences using data and reporting.



The key to social media success involves a three-step process: strategy, frequency, and reading your results.

1 DEVELOP A COMPREHENSIVE CONTENT STRATEGY

A comprehensive strategy is the key to social media success. For RIMI, we started off with a comprehensive audit of local competitors and RIMI's own social properties to set a baseline. Thanks to that audit, we were able to present a clear picture of things that were good to begin with, areas for improvement, and a look at the competition's social presence.

If you want to increase your audience size and post engagement, it is essential to create a strategy that represents your brand. To do this, you must understand your audience and know that your audience varies from platform to platform. For example, LinkedIn is designed for business professional content, with posts aiming to influence the radiology industry, physicians, and prospective employees. Instagram, however, thrives on visual content to provide users with a window into your operation, from day-to-day happenings across locations

to health "holiday" observances, to behind-the-scenes features of employees.

You also must create a varied mix of content themes to engage your following. This can consist of educational posts, workplace culture, and patient and physician testimonials. Incorporating paid social media, such as boosted posts on Facebook, will also enhance your impact by increasing post visibility and engagement. Remember that visuals make all the difference. Your audience is photo-focused. Text alone will get much less engagement.

Creating content can be a daunting task when considering how to handle social media. But you should know, your Marketing department likely already has a wealth of content. You just need to keep social top of mind, and repurpose everything.

2 DEVELOP A COMPREHENSIVE CONTENT STRATEGY

Once you have a handle on your content strategy, the next step is to maintain a consistent pace of publishing. This is key to growing your audience and engagement rate. Posting frequency depends on the platform that you are using because every platform is different.

We recommend posting:

- **Once a day on Facebook.**
- **At least twice a day on Twitter.**
- **An average of seven posts per week on Instagram.**
- **About three times per week on LinkedIn.**

Not all companies have the same bandwidth for posting on platforms. For example, if you can only manage Facebook and LinkedIn, just focus on those. Don't spread yourself too thin by trying to post on all platforms if it doesn't work for you.

A content calendar is the easiest way to make sure that your content strategy is implemented. It will help keep you organized, and prepared for the week ahead. By laying out your content for the week, you're able to

make sure that you have a good mix of posts ready to go, and you're not overdoing it with one content type or another. A content calendar is also a great historical record to track optimizations and changes to your strategy, as well as an essential tool if you have multiple team members contributing to your social media mix.

When it's time to publish or schedule your content, there are a few best practices to keep in mind:

- Keep your posts clean and clutter-free by deleting unnecessary links.
- Make sure your hashtags are readable by using capital letters to begin the first letter of each word.
- Don't assume your content is perfectly "copy and pastable." Even if you've proofread your content calendar a hundred times, give your posts one last read-through to check for errors before you hit "publish."

Applications such as Hubspot and Hootsuite allow you to schedule posts on all platforms in advance, but use caution because these outlets often limit the types of edits that you can make on your posts.



3 MEASURE AND “READ” THE RESULTS OF YOUR SOCIAL EFFORTS IN A TIMELY REPORT

Once you’ve mastered your content strategy and publishing frequency, it’s time to measure and “read” the results of your efforts. The first step to understanding these results is knowing what metrics you should be keeping an eye on.

Basic social media analytics include:

- **Impressions**
how many times your post enters a social media user’s newsfeed
- **Reach**
how many individual people your post reaches
- **Engagements**
how many likes, comments, shares, etc. your post receives
- **Engagement rate**
 $\text{engagements/reach multiplied by } 100$

Creating a timely report is essential to not only track progress towards your social media goals, but to help your leadership and peers understand the impact social media has. Developing reports will help you to show the effect of public relations efforts, track the effectiveness of optimizations and new social tactics, understand the type of content your audience wants to see, and showcase your success.

When developing your report, decide what is important to share with leadership, and track your progress. Analyzing these outcomes shows that you are on the right track, or that you need to course-correct... and course-correcting is a normal part of this process.

Sharing the successes you achieve on social media can make the whole company feel good about what they do every day. Remember, part of your audience is your team, fellow employees, leadership, and their friends and family members. You have a built-in cheering section right here. The business value will naturally follow. And this will help you continuously grow your following.

Now that you understand why reporting is so essential, what information do you need to include in your report?

First, it’s important to show your progress, both long-term, and short-term, and call out any noteworthy information and trends. Highlighting changes and trends both month-over-month and year-over-year will help you to track your progress, and determine the impact of continued optimizations. Besides showcasing the big picture statistics, it’s also important to call out your most successful and notable posts. This helps you keep track of what content really makes an impact with your audience. Finally, acknowledge where there’s room for improvement, and include suggestions and next steps to continue optimizing and improving your social presence and performance.

You can gather your data from each platform by exporting monthly analytics. Every platform has the option to download the data into an Excel spreadsheet. Once you do this, it’s time to organize it. From Google Data Studio to Excel to Hootsuite Analytics, there are many tools out there that can make the process easier. However, there are a few things to keep in mind when you’re choosing the analytics tool that works best for you, including what kind of information the tool provides, how well it integrates with other programs if






needed, and how easy it is to share the data collected in that tool in a variety of formats.

One key tip for reporting is to include an executive summary on your first page. This page is included in each and every report and delivers the key takeaways that people really want to see. The executive summary consists of both year-over-year and month-over-month topline statistics, which gathers together followership, impressions, engagements, total new followers, and average engagement rate across RIMI's entire social media presence. You can also incorporate takeaways, call out the bottom-line, essential information both overall, and by platform, and give the highlights from the past month on social media.

The rest of the report is made up of platform-specific

pages, which highlight year-over-year trends to track progress and the impact of ongoing optimizations. These pages also include both top and most notable posts by platform, and share impressions, engagements, and engagement rates for both posts.

Even with strong data, you will need to keep messaging your leadership, so they feel that time on social media is well-spent company time. Be sure to continually showcase strategic success and business value, use an executive summary approach so that no one has to dive into the report unless they really want to do so, excite them with the data so that they want to read your report, and never feel like it is just another chore, and pull out the highlights while incorporating visuals as well. 



DANA ALEXANDER NOLFÉ is Rhode Island Medical Imaging's (RIMI) Chief Marketing Officer. She leads the development and execution of marketing, communication, and business development activities for the only American College of Radiology Center of Excellence in Rhode Island. Nolfé has nationally recognized skills in media, employee, government and public relations, marketing, healthcare, and corporate social responsibility.

SARA RYAN is RIMI's Marketing Specialist. She is responsible for designing, creating, and delivering marketing programs to support the growth and expansion of RIMI's products and services. Ryan manages RIMI's social media platforms and website.



WHAT IS MARKETING?

BY DIANNE KEEN

According to the American Marketing Association, which revises their definition every three years, “Marketing is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large.”

In the world of radiology, many Marketing Departments have responsibilities related to practice development, digital advertisement and web development, imaging and procedure volume growth, creative campaign design and development, and outreach to referring providers. These jobs are often grouped under the umbrella term “marketing.” But does that blanket term actually cover it? And why does it matter what we call it?



When it comes to job descriptions, job postings, job expectations, and job duties, the actual job title, if lumped under the term “Marketing [Director, Coordinator, Representative, etc.],” can be confusing. If you are a radiology practice leader and you want to hire someone to “market” your practice, what expectations do you have for that role? Do you want a relationship manager who is comfortable building relationships, helping drive business towards your imaging centers or hospitals? Or do you want a creative person who can construct modality-specific marketing campaigns and design brochures? My guess is that you want someone who can do both, so you call the position “marketing.”

Caroline Leger, Director of Marketing at Jefferson Radiology in Connecticut points out, “At Jefferson, our team is defined by the audience, but we share the same goals. I think it is important for marketing and business development teammates to be in sync. They do overlap a lot, which helps complement their skills, but they tend to be mutually exclusive and it is hard to find someone who excels in both areas. You may have to accept the limitations of your request by understanding that marketing professionals who excel at design may not be comfortable in the field. Jefferson Radiology is able to make the clear distinction because we have an established team of professionals whose job tasks are specific and defined.”

For smaller practices, the scenario can be quite the opposite. In many cases, there is no team, and perhaps there isn’t even one person. If you are in this situation and are considering hiring someone, this would be an example of when, and why, the specifics of the job title and the job duties need to be clearly stated. As Leger noted, finding someone who will excel in both design and outreach can be difficult. When writing your job description, consider some of these challenges.

Why does it matter what we call it?

Let’s start with the recruiting process. If your primary expectation for this role is someone who can represent your practices and your radiologists out in the medical community, and create relationships with referring providers, what do you call that? What is the title for that job? “I am currently dealing with the words we use in healthcare marketing in terms of recruitment for my team,” says Janinne Walker, Director of Marketing and Practice Development at Radia. “We say “physician liaison” but nobody outside of our world knows what that means. At Radia, we now use two different terms- “physician liaison” for internal staff and for referring providers, and for everyone outside of that, we use “business development specialist.” When I need to replace a position in that role, my job posting will be for a business development specialist. If I call it “physician liaison,” good candidates may not apply because they don’t know what that means. If I call it “marketing representative,” I’ll get a lot of responses from folks who are really great at design. But that’s not what I need. The words really do matter.”

AT RADIA, WE NOW USE TWO DIFFERENT TERMS- “PHYSICIAN LIAISON” FOR INTERNAL STAFF AND FOR REFERRING PROVIDERS, AND FOR EVERYONE OUTSIDE OF THAT, WE USE “BUSINESS DEVELOPMENT SPECIALIST.”



Setting Expectations

After you have decided what it is you need and you've found your person, creating clear expectations for their duties will be crucial. If you have hired an expert in creative design or social media management, it is unrealistic to expect them to be comfortable with making referring office visits. The same is true if you hire someone to make those office visits. An outgoing personality and the ability to communicate well will make them excellent candidates for that job, but don't expect them to be a design expert. If you need both specialties but only have the budget for one FTE, consider outsourcing the aspects of the job that your new employee wasn't hired to do. There are several excellent medical marketing firms that specialize in radiology creative content and design and are also supporters of RBMA.

What about the unicorns?


So, you've found someone who can do it all? Congratulations. You've hired a unicorn. David Howard, Senior Director of Marketing and Business Development at Radiology Associates of North Texas, is one such unicorn. After his practice decided to divest their imaging centers, David became the sole marketing person for the largest private radiology practice in the nation. His job included "whatever needs to be done" to keep the marketing department moving forward. Visit referring doctors? Check. Successfully plan and execute large events? Check. Create a marketing campaign for CT lung screening? Check. He did it all and did it well - for a while. Says David, "Healthcare marketing leaders often have to wear many different hats, and not all of them fall under the true definition of marketing. Overburdening any team can cause unending distractions, decrease productivity, contribute to burnout, and ultimately put the health of the marketing team at risk." After doing the job solo for several years, David's practice saw the need to expand the marketing team to help share the load. And yes, all new team members were hired for specific duties, not just a "marketing" position.

But wait, there's more...

There is another component of the "why does what we call it matter" conversation. Many people associate "marketing" with "selling" and sometimes there is a negative connotation. For example, when I am helping

interventional radiology practices increase procedure volume, I often suggest they not call it marketing. What we don't want is the assumption of selling, which is a common reaction when someone sees or hears the word marketing. Instead, I replace that word with a new one: educating. Our job is to educate the referring providers and potential new patients, not try to sell them something, and this perspective should be considered before giving the person in that role the all-encompassing "marketing" title.

Do what I say, not what I do

Do I wear all of the hats we've described here? Yes. Yes, I do. In my job as Director of Marketing and Business Development at Northside Radiology Associates in Atlanta, I have worn all the hats for the past ten years. Did I mind? Nope. Did I love (almost) every minute of it? Yep. Would I want a do-over if I had the chance? Absolutely not. My marketing job, in all of its manifestations, has been incredible for many reasons. Several of those "reasons" provided quotes for this article. Caroline, Janinne, and David are among my radiology marketing colleagues who inspire me daily with their insight and knowledge, and with their passion in the field of radiology and beyond. 

Now I'm off on my next adventure. I'm changing up that "marketing" title and moving into a role that was made possible because I absolutely loved being a radiology marketer. Northside Radiology Associates is part of the Radiology Partners practice, and I am expanding my reach beyond just my Northside family and into the new role of Director of Practice Development and Strategic Initiatives for the Eastern Region. I'm going to need another hat stand. – Dianne Keen



DIANNE KEEN Dianne Keen is the Director of Strategic Initiatives and Practice Development for Radiology Partners. Dianne is based out of Atlanta, where she was formerly the Director of Practice Development and Marketing for Northside Radiology Associates. Whether for RBMA, SIR, national podcasts, or industry events, you will often find Dianne speaking on topics ranging from IR practice development to launching breast MRI programs; to the importance of screening mammography and community outreach. Dianne has served RBMA for the past 9 years as a speaker, programs committee member, and marketing committee chair.

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Random Things Non-Marketing Leaders Need to Know About Marketing

By Patricia Kroken, FACMPE, FRBMA, CRA

“Our new marketing rep has been in place for six months and the physicians aren’t sure it’s working.” Is the marketing rep doing a good job? What should be expected in terms of results? How long should it take to see an increase in business? All are legitimate questions and as usual, the answers may not be as simple as hoped. Unfortunately, many practice administrators are placed in the situation of managing a process with which they may be unfamiliar—and then asked to determine its effectiveness. In some cases results are obvious but in many a new marketing program, expectations may well exceed reality. What are some of the key considerations in terms of setting up a marketing program and managing expectations?



HIRING THE RIGHT MARKETING REPRESENTATIVE

In the early days of radiology marketing, the approach seemed to center on “cookies and smiles,” with the presumption if the marketing rep passed out goodies and was friendly, that was a solid program. Many radiologists feel a person who works in radiology operational processes can effectively transition to the role of marketing if the person is “nice and friendly.” Not to say it can’t happen, but it is an uphill climb if the person in charge of scheduling or the ultrasound technologist is given a stack of referral pads and sent merrily out the door to drum up business. Is it more important to hire for sales and marketing experience and train for radiology—or to expect a technologist to go into the field and effectively develop new business?

An experienced salesperson will understand the “how” of customer relationship development and is more likely to successfully identify features, benefits, and service elements. He/she is also likely to be experienced in the development of communications materials and the maintenance of a customer

database that tracks calls, people, and results. Not that these areas are so mysterious they are beyond learning but moving from the defined structure of a technologist’s position for example, to the ambiguous schedule of a marketing representative can represent a difficult step that costs time in terms of producing results. In other words, a tech-turned marketing rep will need sales training and a longer period of time to demonstrate success.

The ideal marketing rep would have previous radiology experience, but at a minimum should be able to demonstrate how results were generated and documented in previous positions. A sales representative (which most often represents the actual role expected by the practice or imaging facility) is used to scheduling time and activities and should be able to provide examples of past successes in terms of percentage increases, revenue, or other forms of measurement. While the ability to discuss certain procedures and modalities will be helpful, in most cases the marketing rep communicates with an office manager and/or front desk staff more interested in hours of operation than how an MRI



works. (In addition, the experienced marketing person knows how to enlist the help of the experts for the development of materials, presentations, and Q&A sessions. I have also encouraged new marketing people to spend time in the radiology reading room to learn the “how” of the business, especially terminology). Yes, we want the marketer to be an educational resource and they should demonstrate an interest in the “student” aspect of their jobs but in real life, referral patterns can be influenced when life is made easier for the referring office’s scheduling staff.

MARKET POSITION AND THE RELATIONSHIP TO COST

In terms of market position, it’s always good to be first. That might mean first in terms of market share, name recognition, or even the first facility to implement a marketing program. If you are first, someone else has to take business away from you in order to succeed. If, on the other hand, you are working to take business away from “Number One” in the market, the task can be formidable, especially if Number One has a reputation for service excellence and a history in this position.

One of the first tasks in establishing realistic expectations is to determine where the new marketing effort fits in and how well the competition has entrenched itself. If the group just opened the first imaging center in the area, it should be relatively easy to generate referrals and quickly see results in terms of both volume and revenue, often simply from telling the referring physician community what is available. If the group just opened the fifth or sixth MRI center in a highly competitive market, the emphasis shifts to providing sufficient reasons to change existing referral patterns. In this instance, progress will occur much more slowly and the importance of strategy, operations, and sufficient time to produce results will be more critical. The program focused on shifting referral patterns is more expensive--and results more erratic as competitors fight back.

The new entrant in the market may have to invest in advertising in order to establish visibility and name recognition while presenting a compelling reason to try someone new. At the same time, first impressions will be critical and operational workflow must match or better the competition. There is little room for second chances, which will sound like, “I know the last time we told you we were really good and could provide better service than Number One... but this time we’ve worked out the kinks and really mean it.”



MARKETING AND OPERATIONS

A marketing program will not meet business expansion expectations if day-to-day operations cannot deliver outstanding service. Service for the referring physician begins with the ease of scheduling patients, including how promptly and courteously phones are answered. Service can also mean important insurance plans are accepted and patients’ billing accurately handled. Patient feedback to a referring physician office regarding wait times, interactions with technologists, and cleanliness of the facility can influence whether additional referrals to the facility continue.

The radiologist is critical to operational excellence, not in terms of wining and dining referring physicians, but in providing prompt, meaningful communications regarding exam results. This includes telephone calls for significant findings and developing a consultative relationship with physicians regarding the appropriate ordering of exams and discussing difficult cases. Finally, the radiologist is key in terms of setting an example for the rest of the staff in terms of filling the schedule, working in additional procedures, and not shorting the workday.

Operational excellence translates into observable, measurable elements and it is important to continually solicit feedback—and act on it—in order to continue leading the market. Again, if your center is faced with taking business away from other facilities, service levels must exceed those of the competition and a “me too” stance will not provide sufficient reasons to change current referral patterns. Everyone will talk service, but only the top centers will deliver—each and every time.





FEEDBACK AND PROBLEM RESOLUTION

What do patients experience when they visit your facility? Is the lobby area tidy, with all furniture in good repair? Is the staff attentive to patients in the waiting area or are people “efficiently” completing paperwork and ignoring the people aspects of their jobs? Or worse, are staff members obviously on personal phone calls or chatting with each other when they should be registering patients and answering questions?

Personal observation can begin the process of assessing the environment, but actively soliciting feedback from patients can identify areas for improvement—and give credit where it is due.

Patient satisfaction surveys provide feedback from both satisfied customers as well as those whose experiences were less than satisfactory. If employee evaluations, pay raises, and/or disciplinary actions are linked to customer satisfaction, the importance of ensuring a positive experience becomes consistent with marketing promises.

Referring physician surveys can also provide valuable information in terms of operational improvement. Where does the office currently send its patients and why? What are the major health plans accepted by the referring office? (This is an often-overlooked strategic element in facility contracting, but many referring offices will direct patients to participating plan providers who help patients manage their healthcare costs). How does your facility stack up to the competition in terms of ease of scheduling, hours of operation, and report turnaround? Without sufficient “reasons,” the referring physician is not likely to send new patients. Ask questions and be prepared to act on the findings.

The marketing representative is also invaluable in terms of problem resolution, which can be a strong operational service element. No matter how well run, any facility will at times experience problems in terms of equipment failure, rescheduling, wait times, billing errors, technologist interactions, and more. Referring physicians and patients will be forgiving if problems are promptly addressed, which can include a responsive telephone apology or a letter explaining feedback regarding a reported problem was appreciated and processes changed as a result.

More importantly, problems should be viewed as an opportunity to improve service levels. If feedback, both positive and negative, is reported back to the staff on a regular basis they can often assist in modifying processes to prevent a recurrence.



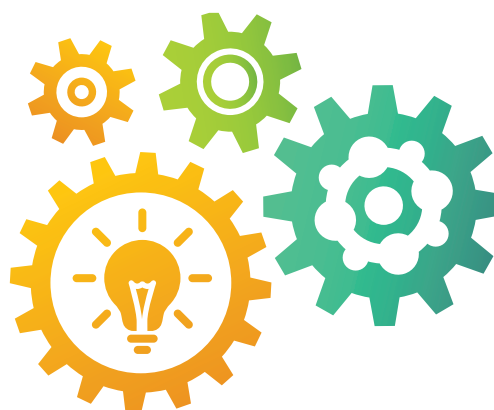
FINAL COMMENTS

A marketing program should be measurable. It is easier to grow additional business from existing customers than to convert a new customer, so both aspects should be included in the program's measurement. A new facility will of course be working to develop business and reach profitability, and an existing site may be introducing new technology or procedures. In either case, results can be measured in terms of both volume and revenue.

Developing realistic expectations must begin with an honest assessment of the market, including not only the competition but the practice or facility's strengths and weaknesses. The greater the challenge, the greater the cost—both in terms of the financial investment and the time necessary to produce results. Marketing is part science and part art, with the ability to successfully develop relationships at its core. ■



■ PATRICIA KROKEN, FACMPE, CRA, FRBMA, has an extensive background in radiology practice management and directs education and corporate communications for MSN Healthcare Solutions. She worked as a consultant for radiology practices, billing companies, software developers, and hospital radiology departments for 20 years before joining MSN. She is a regular contributor to the RBMA Bulletin and a frequent speaker on topics related to radiology practice management. *Pat can be reached at pat.kroken@msnllc.com or 505-856-6128.*



How to Train Your Brand

BY KIM KELLEY, FRBMA

A Brand is Born

As soon as something exists, so too does the impression it makes on the world. All of those impressions add up to a brand. A brand is wild and complex and takes on a life of its own. Like anything wild, you cannot control a brand. However, by taking intelligent actions with pure intentions, you just might be able to train it.

Training your brand allows it to build relationships with your audience in intentional ways, builds value and trust, keeps interactions meaningful, and gives them a chance to get to know the real you. This is the art of influencing impressions. Impressions require at least one human experience to complete the impression. Therefore, your brand does not only live among your assets, such as logo and tagline. It lives in the hearts and minds of the people who interact with it.

In today's connected world, brand impressions are subject to aggressive competition, short attention spans, high expectations, and emotional contexts. We cannot control the context in which our brands live. However, by understanding the relative nature of brands, we can slow it down, look at it curiously, and nurture it thoughtfully. Much like raising a baby dragon, we may not see the results we are aiming toward if we just hatch our egg and walk away. Our baby brand could starve, get in with the wrong crowd, or not learn how to control its fire glands. To raise a well-behaved brand, we must review it regularly, nurture it at key moments, and avoid obsessing over it. And most importantly, teach it to fly.



BRAND

Opportunities for Effective Branding

We nurture our brands through strategy, direction, development, and adaptation. The frequency and depth at which we nurture a brand depend on many factors, including market position, resources, territory, and complexity of the brand. Sometimes the steps are out of order, but they're always the same.

1 **DEFINE THE CORE INTENTION:** Who or what is the unique entity, product, service, opportunity, mission, or experience wanting to have interactions with the world? Define what it is, and what it is not.

2 **KNOW THE AUDIENCE:** Who does the intention target? This may take some research to define all relevant demographics. We need to know where they spend their time, what motivates their decisions, why we deserve their attention, and why a transaction is in their best interest. What platforms are most appropriate for building relationships with this audience?

3 **BRIDGE THE GAP:** When we have our audience's attention, what impression do we want to make? What is the key takeaway and/or action we want them to do? What is the nature of the relationship we want to build? And the most overlooked factor, how do we want them to feel every step of the way?

4 **DEFINE THE CORE INTENTION:** Who or what is the unique entity, product, service, opportunity, mission, or experience wanting to have interactions with the world? Define what it is, and what it is not.

5 **CRAFT AND TEST REPRESENTATION:** Armed with knowledge of our intentions and vehicles, we can begin to 'dress' our brand with the appropriate personality and style. This includes things like naming, designing a logo, creating a brand 'voice,' and directing a customer experience. This is also when we produce marketing materials.

6 **DEPLOY EXPERIENCE:** Whether you're introducing your company to the world for the first time, or publishing a social media ad campaign, this step represents reaching out to your audience with a specific intention.

7 **DEPLOY FEEDBACK LOOPS:** There's no way to know if your brand reached your audience and what impression it made without obtaining feedback. This is the most forgotten-about step, and crucial for building a two-way relationship with your audience. Sales and sign-ups offer quantitative insight into our audience's actions. However, to truly gauge perception, we must find out how our audience FEELS. Qualitative feedback can be received in many ever-evolving ways, not limited to body language, surveys, online comments, and gossip.

8 **MONITOR THE RELATIONSHIP:** Once mechanisms are in place for both forms of feedback, it's time to categorize the outcomes into what's working, what's not working, and risks. What's working, keep doing. What's not working, change. Mitigate risky, extra-neous experiences.

9 **EVOLVE:** Take your updated wisdom and repeat the process. Go back to your intention: is it still the right model? Is your audience who you thought? Are you sending the right messages via the right platforms? Is your website driving traffic and leading to the correct action? Evolve, deploy, track, repeat.

A Brand Ablaze

When it comes to branding, designing a logo and crafting a social media schedule is a good start. But don't stop there. Training your brand is a conversation, not a presentation. Through clear intentions, thoughtful creativity, and good listening skills, you can go deeper and ensure that you build positive, powerful, and lasting relationships in the world.



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How 'Public Review' transformed 11 healthcare organizations' Google business reviews

IMPORTANCE OF ONLINE REVIEWS

A must-have in today's healthcare marketplace

More than 88% of patients turn to Google, the fastest-growing online reviews platform, when searching for healthcare providers. To stand out from the crowd in an increasingly competitive landscape, healthcare organizations must have a strong online presence.

More than 50% of people report they wouldn't use a business with less than a 4-star rating on Google.¹ Increasing a star rating by merely 0.1 can boost conversion rates by up to 25% for "near me" Google searches.² Unfortunately, it takes nearly 40 positive reviews to negate the damage of just one bad online review.³

By the Numbers

Number and frequency of reviews matter, too. Nearly half of people don't look at reviews that are over two weeks old. Eighty-five percent of consumers find reviews older than three months to be irrelevant. Add to that that consumers expect an average of 40 reviews to believe the accuracy of a star rating, and the bar is set high.¹

This is especially true for medical providers, who receive lower than average numbers of Google reviews and achieve lower than average Google star ratings in comparison to other retail or service-based businesses. Medical providers are also likely to receive negative reviews for third-party billing concerns often unrelated to their quality of care.

LEVERAGING 'PUBLIC REVIEW' RESULTED IN AN AVERAGE 936% GROWTH IN ONLINE REVIEW VOLUME IN JUST SIX MONTHS.

STUDY OVERVIEW

11
HEALTHCARE ORGANIZATIONS

86
PRACTICE LOCATIONS

400
CLINICIANS

9
SPECIALITIES

“

Clients were frustrated with word of mouth campaigns that failed to drive the volume of patients needed to really make an impact on Google. We aimed to provide an automated solution with an effective call to action that ensured not only would they receive a large number of new reviews, but reviews from verified patients that were reflective of the quality of care provided and related directly to the patient experience.

BLAKE VOSBURGH, PRESIDENT SURVEYVITALS

THE SOLUTION

Drive verified patients to Google

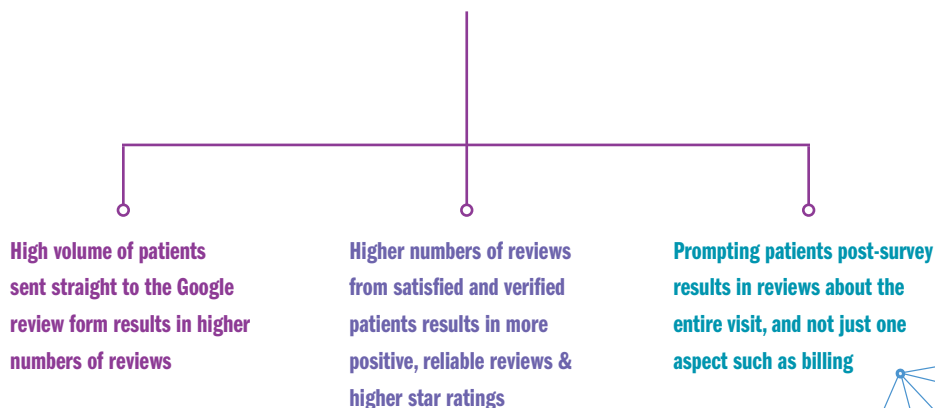
RBMA Postmarks connects patients to their healthcare providers through intuitive, easy to complete patient experience surveys. Sent via text message and email, these surveys provide real-time insights to organizations to help drive care improvements and business decisions.



How it Works: Public Review



Public Review leverages a proven survey engine to drive 100% of your eligible patient population to leave an online review. This automated process solves all of the major online reputation challenges faced by healthcare organizations:



THE RESULTS



Boost in frequency and count

In the first six months after implementing Public Review + Google, clients saw a marked increase in both their star rating and the number of Google reviews.

Previously, the 11 practices were averaging just 0.2 Google reviews per week. With Public Review, the same practices are now seeing an average of 11 reviews per week – across organizations of all sizes and specialties.

Public Review: 6-Month Impact

936%

Average increase
in total number of
Google reviews

1.09

Average star
rating increase

47.9

Average growth
of reviews per
month

136.68%

Increase in total
positive reviews

54.97%

Decrease in total
negative reviews



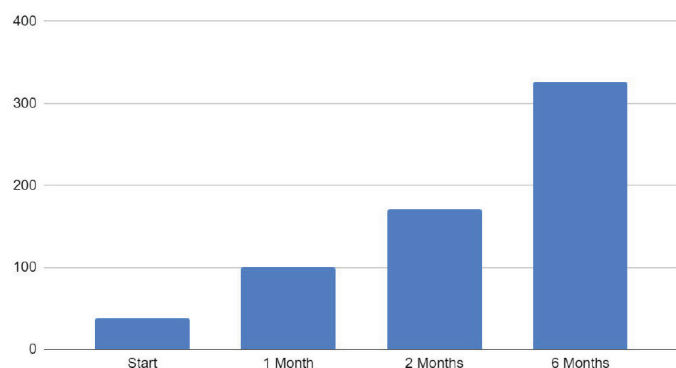
NCAP struggled with our poor Google review score for several years. This score was more reflective of customer service of a third party vendor than our own company. We were unfortunately unable to change these few poor reviews. By instituting Public Review and linking it to our Google account, we were able to rapidly (within weeks) change from a less than 2 star score to over 4 star rating. By utilizing Public Review, our current rating is more representative of the excellent patient care experience we are committed to delivering.

**ANNETTE VIZENA M.D.,
NORTHERN COLORADO ANESTHESIA PROFESSIONALS (NCAP)**

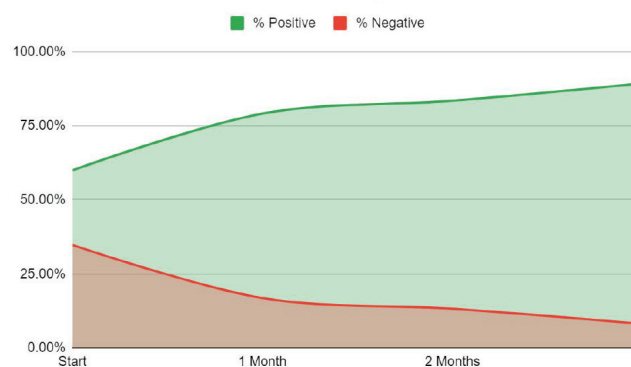
*Result of six-month study of implementation of the Public Review feature for 11 healthcare organizations of varying size and specialty.

	START	1 MONTH	2 MONTHS	6 MONTHS
AVERAGE STAR RATING	3.5	4.23 (+39.31%)	(-27.35%) (+40.94%)	4.59 (+47.18%)
AVERAGE # REVIEWS (TOTAL)	38	100 (+206.45%)	170 (+433.29%)	326 (+935.98%)
AVERAGE % POSITIVE REVIEWS	59.96%	79.11% (+112.09%)	83.45% (+123.44%)	89.32% (+136.68%)
AVERAGE % NEGATIVE REVIEWS	34.7%	16.8% (-27.35%)	13.19% (-39.18%)	8.08% (-54.97%)

Average Total Number of Google Reviews




All-Time Positive & Negative Reviews



Visit [RBMAPostmarks.com](https://rbmapostmarks.com) to learn how other radiology organizations have successfully met their online marketing objectives.



About RBMA Postmarks

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RBMA Launches **RPAN** RADIOLOGY PATIENT ACTION NETWORK



“RPAN will serve as a premier advocacy organization to ensure Congress fully funds essential care for patients around the country who are in need of life-saving radiology services”, said Dr. Michael Ulissey, a clinical breast radiologist with RAYUS Radiology Women’s Centers near Seattle.

RBMA is pleased to announce the launch of the “Radiology Patient Action Network” (RPAN) to build upon the group’s 53-year history of advocating for better radiology business practices that enhance patient care.

Specifically, RBMA has long advocated against proposed reductions in the Medicare Physician Fee Schedule (MPFS) which harms physicians’ ability to provide radiology services and ultimately leads to cuts in services including important preventive health screenings. RBMA’s Board of Directors approved the RPAN initiative at their board meeting held at the RBMA annual conference, PaRADigm, held October 16, 2021 in Las Vegas, NV.

Building on the success of RBMA’s award winning grassroots program Don’t Cut Docs, RPAN will mobilize grassroots citizens, radiology business leaders, radiologists and other radiology providers, and community leaders to advocate against cuts to radiology services in the midst of COVID-19.

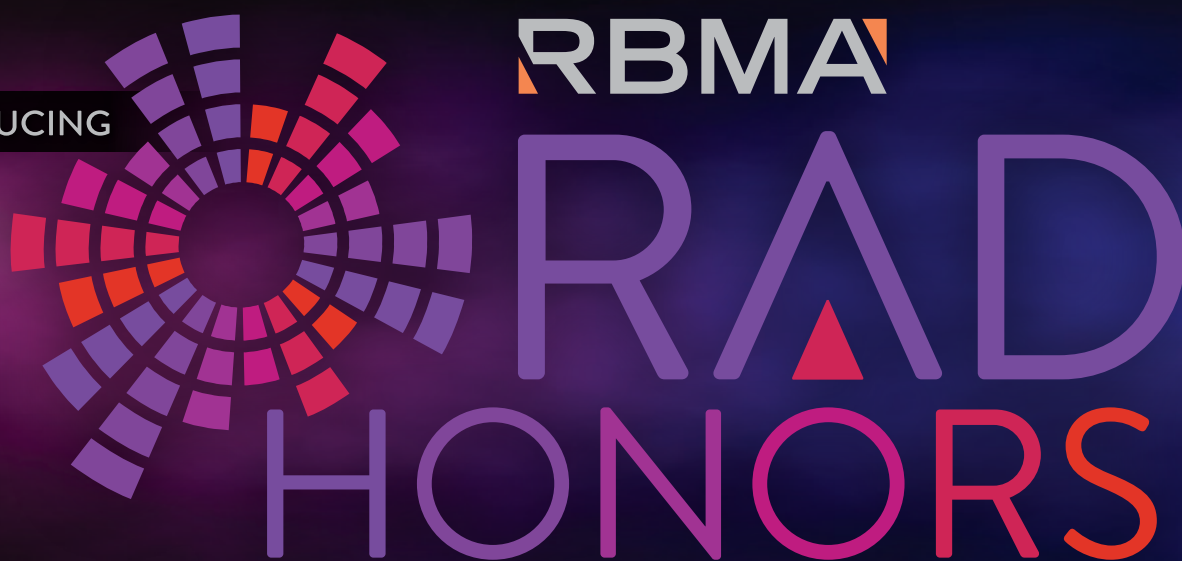
“Radiologists across the country continue to face dire cuts to funding, year after year, that will inevitably result in furloughs of staff and reduction in services for

patients who need mammograms, cancer screenings and other life-saving diagnostic services. RPAN will fight to ensure that patients get the care they deserve, and that Congress understands the need for federal funding to these services.” said Bob Still, Executive Director of RBMA.

To create a “surround sound” effect, RPAN has also made 7,833 phone calls to constituents of targeted Members and Senators, delivered messaging and then patched constituents concerned about proposed cuts through to their Senator or Member of Congress to express their concern. RPAN has also authored and placed articles in the mainstream media (CNN) along with industry publications (Radiology Business).

Practice membership is available with RPAN at a suggested contribution amount of \$100 per radiologist. Visit www.rbma.org/rpan for more details and to join today!

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An RBMA Minute Kim Singletary, administrator at Radiology Associates, L.L.C. and RBMA Delta States Chapter president.



WATCH VIDEO

Kim Singletary

Why did you pick the field you work in?

Well, this field picked me! When I was finishing up college, I intended to attend Law School. At the time, a very good friend of mine was the Administrator for Radiology Associates and one of her radiologists was leaving the group to open the first MRI center in Louisiana. He needed someone to keep him organized and I needed a job while continuing my studies. I just never left.

What are some significant changes you have seen in your field over the years?

The changes have been significant – computerization of billing (I didn't have a PC or laptop when I first started – everything was paper), HIPAA, RVU's – I could go on! Also, the change within radiology clinically – use of PACs, EHR, new technologies like MRI, PET, IR services, and mid-level providers. I remember the days of hanging films for radiologists when it was so busy, and they needed to get through the day faster.

What are some major influences in your career?

Computers! It amazes me the changes just in the ways we communicate now compared to just 30 years ago. Some days I like it better than others, but I really love the instantaneousness of cell phones, text messaging, and email. Women – I love all the powerful women in the radiology field. They are so smart and inspire me – from female radiologists to female CEOs and practice managers. I love to pass it along to my daughters.

What is your current involvement with RBMA?

I am President of the Delta States Chapter and Co-Chair of the Virtual Education Committee.

When and why did you choose to get involved with RBMA?

I got involved many years ago, but about 10 years ago I stepped up my volunteerism and joined the programs committee. I like to be involved in organizations that I belong. It is a great way to meet people and make a difference.


What is your vision for RBMA?

To continue providing, advocacy, education, and opportunities for business managers to push the radiology business forward in a positive and insightful way.

Who are some major influences in your life?

My family and friends. My family is my rock and I have friends of all age ranges, diversity, and backgrounds. I love getting their perspective on life.

Do you have family, hobbies, or personal accomplishments you would like to list?

My biggest accomplishment is my two daughters who I love to spend time with. We go on trips to the mountains, hiking and exploring nature. We sometimes invite my husband. Over the years, I have gained personal rewards and accomplishments working in a field that supports people who save lives. 



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office (225) 757-0552



Radiology Business
Management Association

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Our Mission

RBMA is the leading professional organization for radiology business management, offering quality education, resources, and solutions for its members and the health care community, and helping shape the profession's future. RBMA is the trusted source for accurate, relevant, and timely information, and adheres to the highest professional standards.



Upcoming Educational Events

Visit the RBMA website at www.rbma.org for details and registration information.

April 24-27, 2022
PaRADigm Annual Meeting
Colorado Springs, Colo.

May 2022
Spring Forward Coding Webinar Series
Five Virtual Sessions

July 15-17, 2022
Florida RBMA / FRS Annual Meeting
Amelia Island, Fla.

Sept. 18-20, 2022
SYNC Fall Conference
Louisville, Ky.