Advisory Board | Imaging Performance Partnership

Build a Sustainable IR Growth Strategy

Five tactics to ensure principled growth in interventional radiology services

RESEARCH REPORT

Look inside for:

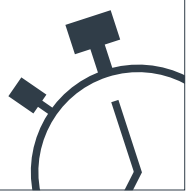
- Service allocation strategies for IR across the health system's footprint
- Case studies of organizations with successful ambulatory IR expansion strategies
- Four-step process for marketing IR to referring physicians and patients

TOPIC

Service line **growth**

READING TIME

1 hr.



BEST FOR

IR program and physician leaders

WHAT YOU'LL LEARN

- Opportunities to right-size your current IR service portfolio
- Strategies to evaluate new IR service offerings and ambulatory expansion opportunities
- How to drive volumes in IR through marketing processes targeted at referring physicians and patients

Advisory Board | Imaging Performance Partnership

Build a Sustainable IR Growth Strategy

Five tactics to ensure principled growth in interventional radiology services

RESEARCH REPORT

Imaging Performance Partnership

Project Director

Miriam Sznycer-Taub

sznycerm@advisory.com

Research Team

Pooja Desai

Catherine Kosse

Erin Lane

Program Leadership

Lea Halim

Sruti Nataraja

Design Consultant

Nini Jin

Executive Summary

Growth in interventional radiology (IR) is an opportunity for health systems, if they can identify and engage in principled growth opportunities.

With the expansion of the number of IR procedures available, as well as increased demand for these services, IR programs have a unique opportunity for growth. However, to take advantage of this opportunity, programs must ensure that they offer the correct IR services in the correct location. This requires balancing health system priorities with patient needs and ensuring that the service portfolio achieves these goals. With this structure in place, IR leaders can strategically consider adding IR services and exploring the expansion of IR into the ambulatory setting. Taking this thoughtful mindset to growth both increases the likelihood of success and sends a clear sign to health system leaders that IR leaders are approaching growth strategically.

In marketing IR services to both referring providers and patients, programs must overcome a lack of specialty recognition and the competitive landscape that exists between other care options.

Without sufficient marketing, it can be difficult to drive enough IR volumes to ensure sustainable program growth. However, given that IR lacks specialty recognition and is often just one of several care options for patients, marketing IR can be challenging. Programs can overcome these challenges through thoughtful, distinct marketing strategies tailored to referring physicians and patients. In working with referrers, IR programs must consider how to carefully target physician education to physicians most likely to request a specific procedure, while demonstrating the specialty's capabilities and place in patient care. When considering direct patient marketing, programs need to consider the specific procedures that a patient is most likely to shop for and ensure that their marketing uses the medium most likely to reach potential patients.

Table of Contents

Advisors to Our Work

The Imaging Performance Partnership is grateful to the individuals and organizations that shared their insights, analysis, and expertise with us. In particular, we would like to recognize the following for being especially generous with their time.

With Sincere Appreciation

Michael Moreland
Aris Radiology
Hudson, OH

Dr. Andy Brown
Asheville Radiology Associates
Asheville, NC

Michelle Tuscan
Aurora Healthcare
Milwaukee, WI

Lorraine Sargent
Greg Carter
BayCare Health System
Clearwater, FL

Dr. Duane Mezwa
Beaumont Health System
Royal Oak, MI

Dr. Matt Hawkins
Gina Griffin
Children's Healthcare of Atlanta
Atlanta, GA

Christine Harris
Children's Hospital of Philadelphia
Philadelphia, PA

Chris McMillan
Diversified Radiology
Denver, CO

Dr. Richard Duszak
Emory Healthcare of Atlanta
Atlanta, GA

Dr. Lisa Scales
Gem State Radiology
Boise, ID

Dr. Jay Watts
Scott Wilson
Greensboro Radiology
Greensboro, NC

Tanya Brueggen
Diane Olson
Gundersen Health System
LaCrosse, WI

Dr. Eric Ferguson
Huron Valley Radiology
Ypsilanti, MI

Dr. Vasantha Aaron
Michelle Kordes
Indiana University Health
Indianapolis, IN

Diane Weber
Lake Health
Concord, OH

Dr. Jason Smith
Karen Strum
Loma Linda University Medical Center
Loma Linda, CA

Dr. Emma Simpson
Main Line Health
Wynnewood, PA

Dr. Vincent Matthews
Medical College of Wisconsin
Wauwatosa, WI

Dr. Jim Spies
MedStar Georgetown University Hospital
Washington, DC

Mary Jackson
Miami Valley Hospital
Dayton, OH

Dr. Robert Lookstein
Mount Sinai Health System
New York, NY

Christine Alicea
Lisa Mainieri
Dr. Joshua Weintraub
New York Presbyterian
New York, NY

Linda Wilgus
Northwest Radiology Network
Indianapolis, IN

Dianne Keen
Northside Radiology Associates
Atlanta, GA

Dr. Kamal Massis
Radiology Associates of Florida
Tampa, FL

Ed Swager
Radiology Associates of Fredericksburg
Fredericksburg, VA

Dr. Peter Ricci
Radiology Imaging Associates
Englewood, CO

Chris Mitchell
Riverside Methodist Hospital
Columbus, OH

Marcia Flaherty
Ron Hosenfeld
Riverside Radiology and Interventional Associates
Columbus, OH

Dr. Torrance Andrews
Seattle Radiology
Seattle, WA

Jon Lough
Southern Illinois Healthcare
Carbondale, IL

Ron Volden
St. Dominic Hospital
Jackson, MS

Laurel Skurko
University of California San Francisco
San Francisco, CA

Dr. Charles Ray
University of Illinois Hospital and College of Medicine
Chicago, IL

Alina Lopez
Victor Rojas
University of Miami Health Center
Miami, FL

Dr. Laura Findeiss
University of Tennessee Medical Center, University Radiology
Knoxville, TN

Dan Crawley
University of Texas Southwestern Medical Center
Dallas, TX

Dr. Alan Matsumoto
University of Virginia Health System
Charlottesville, VA

Dr. Murray Becker
Dr. Issam Moubarak
University Radiology Group
East Brunswick, NJ

Jacqui Rose
Upper Valley Medical Center
Dayton, OH

Chapter

1

Rightsize and Grow Your Program

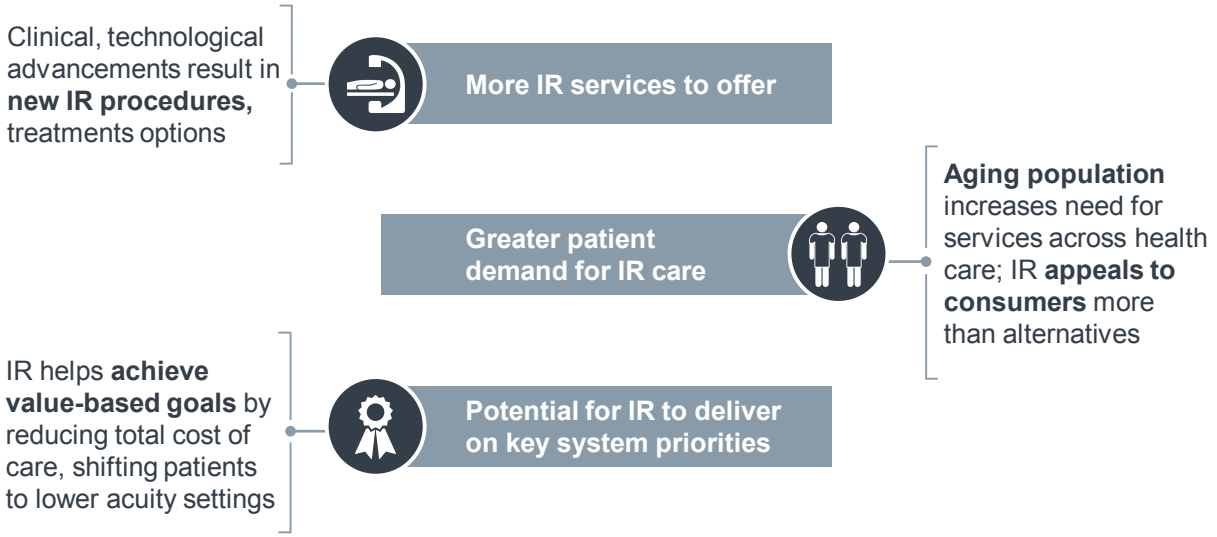
- **Imperative 1**: Rationalize IR service portfolio
- **Imperative 2**: Develop principled approach to evaluate new service offerings
- **Imperative 3**: Assess ambulatory expansion strategies

Diversification of Services a Top Priority

Market Forces Pushing Programs to Adopt New IR Offerings

Building a sustainable interventional radiology (IR) growth strategy is imperative to developing a strong IR program. Health system leaders are interested in principled growth that maximizes volume potential and keeps costs low. This does not mean that health system leaders are unconcerned with quality, safety, and patient experience. However, to demonstrate IR's value to the health system, IR leaders must consider how to maximize volumes and grow the right IR services in the right place at the right time.

Three Trends Encouraging Program Expansion



There are many opportunities for growth in IR. New clinical advancements continuously result in new IR procedures that cross many service lines, from routine supportive services to advanced oncology therapies.

There is also greater demand for IR services. This is due to both the aging population's increased need for health care services and IR's attractiveness to patients as a minimally invasive treatment. Additionally, IR appeals to health systems as it aligns with value-based goals, reducing total costs of care and shifting patients to lower acuity settings.

Source: Imaging Performance Partnership interviews and analysis.

Service and Site Decisions Often Made on One-Off Basis

Results in Low Volumes, Duplicated Services, Unnecessary Costs

While new procedures in IR present exciting possibilities, one challenge IR leaders face is having too many options. It can be difficult to decide which IR procedures to offer and in what care setting. This has led programs to invest in services that are not fully necessary or viable in their market.

A particular IR procedure may seem like a good investment, so without much evaluation, a program may begin to offer the service. This can lead to unintended consequences, as facilities within the same system may compete with each other for volumes. Purchasing expensive IR supplies, which are then left to expire due to low volumes, results in an IR program operating in the red. These experiences make it harder for interventional radiologists and administrative leaders to make the case for future expansion of IR services.

Common One-Off Decision

- IR physician shows interest in offering Y90 radioembolization
- Imaging leader approves service, purchases necessary supplies

Missing from Decision-Making Process:
Evaluation of patient demand, inventory costs, required clinical training, competition with system facilities; considering how service fits into broader system strategy

Heard in the Research: Consequences of One-Off Service Decisions

Competition for liver cancer business between adjacent sites within same system

Wasted physician time traveling to maintain Y90 monthly procedure volumes at two sites

Loss of physician competency for Y90 due to low hospital volumes for procedure

Failed outpatient vein clinic due to inadequate program oversight

Source: Imaging Performance Partnership interviews and analysis.

Optimizing IR Services is a Balancing Act

To determine the best IR service portfolio, IR leaders and champions have to balance two sometimes competing requirements.

First, IR programs must support the health system's priorities. This includes understanding the IR services that are necessary for a hospital to function, as well as what designations a hospital may have that require IR support, such as stroke centers. IR leaders also need to understand which new IR services could be offered at a high enough volume to ensure profitability.

Second, IR programs need to consider patient needs. Disease prevalence and local population demographics, as well as the types of IR services requested by referring physicians, can help guide IR leaders to the right service offerings. Additional factors to take into account are competitors in the market and growth prospects of specific IR services.

Characteristics of services that support your system

- ❑ Support other service lines and programs
- ❑ Differentiate system within market
- ❑ Align with larger health system priorities and goals
- ❑ Provider services based on hospital size and resources
- ❑ Do not compete with nearby system facilities

Characteristics of services that support your patients

- ❑ Support local patient population, demographics, and unique disease prevalence
- ❑ Offered in convenient locations for patients
- ❑ Meet needs of referring providers
- ❑ Provide an direct alternative to competitors
- ❑ Have strong volume growth projections

IDEAL IR PROGRAM PORTFOLIO

Offers the right services at the right sites to meet health system and market needs

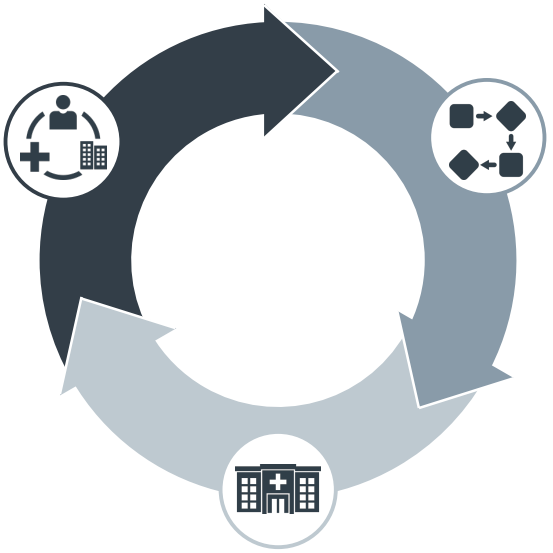
Source: Imaging Performance Partnership interviews and analysis.

Strategic Service Allocation Is a Prerequisite to Growth

IR growth is a cyclical process. It begins with rationalizing the current service portfolio to ensure it is meeting both health system and patient needs. The next step is to carefully evaluate new service offerings. This leads to the third phase, considering ambulatory expansion strategies. Finally, the cycle returns to rationalization, ensuring that with new services and locations, the IR program remains balanced.

Right-size and Grow Your IR Program

Imperative 1: Rationalize IR service portfolio



Imperative 2: Develop principled approach to evaluate new service offerings

Imperative 3: Assess ambulatory expansion strategies

Source: Imaging Performance Partnership interviews and analysis.

Rightsize Your Current IR Portfolio

The first phase in IR growth is to rightsize the current IR portfolio. It's possible that past service decisions do not match present service needs. And in a world of consolidated health systems, it is possible that M&A[1] activity has led to duplication of services.

Portfolio rationalization is a clear sign to health system executives that IR leaders are approaching IR growth strategically and putting system strategy first.

There are three steps to this rationalization process. It begins with an audit of the current portfolio to gain a full picture of current service offerings. Next, it assesses system and market needs to identify the services IR must offer to meet stakeholder demands. Finally, it realigns services when necessary to reflect this work.

Three Steps to Transform IR Service Allocation

1) Mergers and acquisitions.

Source: Imaging Performance Partnership interviews and analysis.

Identify Your Own Status Quo

Collect Pertinent Information Before Beginning Rationalization Discussions

While auditing the current portfolio appears to be a simple task, IR leaders at large systems, particularly those that have experienced rapid growth, may not have a clear understanding of the IR services and volumes across the entire system.

A simple way to organize the process is to create an IR audit spreadsheet. Below is a sample spreadsheet, which includes services by site, volumes, and revenue attribution. Aggregating information in one document enables a holistic view of IR and ensures an informed, data-driven approach to rationalization conversations.

Sample IR Service Audit Spreadsheet

Site[1]	IR service	Volumes YTD[2]	Department to which revenue attributed	Additional notes
Woodley Hospital	Uterine fibroid embolization (UFE)	123	Radiology	UFE part of the new Women's Health Clinic; volumes have doubled since opening
Wiehle Medical Center	Uterine fibroid embolization	18		Struggling to capture referrals from gynecology
Wiehle Medical Center	Central venous access	1,291	Heart and Vascular	Responsibility shared between vascular and IR
Thomas Hospital	Breast biopsy	896	Radiology	Typically performed by diagnostic Breast Ce

Helps identify services, sites with low volumes

Enables local priorities to be considered during decisions

Allows decision-makers to see any potential turf wars or services primarily performed by other specialists

Provides view of services across all facilities rather than single sites

1) All pseudonyms.
2) Year-to-date.

Source: Imaging Performance Partnership interviews and analysis.

Ask the Right People the Right Questions

After understanding current IR services, the next step in rationalizing the IR program is to identify health system and market needs. Tenleytown Health[1] gathered IR leaders, interventional radiologists, and referring physicians to understand the local market dynamics.

Through this process, Tenleytown gleaned market intelligence, such as which competitors were building up their IR service lines or how referring physicians might respond if an IR procedure was no longer offered. Including local leaders in the process early helped secure buy-in for potentially tough service decisions.

After learning about their broader market, Tenleytown then focused on each facility within the system. IR leaders looked at how IR services at each facility fit into the health system's larger strategy.

From these conversations, Tenleytown identified four major considerations that guide their IR service allocation strategy: patients' convenient access to basic services, the ability to transport patients efficiently and safely between facilities, the capability for handling a new influx of patients at other facilities, and available resources and staff at smaller hospitals.

Tenleytown Gathers Two Cohorts to Understand Local Expertise and System Perspective

Local leaders: IR administrative, physician leaders, service line leaders, local executives

Key questions:

- ❑ How does IR fit into hospital goals and initiatives (e.g. population health)?
- ❑ What IR services are crucial for hospital functions (e.g. other services offered)?
- ❑ What would be the pushback if certain IR services were limited or eliminated?

System leaders: Chief of radiology, VP medical affairs, radiology director

Key questions:

- ❑ How does IR support health system goals?
- ❑ How does this site fit into the system's larger placement of services? What IR services are required to support this site's role?
- ❑ What services differentiate the system and site in the market?

Four Major Considerations Identified

Patients' convenient **access** to basic services

Ability to **transport** patients efficiently and safely between facilities

Preparedness and **capability** for handling new influx of patients at other facility

Available **resources** and staff at smaller hospitals

1) Pseudonym.

Source: Imaging Performance Partnership interviews and analysis.

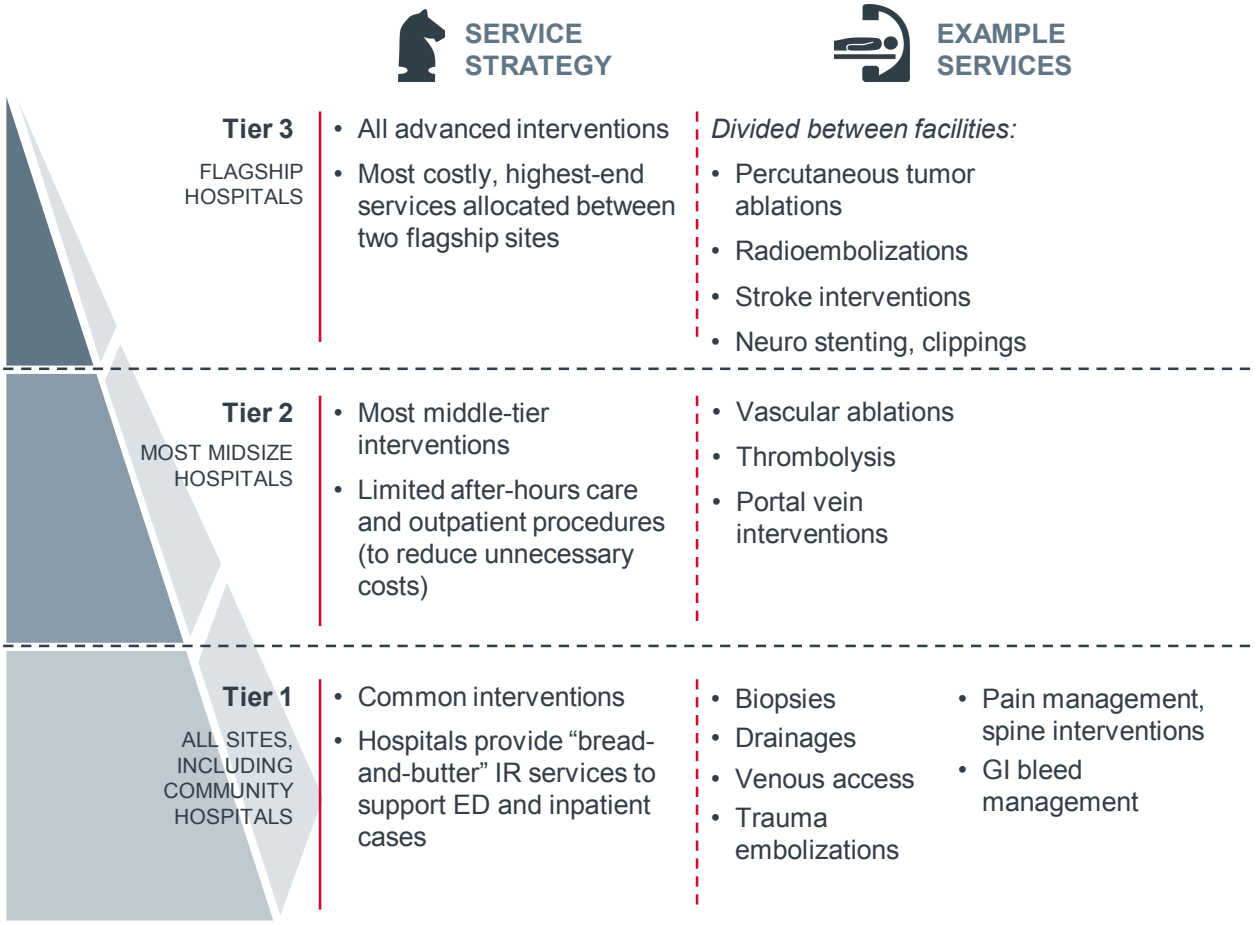
Allocate Services System-Wide

Comprehensive Strategy Guides Tenleytown's[1] Individual Market Decisions

The four considerations outlined on the previous page guide Tenleytown's system-wide IR service allocation. The system categorized all its facilities into three tiers. Each tier is assigned a specific service strategy.

Basic IR services are offered at all locations, which are classified as Tier One sites. Next, Tier Two facilities, typically Tenleytown's midsize hospitals, offer basic services as well as limited hours of higher-end outpatient procedures. Finally, Tier Three sites offer a full range of interventions.

Tenleytown's IR System



Health systems can have multiple facilities within each Tier. Tenleytown has two Tier Three sites, and IR leaders considered how to avoid overlap of the most advanced services between these two flagship hospitals. One facility, which is also a Comprehensive Stroke Center, retained all major IR stroke services, while Tenleytown's AMC[2] provides all advanced oncology procedures.

The specific tiers that a health system develops might be different than Tenleytown's. However, using a similar assessment process to Tenleytown helps IR leaders create a clear strategy that prioritizes health system success.

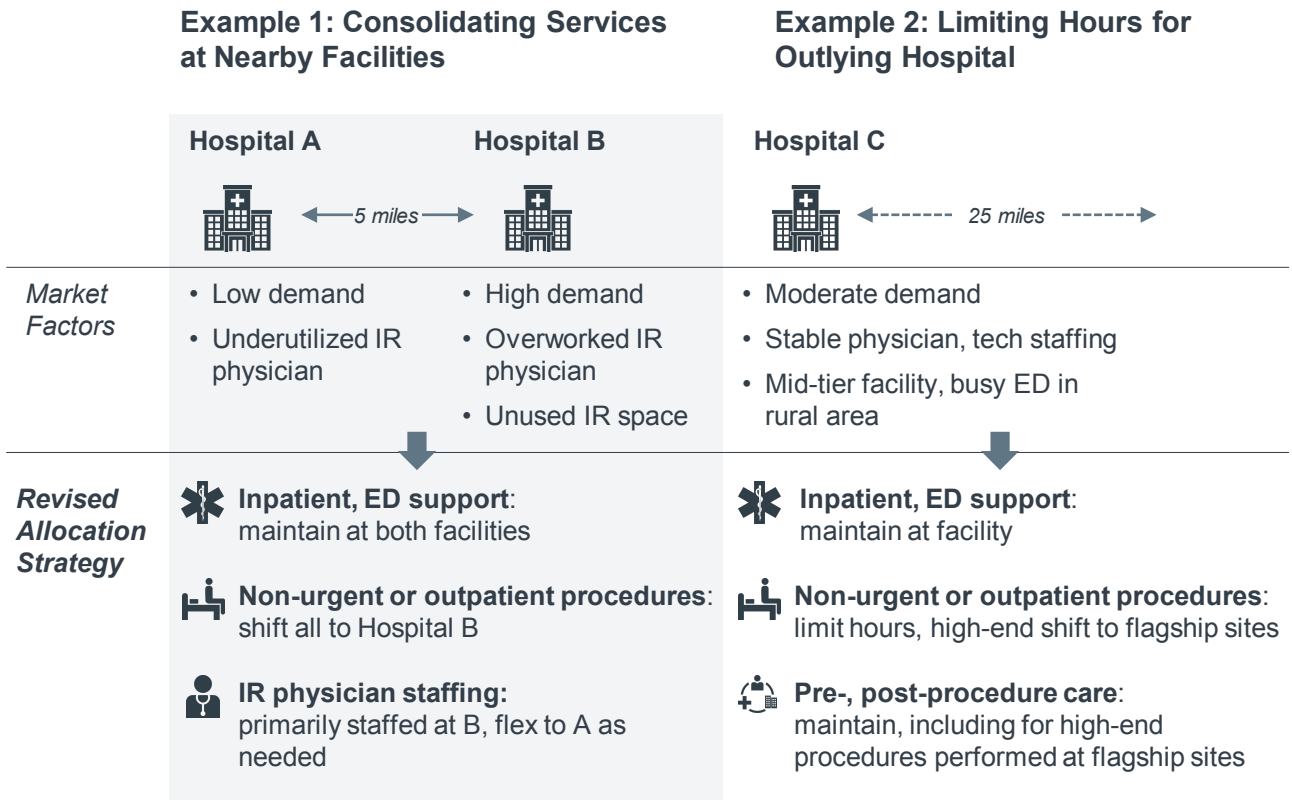
1) Pseudonym.
2) Academic Medical Center.

Source: Imaging Performance Partnership interviews and analysis.

At Times Necessary to Consolidate Services

To enact an IR system strategy and truly rightsize the current portfolio, IR leaders must be willing to shrink some services. When doing so, it is important to consider when and where it makes sense to consolidate services or limit hours. Shrinking services does not always mean eliminating them entirely from a facility; sometimes the correct answer is to limit their availability.

Below are two examples from Tenleytown showing how they ensured that their service allocation aligned with their system strategy. Hospitals A and B, five miles apart in a suburban market, previously offered the same IR services. Hospital A had low volumes, while Hospital B had high volumes and unmet demand. To solve this problem, Tenleytown retained all supportive services at both sites, then added staff to Hospital B and flexed them as necessary to Hospital A. Tenleytown could then shift all non-urgent, outpatient procedures to Hospital B.



A second example is Hospital C, located in a rural market 25 miles from the closest system facility. The hospital had stable demand overall, but low volumes for advanced procedures consistently led to expired supplies. Tenleytown considered eliminating all high-end services from Hospital C but realized that they would lose patients to competitors. Instead, the system limited hours for those advanced services, which helped them better manage supplies and demand. While some high-end procedures shifted to the flagship sites, Hospital C continued to offer pre- and post-procedure care in an effort to limit patient travel.[1]

.

1) For more information, refer to the Profiled Cases on **page 41**.

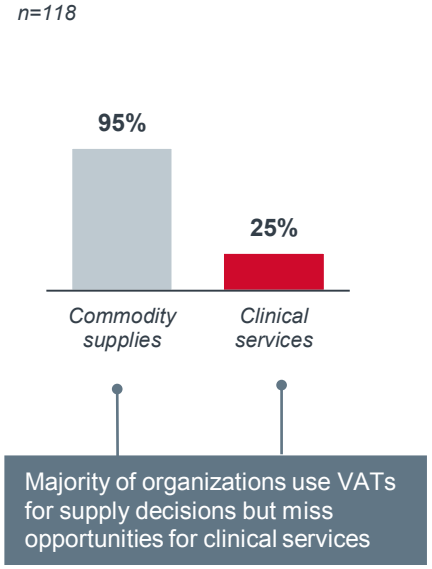
Source: Imaging Performance Partnership interviews and analysis.

Optimize IR Investments Through Principled Vetting

Mt Vernon[1] Leverages VAT[2] and Performs Trial to Inform Service Decisions

Rightsizing the IR portfolio positions IR programs to invest in new service offerings. Just as IR leaders should take a strategic approach to service allocation, they should also consider a principled approach to adding new IR services. Many systems have a strategy in place to evaluate new supplies, but few use that same process for service decisions. According to an Advisory Board survey of over 100 hospital executives, 95% of supplies and physician preference items must go through a value-analysis team (VAT). However, only one-quarter of clinical services are evaluated by this same committee.

Hospital Products and Services Commonly Evaluated by VAT



Mt Vernon's Steps to Evaluate New IR Services

Step 1:
Physician and administrative leader **collect information** such as patient need, competition, and cost about potential new service

Step 2:
IR leaders **present** information to system's **value analysis team,** which makes all service, equipment, supply decisions

Step 3:
If accepted by VAT, IR **performs trial** on15 patients; **collects outcomes** and financial data

Step 4:
IR presents results to VAT, which **makes final decision** about adding service

Mt. Vernon Health System, a pseudonym, leverages the VAT to help make principled service decisions for IR. Each proposed IR service follows the same process to determine if it is a good fit for the organization. The majority of new service ideas come from physicians. These interventional radiologists and other IR leaders collect data on clinical outcomes for the proposed procedure and estimate patient demand, potential costs, and reimbursement potential.

They present this information to the health system's VAT, which makes a preliminary decision about the procedure. If approved, the IR program offers the procedure on a limited basis in a trial form. They perform the trial of the procedure on about 15 patients, tracking patient outcomes and financial data. The VAT considers all these data points in making a final decision about the service.

1) Pseudonym.
2) Value-analysis team.

Source: "Navigating the Future of Value Analysis," Advisory Board, 2015; Oncology Roundtable interviews and analysis; Imaging Performance Partnership interviews and analysis.

Decisions Centered on Value

Review Process Considers Benefits to Patients, Program and System

The VAT's final decision is based on the potential value the service would bring to the system. For Mt. Vernon, value is more than just a financial metric. They also consider how a particular procedure aligns with health system goals. Below are examples of metrics Mt. Vernon uses in this process.

One example of a procedure considered by the VAT was Y-90. The trial revealed that Y-90 had strong patient outcomes, however it did not bring significant financial value to the program due to high supply costs and relatively low reimbursement. Given that growing the oncology service line was a system goal for Mt. Vernon, the VAT believed the benefits to the patients and system outweighed the drawbacks around costs and decided to offer the service.

Another example is nerve ablation. For this procedure, the trial showed that nerve ablation was a relatively low-cost procedure with high reimbursement potential. There was high volume potential with strong six-month patient outcomes. However, nerve ablation is not directly linked to a system-wide priority. The decision here was still pending, but the VAT will take all these considerations into account when making a decision.

Mt. Vernon's process to make decisions about new services allows them to take into account all important factors. Making these decisions based on data results in services that are aligned with system strategy and likely to be successful.[1]

Mt Vernon's VAT Clinical Services Criteria

Category	Sample Metrics
Patients	❑ 1-, 6-, and 12-month patient outcomes ❑ Hospital length of stay ❑ Patient out-of-pocket costs ❑ Patient need (volumes)
Program	❑ Supply costs ❑ Procedure costs ❑ Revenue ❑ Margins
System	❑ Alignment with other system services ❑ Support of larger system goals

Two Service Decisions

Y90: Approved

Patients
Incredibly strong patient outcomes

Program
High cost, relatively low reimbursement

System
Aligns with system strategy to grow cancer program

Nerve Ablation: Under Review

Patients
High volumes, strong 6-month outcomes

Program
Low cost, relatively high reimbursement

System
Not directly linked to system goals

1) For more information, refer to the Profiled Cases on **page 41**.

Source: Imaging Performance Partnership interviews and analysis.

Ambulatory the Next Frontier?

IR Uniquely Positioned to Capitalize on Outpatient Promise

The next opportunity for growth in IR is to consider new IR sites. Many systems are interested in offering IR services in the ambulatory space. Ambulatory IR is cost-effective and attractive to consumers. Opening an ambulatory IR location also expands hospital capacity, captures new volumes, and opens up additional revenue streams and patients. Many organizations have already tapped into this potential. According to an Advisory Board survey, 60% of Imaging Performance Partnership members surveyed either currently offer ambulatory IR or were considering doing so in the next two years.

Potential Benefits of Ambulatory Care

- **Improves inpatient efficiency** by shifting volumes outside hospital
- **Increases volumes,** provides new source of revenue
- **Meets consumer demands** for convenient, cost effective care
- **Reduces total cost of care** at a lower priced site

IR Poised for Ambulatory Growth

- **A+** — Many procedures may be **safely performed** in lower acuity settings
- Many services **do not require inpatient admission** or significant hospital resources
- Diagnostic radiology, staff and equipment commonly **located in freestanding setting**
- **60%** — Of Imaging Performance Partnership members offer IR in the ambulatory setting or plan to in the next two years

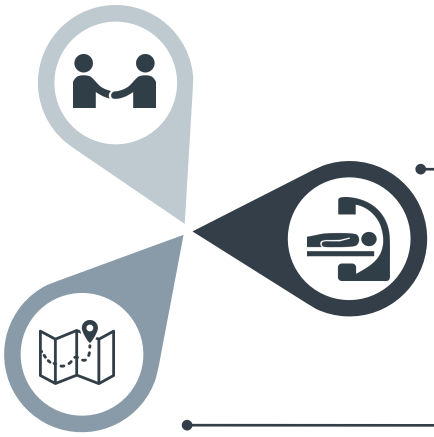
Source: Imaging Performance Partnership, 2017 Interventional Radiology Facility Survey; Imaging Performance Partnership interviews and analysis.

Ambulatory Success Relies on Thoughtful Strategy

There are many benefits to ambulatory IR. However, programs do need to have a thoughtful approach to evaluate the ambulatory opportunities in their market. There have been many organizations that have seen their ambulatory IR clinic fail because they did not have a thoughtful strategy for implementation.

There are three important considerations IR leaders must address when opening an ambulatory IR location. The first is to understand the ownership structure and the resulting relationship between the health system and interventional radiologists. Second is to identify the correct services to offer in the freestanding setting to ensure safety and financial success. Finally, IR leaders must find a location that is convenient for patients.

Three Questions a Thoughtful Ambulatory Strategy Must Address



1: Ownership Structure

- How would this site impact our hospital-radiologist partnership? Does it align with our current contracts?
- What will the hospital-radiologist ownership be?

2: Service Offerings

- What services can we safely offer in a freestanding setting?
- Can we break even financially by offering these services in an ambulatory setting?
- Should we join a multidisciplinary clinic or offer IR-only services?

3: Location

- Will this site be conveniently located for patients?
- Should we co-locate with referring providers and/or other health system facilities?

Source: Imaging Performance Partnership interviews and analysis.

First and Foremost, Consider Your Partnerships

Radiologist-Hospital Collaboration Vital Regardless of Formal Ownership

Ownership of ambulatory IR is a top concern of both radiology groups and hospitals. Opening a clinic without considering ownership and the relationship between physicians and the health system can harm both the chances of ambulatory IR success and the broader relationship between health systems and their radiology group partners.

As with all ambulatory sites, there are three primary ownership models: fully owned by the hospital, jointly owned, and fully owned by the physician group. All of these models can produce successful IR clinics—and they all can also result in a failed location.

There are a number of factors that go into the selection of ownership models. The conversations should be based around identifying the model that will strengthen rather than hurt a hospital-physician partnership.

IR Clinic Ownership Models

Fully hospital owned

- Best for: Employed IRs; hospitals contracted with multiple radiology groups
- Key consideration: How to compensate physicians for professional services

Jointly owned (e.g., joint venture)

- Best for: Long-standing joint ownership contracts; only contracting with one physician group or hospital
- Key consideration: How to determine formal accountability; how to divide costs, revenue

Fully physician owned

- Best for: Groups contracting with multiple hospitals
- Key consideration: How to safeguard hospital IR volumes

Must answer question: Will this harm our partnership?

"We can't shift our services because we contract with **two radiology groups**. This would require us to **pull volumes from one to give to the other**."

Health system imaging director

"Anyone considering setting this up needs to be cautious about the hospital's perspective. The **revenue isn't worth compromising our relationship**, especially right now for radiology."

Radiology group executive

Source: Imaging Performance Partnership interviews and analysis.

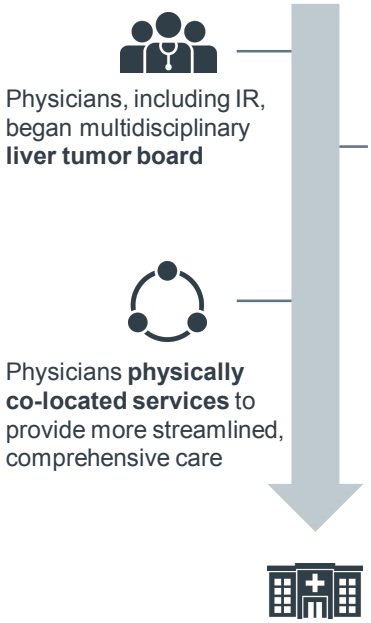
Support Multidisciplinary Outpatient Care

Mount Sinai Offers Liver Cancer Services Alongside Other Specialties at New Site

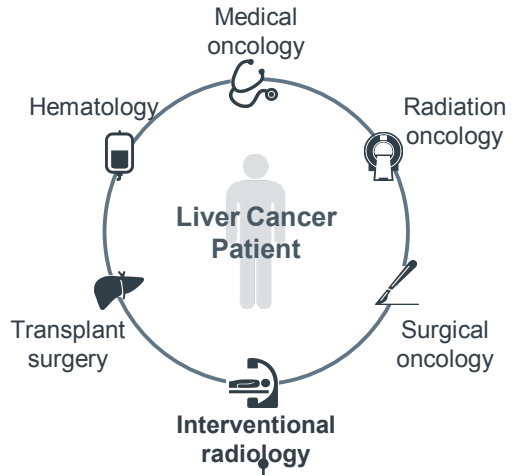
When identifying the services to offer in the ambulatory IR clinic, there are two broad examples to consider. The first is to align IR with other specialties in a multidisciplinary setting. The second is to open a stand-alone IR clinic.

Mount Sinai's Comprehensive Liver Treatment Center (CLTC) houses IR alongside other specialties. The development of this ambulatory clinic began during liver tumor board discussions. Physicians realized their current care delivery approach was exhausting for liver cancer patients, many of whom had to travel from one office to another and bear the responsibility for communicating and coordinating among multiple physicians.

Multidisciplinary Clinic Development Process



Specialties at Mount Sinai's CLTC



IR provides consults, evaluations and follow-up in clinic; performs minimally invasive therapy including radioembolization, chemoembolization, andliver ablation at hospital

Offering multiple services in one place, the CLTC, creates coordinated, accessible, and timely care. For example, a patient might come to the CLTC for a liver biopsy and return to discuss their results and treatment options with various specialists.

Interventional radiologists offer biopsies and other basic procedures at the CLTC itself, and perform embolizations and ablations at the hospital. They also use the CLTC for consults, evaluations, and follow-up care, all in coordination with other specialists. All of the services offered by interventional radiologists support the health system's liver cancer program and help generate referrals to the world-renowned liver transplant center.

Source: Mount Sinai Health System, New York, NY; Imaging Performance Partnership interviews and analysis.

Deliver “One-Stop-Shop” Experience

Multidisciplinary Clinics Can Benefit Patients, Program and System

The Comprehensive Liver Treatment Center (CTLC) has been extremely successful for IR and Mount Sinai as a whole. The health system saw double-digit growth in IR liver cancer services and referrals following the establishment of the CTLC. Health system liver transplant volumes are also at an all-time high.

Liver treatment was a good opportunity for Mount Sinai because these services meet patient need and provide system growth. There are several other areas well positioned for multidisciplinary ambulatory success, including other oncology centers, women’s health, and vascular care.[1]

Mount Sinai’s CTLC Benefits Stakeholders

Patients

- ✓ Greater convenience with all physicians at single location
- ✓ Customized treatment due to increased physician collaboration

IR Program

- ✓ Double-digit growth in minimally invasive liver cancer therapy including radioembolization, chemoembolization, liver ablation
- ✓ Stronger collaboration with other service lines, and physicians

Health System

- ✓ Quarterly double-digit growth in clinic volumes for two years
- ✓ Liver transplant volumes at all-time high

Additional Multidisciplinary Clinic Opportunities for IR

- ❑ Cancer care
- ❑ Women’s health
- ❑ Vascular services

What makes these opportunities good investments?

Meet patient need:

Patient condition requires services across multiple specialties and physician collaboration for care management

Provide system growth:

Related specialties share patients which increases volumes for all physicians involved

1) For more information, refer to the Profiled Cases on **page 42**.

Source: Mount Sinai Health System, New York, NY; Imaging Performance Partnership interviews and analysis.

IR-Owned, IR-Only Clinic

RAF[1] Sets Clear Bar for Service Offerings to Ensure Success

Radiologic Associates of Fredericksburg (RAF) chose to open an IR-only clinic. Given that they were opening an ambulatory IR clinic without co-location and a natural feeder from other service lines, RAF had to ensure their services would be profitable on their own. They identified three must-pass tests for IR services in the ambulatory space. First, there needed to be enough demand to offer the service. Second, the procedure itself must be able to be safely performed in a freestanding site. Answers to these first two tests were relatively easy to find, but the third, financial viability, presented a bigger challenge.

Three Must-Pass Tests for Services in IR Clinic

1

Is there enough need to offer this service?

Information needed to answer:

- Hospital service volumes
- Volumes by place of service (e.g., outpatient versus inpatient)
- Competitor volumes
- Patient demographics for procedure

2

Can this procedure be safely performed at a freestanding site?

Information needed to answer:

- Standards of care and safety concerns for each procedure
- State restrictions on physician offices
- Procedures performed by peer clinics

3

Can we break even financially by offering this service?

Information needed to answer:

- Fixed and variable expenses by procedure
- Modeled potential profit by service
- Estimated likely reimbursement

Used professional claims to calculate RAF's average reimbursement-to-Medicare payment ratio; assumed that payment ratio for technical reimbursement

Services Offered

Only basic procedures, none requiring extensive stay or more than limited sedation

- Varicose vein procedures
- Superficial biopsies
- Tube replacements
- Ultrasound and C-arm guided procedures

RAF's understanding of the financial implications of an IR procedure could be challenging. RAF could access only their professional claims. But as the clinic would largely run on the technical reimbursement, RAF leaders needed to understand what to expect. To determine the revenue for each potential IR service, RAF used professional claims to calculate their average total professional reimbursement compared to Medicare rates, which is available online. They applied this same rate, which for RAF was 120% of Medicare, to the technical component of services. RAF then looked at associated costs and found a break-even point for each service. Some procedures, like those requiring more sedation, were financially unsustainable in their ambulatory clinic.

Using this analysis, RAF opted to offer only basic procedures at their ambulatory location. These include varicose vein procedures, superficial biopsies, tube replacements, basic ultrasound, and c-arm guided services. Importantly, none of these procedures require a patient stay of more than a few hours.

1) Radiologic Associates of Fredericksburg.

Source: Radiologic Associates of Fredericksburg, Fredericksburg, VA; Imaging Performance Partnership interviews and analysis.

Finding the Right Home

Space Must Meet Clinic Needs and Be Located Near Physicians and Patients

With ownership and services in place, the third important component of ambulatory IR is the correct location. As RAF set out to find the right location for their new clinic, there were a few must-haves.

First, the IR clinic needed to be near referring providers. They found a space in a medical office building that included diagnostic radiology colleagues, referring specialty offices, and a freestanding emergency department.

RAF also wanted a site that would be convenient for patients. They chose a location with easy parking, which patients appreciate.

Finally, the space had to big enough to accommodate volumes and equipment, including adequate beds and recovery space for post-procedure care.

RAF's careful planning of their ambulatory IR expansion has resulted in a successful clinic. Demand for IR in the ambulatory setting led to RAF outgrowing their space and they moved to a larger IR clinic space. Since moving to their new location, the group has seen an 8.5% increase in volumes and enjoys a 96% patient satisfaction score.[1]

RAF's Clinic Location Strategy

Near referring providers

- ✓ Adjacent to freestanding ED
- ✓ Within same building as diagnostic imaging and referring providers

Conveniently accessible for patients

- ✓ Easy parking, clear signage
- ✓ Located in busy area

Accommodates volume, requirements

- ✓ Prep and recovery areas for patients
- ✓ Procedure rooms specially fitted for equipment

RAF Clinic Space Includes

- 1 c-arm room
- 3 minor procedure rooms
- 6 exam rooms
- 5 bay recovery area
- 2 physician offices
- Patient waiting area

RAF Ambulatory Success

Outgrew space in five years, opened larger clinic

8.5% IR volume growth since office expansion

Makes up **10% of group revenue**

96% patient satisfaction score

1) For more information, refer to the Profiled Cases on **page 43**.

Source: Radiologic Associates of Fredericksburg, Fredericksburg, VA; Imaging Performance Partnership interviews and analysis.

Key Takeaways and Next Steps

Below you will find key takeaways, next steps, and tools to help with your IR program growth. The Imaging Performance Partnership's Outpatient IR Market Estimator provides growth projections for outpatient IR in any specific market.

Role of Administrative Leaders

- ❑ Collect volume data for IR services provided across system
- ❑ Collaborate with peers to identify hospital and market needs for IR
- ❑ Leverage information and data to inform rationalization decisions
- ❑ Work with physicians to examine new services and ambulatory expansion opportunities
- ❑ Establish or revamp process to make principled IR growth decisions for services, ambulatory sites

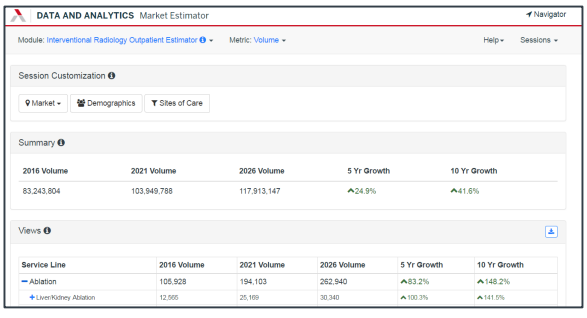
Opportunities for Interventional Radiologists

- ❑ Provide clinical expertise to help determine system and market needs for IR services
- ❑ Participate in rationalization conversations and provide clinical perspective
- ❑ Stay up-to-date on literature demonstrating patient benefits of new IR procedures to participate in principled service expansion strategy
- ❑ Identify opportunities to expand IR into new ambulatory sites of care
- ❑ Consider collaborating with complementary service lines to offer one-stop-shop ambulatory services

Metrics to Demonstrate Your Value

- ❑ IR volumes, revenue
- ❑ Volumes of new services offered
- ❑ Hospital services supported by IR
- ❑ IR patient outcomes for new procedures
- ❑ Cost savings by providing IR service versus more invasive alternative
- ❑ Changes in hospital costs for supplies, equipment, staff after rationalization
- ❑ Volumes and revenue at ambulatory sites

Interventional Radiology Market Estimator



- Provides volume estimates for IR services
- Generates 5- and 10-year growth rates
- Allows users to view data at zip-code level

Access all tools and resources
by visiting
advisory.com/ipp/interventionalradiology

Chapter

2

Market Services to Drive Volumes

- **Imperative 4**: Target physician education to expand IR referral base
- **Imperative 5**: Perfect consumer-friendly marketing

Our Marketing Audiences

Growth Hinges on Appealing to Both Traditional and New Stakeholders

Without sufficient marketing driving IR volumes, sustainable program growth can be difficult. While marketing of all procedures is challenging, IR faces a few unique roadblocks.

First, IR lacks specialty recognition. Many patients do not know what IR is, and many referring providers are unaware of its capabilities. Second, IR sits in a competitive landscape, often presented as one of many options. Many referring providers are already offering an alternative service. To address these challenges, the best IR marketing programs lead with targeted outreach and focus their message on differentiating IR services. To target IR marketing and differentiate IR from other specialties, it is important to consider the two primary marketing audiences for IR: referrers and patients.

Referring providers continue to drive the largest share of IR volumes. To effectively market to this group, target the physicians most likely to refer and educate them on IR's capabilities and benefits to patients.

Patients constitute the next group. Given the rise in health care consumerism, patients are increasingly shopping for care, including IR services.

IR Faces Distinct Marketing Challenges

Lacks specialty recognition for services, applicability and benefits

Exists in a competitive landscape, commonly as one of many care options

IR Volumes Generated by Stakeholders

Historic

Referring Physicians

Largest source of volumes, as patients continue to rely on referrer recommendations

Imperative 4:

Target physician education to expand IR referral base

Contemporary

Patients

Becoming greater source of volumes as patients act more like consumers, shopping for care

Imperative 5:

Perfect consumer-friendly marketing

Source: Imaging Performance Partnership interviews and analysis.

Overcoming Physician Referral Challenges

Marketing is time- and resource-intensive, especially for a specialty as complex and competitive as IR. Engaging in a marketing campaign for IR broadly will likely not result in increased referrals. The most effective marketing campaigns are hyper-targeted to a list of physicians most likely to become loyal IR referrers for a specific IR service.

University of California San Francisco (UCSF) Medical Center uses four steps to create that list. First, they select appropriate and compelling services. Then, they identify applicable physician cohorts. Next, they understand current referral patterns, then finally determining their geographic reach.

Reasons Physician May Not Refer to IR

LACKING KNOWLEDGE

"I already refer some of my patients to your program, but it's hard to know **what exactly IR can do**."

COMPETITION

"I **can treat that patient myself**, so why would I give my revenue to you?"

UCSF's Solution: Hyper-targeted Marketing Strategy

Step 1: Select appropriate, compelling services

Focus on specific services likely to result in new, sustained referrals

Step 2: Identify applicable physician cohorts

Decide which physician specialties are most likely to refer to IR

Step 3: Understand current referral patterns

Identify individuals with potential to grow UCSF IR referral volume (e.g., those currently underleveraging IR or using competitor)

Step 4: Determine geographic reach

Refine list of targets based on proximity to UCSF and competitor facilities

Source: USCF Medical Center, San Francisco, CA; Imaging Performance Partnership interviews and analysis.

Selecting Right Services to Market Is a First Step

Picking the right services is critical when considering an IR marketing campaign. As IR offers many different services that support multiple service lines, marketing the entire program to referring providers can be confusing. Instead, UCSF focuses on a specific service, or sometimes a few services, for each campaign.

To identify the ideal services to market to referring physicians, consider procedures that are physician-driven, such as hospital supportive services including venous access or trauma procedures. When a patient is already inside the hospital, the referring physician plays a large role in the care decision and the physician who will perform the procedure.

Next, consider services that align with larger hospital goals, as they will likely be top-of-mind for in-network providers. Finally, leverage the buzz around innovative techniques, and explain how IR can help patients in a new way.

Three Categories of IR Services Best Suited for Physician Marketing

1

Urgent procedures supporting hospital care

- Emergency care (e.g., trauma embolization)
- Inpatient services (e.g., venous access procedures)

2

Aligned with physician, hospital goals

- Support complementary service line (e.g., tumor ablations for oncology)
- Support hospital program (e.g., neurointerventions for Stroke Center)

3

Provide new options for patients

- New innovative services (e.g., bariatric embolization)
- Treat previously undertreated patients (e.g., tumor ablations and embolizations for certain cancer patients)

Step in Practice: UCSF Chooses Kidney Tumor Ablation (KTA) for Marketing Focus

Procedure **expands treatment** options for kidney cancer patients with innovative, advanced service

KTA is **aligned** with UCSF's growing cancer program

At UCSF, they chose KTA for physician marketing because the procedure aligned with the system's growing cancer program and expanded options for patients with few alternatives. Importantly, the specialist and service had capacity for growth.

Source: USCF Medical Center, San Francisco, CA; Imaging Performance Partnership interviews and analysis.

Identify Referrers for Selected Service

Some Physician Cohorts Are More Likely to Refer to IR Than Others

After selecting the IR procedure for marketing, the next step is to identify appropriate physician cohorts to target. There are three general categories of physicians to consider. First, non-procedure-based specialists, like medical oncologists, who already refer patients for procedures. Second, proceduralists with sufficient volumes who may feel less threatened referring cases to IR.

A third potential cohort is physicians who provide alternative, but not identical, services. Distinguishing IR as an alternative for specific patients may win these physicians over. For example, both IRs and OB/GYNs[1] treat fibroids, but with different methods. All procedures are not always an option for every patient, so IR can complement services that other proceduralists provide, without taking away volumes.

One very important constituency to consider is diagnostic radiologists. Many IR procedures are requested following the results of an imaging exam. More diagnostic radiologists are positioning themselves as care managers, working with referring providers to streamline the process scheduling a patient for the necessary IR procedure. This type of relationship is likely to grow in the future.

Three Categories of Providers to Target for IR Marketing

1

Non-procedure-based specialists

Providers referring patients for treatment, e.g.:

- Medical oncology
- Primary care
- Pediatrics
- Palliative care

2

Proceduralists with sufficient volumes

Providers caring for significant number of patients, not threatened by off-loading cases to IR

- Unique to each market

3

Provide alternative, but not identical, services

Providers treating patients who may be better served by IR alternatives, e.g.:

- OB/GYNs (fibroid)
- Pain management (diagnostics)

Step in Practice: UCSF Markets KTA to Urologists

UCSF focused marketing exclusively on urologists, as this specialty cares for patients who most frequently need KTA and it offers alternative services

USCF directs their KTA marketing to urologists, as many urologists in UCSF's market have sufficient procedure volumes. Urologists also do not perform KTA, so a referral partnership expands treatment options to their patients.

1) Obstetrician/gynecologists.

Source: USCF Medical Center, San Francisco, CA; Imaging Performance Partnership interviews and analysis.

Use Data and Liaison Knowledge to Identify Opportunities

To best market to your selected physician cohort, understand the current referral patterns of these physicians. Gathering this information can make or break the success of a marketing campaign.

It is important to understand where physicians are already referring, and if these referrals are split between multiple health systems. Additionally, collect provider information, including their geographic locations and health system affiliations.

To get the necessary data, UCSF used physician liaisons and internal referral data to collect information on each potential referring provider and then identified loyal referrers to help "sell" IR services to peers.

Gathering Referral Information

UCSF leverages liaison knowledge, referral data to understand current referrals to IR and competing services

Referring Provider Information Collected

- ❑ Provider name
- ❑ Specialty
- ❑ Health system affiliation
- ❑ Practice size
- ❑ Geographic location
- ❑ Referral volumes to IR
- ❑ Referral volumes to competing services (when possible)

Step in Practice: UCSF Leverages Robust Data Set

Pinpoint high-value referring providers to use as liaisons with colleagues

Understand role, if any, of health system affiliation in referral patterns

Identify practices that split referrals between IR and competitor

Identify potential turf wars with in-network physicians

Estimate likely geographic reach for new referrals

Source: USCF Medical Center, San Francisco, CA; Imaging Performance Partnership interviews and analysis.

Determining Geographic Reach Is the Last Step

More Specialized Services Can Capture Referrals from Farther Away

Finally, determine the geographic reach of your campaign. While unique or novel services can attract patients and referring providers from far distances, most services appeal only to local physicians. Affiliation is also key, as an IR program is unlikely to pull volumes from outside their network unless they are the only one who offers that service.

UCSF found that systems in urban markets had similar service offerings, while services offered by IR programs in suburban markets varied. These suburban markets provided UCSF with the greatest capacity for IR growth and formed the geographic reach for their marketing campaign.

UCSF's KTA marketing targeted about 160 urologists, all located in suburban markets and not affiliated with other systems that offered KTA.

Two Final Considerations for Identifying Physicians to Target

Location of Physician

UCSF analyzes markets focusing on physician and patient demographics to pinpoint possible reach for campaigns

Availability of IR Service in Market

Marketing team examines prevalence of IR service within each market to determine availability of services by market to finalize list of physicians for marketing campaign

Step in Practice: UCSF Refines Physician Marketing Targets

Larger reach for rare offering

Previously KTA was offered at few facilities across the state, so UCSF marketing spanned entire west coast

Localized approach to more common services

KTA is now offered at more locations but is still a specialized service, so UCSF's marketing campaign spans smaller geographic region

Source: USCF Medical Center, San Francisco, CA; Imaging Performance Partnership interviews and analysis.

The Importance of an Effective Conversation

Turn Physician Interactions into New Patient Volumes

Using the targeting marketing list, UCSF engaged in a number of physician outreach strategies to market KTA. The marketing team sent mailers to 165 physicians and followed up with sales calls to 45 urologists. From these calls, IR hosted 6 in-office physician lunch-and-learns where interventional radiologists discussed KTA. Ultimately, the six-month marketing campaign secured 10 new urologist referrers.

Regardless of the specific outreach strategy and organization employs, it is important to have an effective marketing conversation. The list below provides guidance on what physicians expect to learn about IR from these conversations. When discussing IR with these potential referrers, be prepared to educate them on IR and explain how it will benefit their patients.[1]

UCSF Physician Outreach Strategies

- In-office lunches
- Liaison visits
- Grand rounds
- Printed, mailed materials
- Sales calls
- Social media platforms

UCSF Marketing Results

- Sent **165** mailers
- Conducted **45** sales calls
- Held **25** liaison visits
- Hosted **6** onsite lunches

Secured **10 new referring providers** for KTA

Keys to Successful Marketing Conversations

- ❑ Explain what **patient populations** IR can serve
- ❑ Describe **how IR compares** to alternatives
- ❑ Focus conversation on **patient choice** for care and treatment options
- ❑ Provide clear directions and guidance for **how to reach IR**
- ❑ Bring materials about relevant IR **services offered in their local market**
- ❑ Address how IR will **follow up with referring provider** about patient care
- ❑ Present IR as a **partner in high-quality** care delivery
- ❑ **Educate physicians** about newest technology and services

1) For more information, refer to the Profiled Cases on **page 43**.

Source: USCF Medical Center, San Francisco, CA; Imaging Performance Partnership interviews and analysis.

Don't Forget the New Consumer

Despite Patient Appeal, IR Struggles to Capture Self-Referrals

Patients are increasingly realizing that they have options and are shopping for medical care. Survey data underscores why marketing to consumers is important, as one-third of patients self-refer to specialists. IR presents a good opportunity for patient marketing. Many procedures are lower in cost with superior patient outcomes compared to surgical alternatives.

IR should have an advantage in patient marketing, but many patients still do not turn to IR when it's an option. Patients do not know that IR might be an option for them, so they cannot compare services or search for an interventional radiologists. When patients search online, it can be difficult to find patient-friendly information.

Patients acting more consumeristic…

Specialist Patients Who Self-Refer

34% *n=12,610*

Patients Beginning to Seek IR Care

Cassidy was the fist patient to receive the MRI ultrasound treatment [for prostate cancer] at Brigham and Women's. "**I was being fairly stubborn in terms of what I would and wouldn't do**," Cassidy said. "There are all kinds of problems [other cancer] treatments like radiation could cause with the body's organs."

Brigham Docs Test New Way to Treat Prostate Cancer
Boston Herald
August 11, 2016

…but often failing to find IR

Unaware of the specialty and its services and benefits

Uninformed about **how IR compares** to alternatives

Unable to find **patient-friendly information** about IR services

Source: *What Do Consumers Want From Specialty Care*" Market Innovation Center, The Advisory Board Company; Kalter L, "Brigham Docs Test New Way to Treat Prostate Cancer," *Boston Herald*, August 11, 2016; Imaging Performance Partnership interviews and analysis.

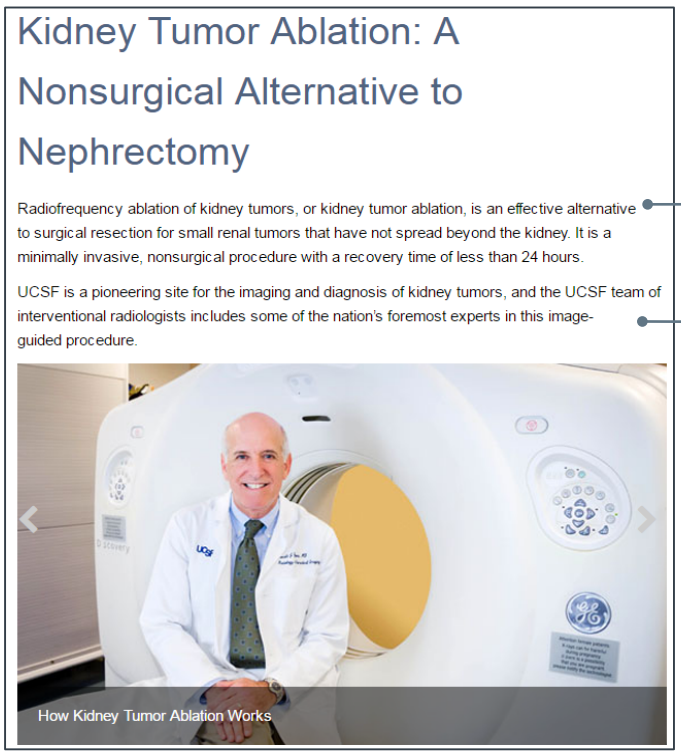
Patient-Friendly Website Is a Must-Have

An IR program's website is often patients' initial exposure to IR. While many IR programs have websites, they may not include a list of procedures, conditions treated, or locations of services. To attract patients and demonstrate IR's value, programs must meaningfully communicate how IR can help.

Below is a screenshot of UCSF's KTA website. It is effective because it is written directly for the patient, explaining how the service will help them. It also differentiates the program from alternatives and competitors.

UCSF chose the title "A Nonsurgical Alternative to Nephrectomy" to help promote the page in search results. Patients often search for "alternative to nephrectomy," so this page is likely to appear on search engines. When patients navigate to the website, they immediately know that this is information that can help their condition.

Effective Components of UCSF's Website



Clearly explains problem IR addresses and how the service will help patients

Differentiates program from other services and competitors

Website also includes:

- ❑ FAQ for patients, explaining procedure, prep, and follow-up
- ❑ List of characteristics of appropriate patients for procedure
- ❑ Consult request information for referring providers
- ❑ Billing and insurance information
- ❑ Patient testimonial videos and blogs

Source: USCF Medical Center, San Francisco, CA, https://radiology.ucsf.edu/patient-care/services/kidney-tumor-ablation; Imaging Performance Partnership interviews and analysis.

Identifying Best Targets for Patient Marketing

Focus on Services Attractive to Patients for Greatest Volume Growth

Having a functional website is the baseline way to market to patients. But there are also more active forms of patient marketing. The process of designing a patient marketing campaign is similar to physician marketing

The first step is to select the services that generate the most patient self-referrals. Ideal targets are elective procedures (e.g., varicose vein treatments) and non-urgent services (e.g., pain management interventions). Second, look at services that are not urgent, since patients have time to search before making care decisions.

The third category is alternatives to invasive procedures. An example of this type of procedure is uterine fibroid embolization (UFE), a procedure that many IR programs have selected for patient marketing.

Categories of Services with Patient-Driven Potential

1

Elective procedures

IR most likely to win patient volumes when competing on convenience, examples:

- Varicose vein procedures (particularly when located in ambulatory setting)

2

Necessary but non-urgent services

Procedures allow patients time to shop before choosing provider or receiving care, examples:

- Interventional oncology treatments
- Pain management procedures

3

Alternatives to invasive procedures

New procedures that compete with less appealing traditional services, examples:

- UFE (versus hysterectomy)
- Image-guided prostate biopsy (versus non-image-guided)

Source: Imaging Performance Partnership interviews and analysis.

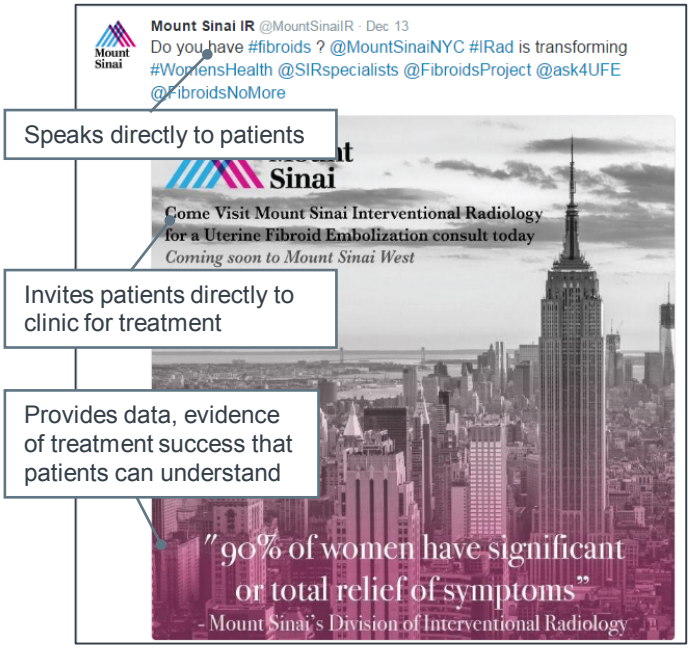
Make Big Gains with Small but Smart Campaign

Mount Sinai Uses Social Media and Simple Branding to Appeal to Consumers

One example of a UFE marketing strategy is Mount Sinai's social media campaign. These advertisements target potential UFE patients using Twitter and Facebook.

Mount Sinai's messaging, as shown in the example tweet below, does three things. It is clearly aimed at patients suffering from uterine fibroids, gives patients a call to action, and details the benefits of interventional radiology to treat fibroids.

Effective Components of Mount Sinai's Tweet



Keys to Success

- ❑ Choose appropriate service such as UFE: non-urgent alternative to invasive procedure with favorable patient outcomes
- ❑ Select appropriate medium for patient population: e.g., social media to target young women
- ❑ Focus messaging on single procedure, not entire IR program

Marketing Results

50% of fibroid patients **self-referred**

15% **growth** in UFE year-to-date

15% **growth projected** for next 5 years

Mount Sinai's social media campaign has resulted in gains for their IR program. Half of Mount Sinai's fibroid patients are self-referred, and UFE volumes are up 15% An additional growth rate of 15% is projected for the next five years.[1]

1) For more information, refer to the Profiled Cases on **page 43**.

Source: Mount Sinai Health System, New York, NY; Imaging Performance Partnership interviews and analysis.

Speak Directly to Patient Concerns

Brookland Radiology[1] Launches Radio Ad Targeting "Heart" of UFE

Social media is one way to advertise IR services to patients but it is certainly not the only option. Another option is to use more traditional media.

Brookland Radiology, a pseudonym, also wanted to market UFEs to patients. They chose to air ads on radio stations with a large listening audience of women known to be at high risk for fibroids. Choosing radio was a calculated move as traffic in their market is notoriously bad, resulting in a captive audience particularly during rush hour.

There are few things that made this ad effective. Rather than focusing on the procedure, it focused on the day-to-day life of women suffering from fibroids. The ad included clear next steps, providing a call line for patients, friends, and families. It also directed listeners to a community event, where physicians and patients spoke about fibroids.[2]

How Brookland Reaches the Right Patients

Significant prevalence of fibroids due to high-risk population (African American women 30-50 years old)

Large radio audience due to city's lengthy commutes

Aired ad on stations with high-risk population as listeners (e.g., popular contemporary music, gospel, hip hop channels)

"The procedure (UFE) sells itself, but you have to get patients to listen. **When you speak to the heart of the problem**—the struggle these women face every day—**you have patients listening.**"

Marketing Chair
Brookland Radiology Group

Effective Components of Brookland's Ad

Centers on how condition impacts patients' day-to-day life: Features women shopping, compares wardrobe options of those with and without fibroids

Focuses clinical discussion on relief: Describes fibroid symptom relief due to UFE, rather than procedure itself

Makes easy to spread message: Directs listeners to UFE community event, provides phone numbers for friends and family to call

100+

People attended Brookland's community event for UFE

1) Pseudonym.
2) For more information, refer to the Profiled Cases on **page 43**.

Source: Imaging Performance Partnership interviews and analysis.

Connect Patients and Referring Providers

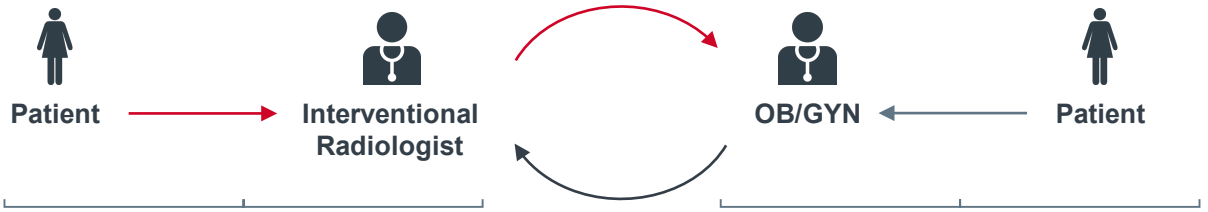
Consumer-Directed Volumes Help Strengthen Physician Referral Sources

One concern with patient marketing is that referring providers will also see the advertisements, resulting in conflict between interventional radiologists and referring providers. However, patient self-referrals can strengthen physician-to-physician relationships.

For example, fibroid patients self-referring to IR commonly need an OB/GYN for follow-up care. Many of these women may not have an OB/GYN or may be looking for a new physician. Interventional radiologists can suggest a trusted OB/GYN partner for that follow-up care.

In turn, these OB/GYNs see the value of UFEs and the quality of care delivered by IR. This creates a mutually beneficial partnership between the two specialties, all while improving continuity of care for patients.

Example Fibroid Patient Pathways



Common scenario:

- Patient self-refers to IR for fibroids; IR physician treats patient
- IR suggests trusted OB/GYN to provide continual follow-up care for patient

Common scenario:

- OB/GYN diagnoses patient with fibroids, explains all treatment options
- OB/GYN refers appropriate patients to trusted interventional radiologist

Sharing Patients Secures Relationships

Builds **communication channels** between physicians and offices to discuss shared patients

See **firsthand results** of other physicians' care

Collaboration Not Competition

"We use patient experiences to educate OB/GYNs and explain the benefits of UFE. **We're not competitors—together we are making a difference** to women."

Dianne Keen, Director of Business Development & Marketing

Northside Radiology

Source: Imaging Performance Partnership interviews and analysis.

Key Takeaways and Next Steps

Below, you will find the roles of administrative leaders and interventional radiologists in marketing efforts for IR. Additionally, there are metrics to track marketing efforts and to demonstrate IR's value.

Role of Administrative Leaders

- ❑ Identify appropriate services for physician versus patient marketing
- ❑ Collaborate with IR physicians to identify services with ability to handle greater volumes
- ❑ Collect data about current referral patterns
- ❑ Work with marketing team to launch focused IR marketing campaigns
- ❑ Leverage marketing resources to revamp IR website to be more physician- and patient-friendly

Opportunities for Interventional Radiologists

- ❑ Collaborate with administrative leaders to identify appropriate IR services for physician and patient marketing campaigns
- ❑ Participate in onsite marketing visits to build physician-to-physician relationships and hardwire new referrals
- ❑ Assist marketing team with creating physician marketing materials focusing on clinical benefits of services
- ❑ Co-host or participate in community events to educate population about IR services

Metrics to Demonstrate Your Value

- ❑ Change in volumes of service before and after physician marketing campaigns
- ❑ Change in volumes of service before and after patient marketing campaigns
- ❑ Web traffic to IR webpage
- ❑ Growth in new physician referrers
- ❑ Percentage of patients self-referred before and after patient marketing campaign

Profiled Cases

PROFILED CASES

The following institutions have been profiled throughout this publication and are curated below to provide the opportunity to review the distilled case studies in aggregate. Should you wish to review the full case, page references are provided.

Tenleytown Health (pseudonym)

Multi-hospital health system in the Northeast with three flagship facilities including one academic medical center and two teaching hospitals

12 page

Rationalizing IR Portfolio

- Radiology department rationalized IR portfolio and strategically allocated resources across the system.
- System deployed three-tiered service allocation strategy for procedures and availability. They considered current hospital offerings, hospital size, and capability, physician and patient demand, patient proximity to competing facilities, and geographic footprint of IR physicians. Decisions were made at system level but incorporate local leaders.

Mt. Vernon Medical Center (pseudonym)

Large hospital located in Southeast, part of multi-hospital system

15 page

Using Value Analysis Team to Evaluate New Service Offerings

- Hospital uses value analysis team (VAT) and trial to determine if new IR services will be added to IR portfolio.
- All new potential IR procedures brought to VAT. IR must present costs, potential revenue and patient benefits of procedure. If VAT approves procedure then IR program will offer it to 15 patients, tracking cost per case and patient outcomes. Following trial, VAT makes final determination about service.

Mount Sinai Health System

3,500 bed, 7-teaching hospital health system located in New York, NY

20 page

Establishing a Multidisciplinary, Ambulatory Comprehensive Liver Treatment Center

- IR along with five other specialties developed ambulatory Comprehensive Liver Treatment Center to provide "one-stop-shop" experience for patients with liver cancer; center was developed after Liver Tumor Board physicians noted frustrations from patients navigating between specialists.
- Center is staffed five days per week; physicians discuss patients together to develop multidisciplinary treatment plans; IR physician provide consults, evaluation, and follow-up visits at clinic, plus they conduct procedures at the hospital.
- Establishment of center has led to double-digit growth in IR liver therapies and double-digit growth in referrals for liver cancer patients to IR; liver transplant volumes are at an all-time high; referring physician satisfaction has increased; and liver cancer patient satisfaction has increased.

36 page

Using Social Media to Market IR to Patients

- Mount Sinai launched social media marketing campaign to advertise uterine fibroid embolization (UFE) services to patients.
- Recognizing consumer appeal of IR's fibroid treatment as alternative to more invasive surgical services, program launched patient-centric social media marketing campaign including patient testimonials on Twitter, Facebook and websites for Mount Sinai's IR uterine fibroid services; campaign featured simplified messaging to capture consumer attention, focusing on benefits of service and directing patients to IR clinic for fibroid needs.
- After marketing campaign, 50% of UFE patients self-referred; program has seen 15% growth in UFE year to date and is projecting 15% growth in UFE procedures for next 5 years.

Radiologic Associates of Fredericksburg

35-provider independent radiology group located in Fredericksburg, VA

22 page

Opening IR-Only Ambulatory Clinic

- Opened IR ambulatory clinic to provide longitudinal patient care, shift patients to lower acuity setting, and attract more referrals from specialists.
- Group owns clinic, which is open 5-days per week, providing basic interventions, consults, and follow-up care; E&M comprises 25% of services billed in clinic and 75% of billed services IR procedures; leaders went through 12-month long process to determine most appropriate services and find optimal site to establish IR clinic.
- Six years after opening, group outgrew original IR clinic and opened a new, larger facility.

UCSF Medical Center

900-bed academic medical center located in San Francisco, CA

27 page

Marketing IR Services to Referring Providers

- Launched IR marketing campaign targeted to urologists focused on kidney tumor ablation.
- Marketing team developed four-step plan to target physicians most likely to provide new, sustained referral streams for kidney tumor ablation; team deployed marketing materials and set up conversations to demonstrate benefits of IR service and UCSF value.
- Campaign resulted in 165 targeted physicians; UCSF held 45 sales calls, 25 visits for liaisons, and 6 onsite lunches, resulting in 10 new referring providers to IR.

Brookland Radiology Group (pseudonym)

50-provider independent radiology group located in Southeast

37 page

Using Radio Advertising to Market IR to Patients

- Group deployed radio ad for uterine fibroid embolization in 2011.
- Ad featured women shopping for clothes, comparing different clothing options for those with and without fibroids; one woman explains excellent care received at Brookland, leading to complete relief of fibroid suffering; ad provided number, website, and location of program for potential patients, family, and friends of patients.
- Ad directed patients to community event hosted by Brookland for fibroid education; IR physician spoke about UFE treatment at event; former patients spoke about experience with Brookland and relief of fibroids after treatment; event had 100+ attendees, resulting in 20+ UFE consults.

Want more on **interventional radiology**?

This report is a publication of the Imaging Performance Partnership, a division of Advisory Board. As a member of the Imaging Performance Partnership, you have access to a wide variety of material, including webconferences, research reports, implementation resources, our blog, and more. Check out some of our other work on interventional radiology.

Implementation resource: Capturing Interventional Radiology's Growth Potential

Featuring resource briefings, resources, and data, this toolkit will help you deliver exceptional IR care and build a sustainable IR growth strategy.

Implementation resource: IR Outpatient Market Estimator

Use this tool to see outpatient interventional radiology procedure forecasts for any market in the US.

Research report: How to Grow Your Interventional Radiology Program

Learn about eight tactics to overcome growth restraints in IR.

Visit us at: **advisory.com/ipp/interventionalradiology**

Email us at: **ipp@advisory.com**

The best practices are the ones that work for **you.**SM

Advisory Board

2445 M Street NW, Washington DC 20037
P 202.266.5600 | F 202.266.5700 | **advisory.com**