

Marketing to Primary Care Physicians

**Satellite Conference and Live Webcast
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**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

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Pilot Interventions and Locations

- **Pilot conducted July 1, 2010 – April 30, 2011**
- **Locations selected due to:**
 - **Availability of programs and staff to conduct pilot**
 - **Population density**
 - **Number of physician practices, including rheumatologists**

Pilot Interventions and Locations

- **Charleston - Phase I only (July 2010 - Dec 2010)**
 - **Seven practices**
- **Columbia - Phase I and II (July 2010 - April 2011)**
 - **Nine practices**

Pilot Interventions and Locations

- **Interventions**
 - **Selected because self-help programs are not as widely known and classes had been cancelled**
 - **Wanted AFEP to become an ongoing program in Charleston**

Pilot Interventions and Locations

- **CDSMP – both areas**
- **ASMP – Columbia only**
- **AFEP – Charleston only**

- Physician Practices**
- Practices selected based on:
 - Proximity to class sites
 - Existing relationships
 - Type of practice most likely to get results
 - Those who responded positively to phone calls

- Physician Practices**
- Type of practice
 - Geriatric
 - FQHC
 - Primary Care
 - Internal Medicine
 - Rheumatology

- Physician Practices**
- Practice locations
 - Columbia
 - Nine practices
 - Charleston
 - Seven practices

- DHEC and Partner Roles**
- Health Department Roles
 - Planning and oversight
 - Staff training
 - Prepare / print materials
 - Assemble packets
 - Physician outreach (Columbia)
 - Enroll participants (Columbia)
 - Tracking contacts (Columbia)

- DHEC and Partner Roles**
- Partner Organizations and Roles
 - University of South Carolina
 - Evaluation
 - Capital Senior Center
 - Implementation site
 - Drew Wellness Center
 - Implementation site

- DHEC and Partner Roles**
- Lowcountry Senior Center (Charleston)
 - Implementation site
 - Physician outreach
 - Tracking contacts

Outreach Approach

- Make initial contact with known MD or NP when possible
- Phone call to introduce programs and schedule in-person visit
- Identify key contact for each office
- Brief in-person visit to describe programs and drop off materials / class schedules

Outreach Approach

- Regular follow-up by phone, email, drop in / off
- Presentations to physicians and staff as feasible
- Intensify efforts / make specific requests to help fill a class

Results

- Participants who heard about a class from a targeted physician practice
 - Charleston: 0
 - Columbia: 21
 - Rheumatology: 7
 - FQHC (Primary Health Care): 14

Results

- Of the 21 who enrolled, only 8 attended the class
- Results did not necessarily relate to the number of contacts made to the physician practice

Lessons Learned

- CDC's name brand and materials lent credence to the project
- Select your partners carefully
- If not getting a response early, go elsewhere
- Identify a point of entry / key contact
- Be assertive and brief (3 C's)

Lessons Learned

- Maintain regular contact / provide feedback via phone, email, drop in / off
- Marketing to physician practices is labor intensive (relationship building)
- FQHCs and rheumatologists show good potential

Final Thoughts and Conclusions

- Marketing to physician practices is worthy of being considered as one strategy in a multi-faceted approach to marketing
- The classes offer something tangible that doctors can offer to help patients lose weight, exercise, or manage their health better

Final Thoughts and Conclusions

- Some thought should be given to what message practices provide to patients
 - Develop appropriate messaging
 - Consider how practices can include self-management and exercise messages as routine part of the patient visit

Contact Information

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