

Establishing a Community Hospital Interventional Oncology Program:

Marketing Your New Service

The last in a three-part series on the most important components of starting a successful practice.

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This is the third and final part of a three-part series focusing on the necessary components to growing a community hospital-based interventional oncology (IO) program. The first of the series discussed essential equipment and services in establishing the program. The second part of the series focused on expanding capability for transarterial therapies and percutaneous ablative therapies. This last component will focus on marketing your new IO program and expanding your referral base. We will reiterate that every practice setting is different from the next. This series aims to provide a general framework for approaching IO practice building. It is by no means comprehensive and will not apply to each and every practice setting. Specific strategies will have to be tailored to local group relationships, hospital relationships, staff capability, and the availability of adjunctive hospital ancillary services.

GENERAL MARKETING

Marketing is something that most physicians have had little or no experience with during their training process. It can be an overwhelming process to begin, especially for the new attending who is still refining procedural skills. However, whether part of a community or academic program, it should become an integral part of your practice to be successful. Any interventional service can greatly benefit from referral marketing. For interventional radiology specifically, this is because the scope of procedures in any given practice setting is very different from the next. Understandably, this has led to some ambiguity as to the

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capabilities of interventional radiology (IR) at any one particular institution. An IR section or group may choose to focus on peripheral artery disease, while others focus solely on oncology, still others on stroke and neurointerventional procedures. It is therefore critically important to promote a level of understanding for your referrers as to your department's and service's capabilities and interests. In this article, we will try to touch on multiple facets that we personally found to be the most helpful in marketing a new IO practice.

UTILIZE THE INDUSTRY

The industry representatives generally have a wealth of experience and resources in marketing and educating your target referrers. This is another area where they are indispensable. They can provide peer-reviewed journal

articles and patient pamphlets to distribute, as well as assist in coordinating continuing medical education events with national and regional experts. These events not only give you a chance to discuss the treatments that you offer, but also provide you with extended face time and can help in establishing stronger relationships with your referrers that can lead to improved communication and streamlined patient care. We personally found that the yttrium-90 and microwave ablation representatives were able to significantly extend our marketing team's reach in the area.

MEET WITH MULTIPLE DIFFERENT SPECIALISTS

Because a major focus in IO pertains to liver-directed therapies, be sure to meet with both your gastroenterologists and medical oncologists. They frequently are the first to see new liver masses, not just in the setting of cirrhosis, but also in patients with newly diagnosed colorectal cancer. Gastroenterologists also have a cohort of patients with chronic cirrhosis that do not require tumor treatment but may have a strong need for other therapies such as transjugular intrahepatic portosystemic shunt, Denver shunt, and peritoneal drains. Do not just stop there. Other specialties should include urology, cardiothoracic surgery, radiation oncology, general surgery, orthopedics, palliative care, and internal medicine. Additionally, most hospitals in the community have a dedicated hospitalist service. Be sure to meet with them and discuss your IO service and its capabilities. A large percentage of newly diagnosed solid organ tumors occur in the inpatient setting.

ESTABLISH A TUMOR BOARD

The value of creating a tumor board was mentioned in the first part of the series. This in and of itself is a major undertaking. It can be helpful to identify a codirector of the tumor board from another specialty, such as gastroenterology or oncology. Having a liver tumor board continuously reiterates your interest in the treatment of these patients. I've also personally found it to be invaluable for the management of complicated cases that require multispecialty input. It ensures that you are offering your patients each and every option. Creating the tumor board can also help strengthen your relationship with your local hospital because you are helping them to retain cases and expand on the scope of services they provide.

BECOME THE BIOPSY KING/QUEEN

This is not exactly a glorious title that many interventionists out there are seeking, but it can help grow your service dramatically. Biopsies are increasingly being performed through minimally invasive percutaneous routes. This means that no matter what your current practice setting, you likely are already involved in the treatment of

these patients by obtaining tissue diagnosis. Play a larger and more active role in this. Offer to see certain patients in consultation prior to their biopsy. It's not only better care, but your referrers will appreciate this because it alleviates the burden of them having to explain the risks and benefits of your procedure. It also shows them that you have a true interest in becoming more clinically involved in the care of these patients. Once you have established a relationship with the patient in consultation and have performed the biopsy, follow up on the results. This allows you to help streamline the patient's treatment by ensuring the referrer can act on the results quickly. If it happens to be a particular case that could benefit from IO treatment, take the initiative and offer to see the patient to discuss further.

REFER TO OTHER SPECIALISTS

Just as you expect referrals for your cases, other specialists rely on the same concept. Ensure that each of your patients have a multidisciplinary team involved to deliver the best care possible. For example, I try to make sure that any patient with hepatocellular carcinoma has, at the very minimum, a hepatologist as well as a medical oncologist involved in their care from the start. This is an opportunity to send referrals back to other specialists. Creating this reciprocal relationship with your specialists will go a long way toward establishing your practice.

TRY NOT TO BE ADVERSARIAL

IO overlaps with a wide range of other treatments including medical therapy, surgical therapies, and external radiation. A tumor board where every patient's case can be presented and discussed by multiple specialists is helpful both for patient care and collaboration. If you are implementing radioembolization, consider involving your local radiation oncologist in the project. Be sure that you also individually obtain authorized user capability so as not to be entirely dependent, but do offer to include them as an authorized user if they are interested in assisting with dose planning. Your local referral patterns may be such that your radiation oncologist sees more solid liver masses than anyone else.

INVOLVE YOUR DIAGNOSTIC RADIOLOGY COLLEAGUES

If you are part of a diagnostic group or practice, involve your diagnostic radiology partners in the service. For example, if they are reading a case that has a newly diagnosed renal or liver mass, they should take this opportunity to call the referrer and alert them of the finding. Depending on the specialty of the ordering physician, they may appreciate your offering to see the patient for biopsy or suggesting the referral to a particular specialist. If biopsy is needed, your services can be offered. Also, do not forget to take

the time to review the new treatments you are offering with your diagnostic colleagues, so as to avoid misinterpretations. Consider providing them with literature on interpreting posttreatment scans and/or reviewing several cases together in a group setting.

SUMMARY

Marketing your service is one of the most important steps to developing and maintaining a successful IO practice. Start with educational events such as dinners or lunches with guest lecturers, but do not stop there. Each and every case you perform, whether the outcome is excellent or unfortunate, is an opportunity to continually reestablish yourself as a clinician and a valuable specialist among your peers. It also aids in personal job satisfaction by establishing long-standing relationships with your patients. Overall, becoming more clinically involved with your patients can lead to greater practice growth, stronger relationships with your referrers, and most importantly, better patient care. ■

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