The necessity of self-promotion: A key component to early practice building

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A few months ago, I took my 8-year-old son to summer camp in the mountains of North Carolina. Growing up, I went to camp intermittently, but never for an extended period of time and never at a wonderland like this place. For the next 21 days, the blur of activity that is my child would have every minute of his day occupied with activities and events. At no point would he have to wonder what to do next or be bored.

On the drive home, I thought about how his summer camp experience mirrored my own surgical training. Up until last year, every day of my professional life was laid out for me. I got to work early; I rounded, I operated, and I rounded. In retrospect, this routine was arduous, but I loved it and I developed a set of skills that would enable me to safely and efficiently care for my patients. In addition, I became conditioned to working—the busier, the better. But my training, like summer camp, ended. Luckily, I had achieved the goal of getting a job at a strong academic center with supportive senior colleagues—but now what?

Of the many difficult aspects of transitioning from trainee to attending, perhaps none is more challenging than building a practice. To do so entails facing certain realities. First, assuming you have left your home institution, you must realize that nobody knows who you are. Likewise, those same patients and referring physicians have no idea what you offer surgically (ie, minimally invasive techniques). So how do you establish yourself? Our mentors and senior partners offer tangible and valuable advice, as they too have been through a similar process, but each individual's experience in building a practice is unique. Nevertheless, what we all share and what remains the central component to establishing oneself, just as it did 30 years ago, is self-promotion. As PT Barnum once said, “Without promotion, something terrible happens ... nothing!”

BUILDING REFERRAL PATTERNS

Raised in the Midwest, my mother always instilled in us that talking about oneself was uncouth. If, like me, you are not a natural self-promoter, you are going to need

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Central Message

An essential component of building a practice has always been, and remains, promoting oneself in the community. While at times difficult, a strategic approach to this process can yield results.

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some help. Fortunately, most institutions have marketing departments that employ liaisons whose express purpose is to promote new physicians. For these individuals, the opportunity to bring someone in to talk about their practice is far easier than trying to promote you either in your absence or without having met you. In addition, time spent with them gives you the chance to educate them better on what it is you do. As a result, even when you are not with them, they can speak to the referring physicians they call on in a more educated manner.

Full disclosure, traveling around, sitting and waiting in physician offices for 5 minutes of face time can be dispiriting. In my year in practice, I have met more than 100 providers, and at times I have come home feeling a bit like Willy Loman in *Death of a Salesman*. Nevertheless, even in this modern era of Facebook and Twitter, there is no substitute for face-to-face interaction. You will meet those who want to sit down and talk and learn more about what you do, whereas others will simply take your card and keep walking. The question thus becomes how to make the most of these visits. Personally, I think it is important to remember that referral patterns are established over years of practice. For instance, this year I traveled to a large oncology practice

that had 2 or 3 senior physicians, and an equal number of junior colleagues. I quickly realized that the older physicians had no interest in me, and their surgeon preferences had long since ossified. On the other hand, when I returned, expressly to introduce myself to their younger colleagues, I was the first thoracic surgeon they were meeting. The result: multiple referrals. The lesson: Identify new providers and get to them before anyone else does.

Fundamental to maximizing these short interactions is how effectively you can present yourself. Never assume, as I did, that those you talk to are at all familiar with new advances in surgical techniques. As an example, very early on I realized that many of the doctors I spoke to had no earthly idea what the advantages of video-assisted thoracoscopic surgery were to their patients. All that mattered to them was that it got done, and it did not matter to them who did it. (Did you ever wonder who those general surgeons are out there who are still doing thoracic surgery? Well, I found them). How to overcome this? Bring some before and after photos and put together some intraoperative videos. In addition, be prepared to speak authoritatively and concisely about the advantages of the new techniques and technologies that you are utilizing in the operating room. Next, you need to be personable, particularly if someone is going to invite you to sit down. Be prepared to make small talk and engage them in a discussion that does not have to do with the reason you are there. Undoubtedly, a pleasant conversation with someone is just as likely to be remembered as the video of your most recent laparoscopic Ivor Lewis.

Everyone talks about it and some provide it: accessibility. Do not hesitate to hand out your cell phone number; referring physicians who can call you and discuss a case will appreciate the quick answer. Another reason to give out the cell phone number is that it bypasses the traditional referral networks. For instance, you may be trying to generate business from the competing institution's oncologists, but they are discouraged from referring to you because the identity of those they send patients to is tracked. Having your cell phone number frees them from that obligation and can lead to an influx of patients. To that point, learning how patients get from point A (typically their primary care provider) to point B (your office) is as important as someone in the manufacturing business understanding the intricacies of the supply chains that are involved in the generation of their finished product.

For example, consider my experience with a large primary care group in my city. By traveling around, I learned that all their physicians submit referrals electronically to what is essentially a large clearinghouse. The individuals who complete the referrals select a consulting physician from a dropdown menu. If you are not in their system, you are out of luck. Of course, I was not in their system, but thanks to my marketing liaison, I was not only added

in, but also able to present myself to the central clearinghouse and promote my particular practice interests.

UNDERSTANDING THE DYNAMICS OF YOUR MEDICAL COMMUNITY

What the previous example highlights is the new economics of medicine. Unless you are out in the community meeting people, it is hard to fully appreciate how completely the old system of private practices has been rearranged into hospital-controlled medical groups. The implications of these reconfigurations on who you can and will see are important to be cognizant of as you formulate your marketing strategy. In the old system, the referral choices of individual pulmonologists, cardiologists, and oncologists were not preordained. But now, the expectation is that these physicians will funnel their patients to the cardiothoracic surgeons within that system. These new realities do not mean that you will never get those referrals; you just have to be more sophisticated in how you approach these practitioners.

So you identify new providers without established preferences; you graciously hand out your cell phone number, but things are still slow. What now? Time to take a step back and do a little reinvention; after all, the Stones of *Between the Buttons* are not the same as those of *Exile on Main Street*. What can you do that the local person cannot or will not do? Most local cardiothoracic surgeons are more than happy to do a lobectomy to supplement their surgical volume, just as most general surgeons will do a first-time Nissen fundoplication. What they will not do, however, is more-extensive chest wall resections, sleeve lobectomies, or giant paraesophageal hernias (first time or redo). Make sure you advertise your willingness to see these complex patients. Remember—pulmonologists, oncologists, and gastroenterologists like to have options, so you might as well be that option.

Traveling takes time, and perhaps more importantly, it takes you away from your clinical responsibilities. Being on call, however, provides an excellent opportunity to make connections and get your name out in the community without leaving your home institution. In fact, there is no better time to ingratiate yourself with someone you have never met than when you get those late-night calls. A few weeks ago, I got a call from a gastrointestinal physician who had an elderly woman in his hospital who had an impacted foreign body (a dried apricot, to be exact). When we talked, he was exasperated after multiple attempts to remove the object and was worried about being too aggressive and perforating her esophagus. I happily accepted her as a patient, performed a scope the next day, and dilated a benign stricture. After she went home, I let him know that she had done fine. Subsequently, I called the local liaison in that area who took him my card and a flier about my practice. He was very appreciative of my

efforts and expressed his willingness to send more patients in the future. Not a mile traveled, but still a connection made.

UNDERSTANDING THE DEMOGRAPHICS OF WHERE YOU PRACTICE

The next important step in marketing yourself is knowing the demographics of your state or region. Doing so allows you to target not only where you want to spend your time meeting people but also your approach. For example, the demographics of the state where I practice include a large, rural, underserved population, as well as certain enclaves of extremely wealthy Northeasterners. The latter are typically health care consumers and will travel, if necessary, for your expertise; moreover, if you are a good practitioner, they will talk about you to their peers. The former are more difficult to attract; many have limited means and social support, and will generally see local providers if possible. The sooner you appreciate this reality, the quicker you can set up outreach clinics to bring your services closer and accommodate these patients. The patients will take notice of your efforts, as will the referring physicians.

As influential as the demographics of where you practice is the geography of that state or city, and the better you understand exactly where you are, the more successfully you can tailor your marketing approach. Questions to be asked include: Where am I in relation to the other major population centers in the state? How accessible is my center once people get here? What can I do to overcome distance and/or traffic? In general surgery and fellowship, I was located at hospitals positioned in the middle of their respective states, in the heart of major population centers. When I started last July, I had a hard time taking my eyes off the ocean views outside the hospital windows. Over time, however, it occurred to me that the location presented me with a

bit of a problem; namely, it is difficult to recruit from the Atlantic Ocean. Second, aside from my own, the largest cities in my state were at least an hour and 20 minutes away. Third, it was continually reiterated to me in my travels around the state that patients found that travel to my center was confusing and burdensome. Luckily, I learned that my hospital had a large freestanding clinical building 45 minutes away, just off a major interstate. In addition, parking was free and right next to the building. I have now established a clinic in this building, which is in the second largest city in the state and brings me much closer to other population centers. Additionally, when I travel, I can now advertise my services in that area.

CONCLUSIONS

Traveling around and trying to make personal contact with other physicians is not what you might have envisioned for yourself in training. Referrals do not come in overnight, and the fruits of your labor will not be instantaneous. If it makes you feel any better, though, think of F. Scott Fitzgerald. In 1925, he published *The Great Gatsby*. No one much cared for the novel; it sold poorly, and by 1940, was largely forgotten. Two years later, however, a group of publishers began to distribute leftover copies to service members fighting overseas. The book became wildly popular among the soldiers, thus launching the novel into the American consciousness. Now, 90 years later, it is considered by some to be the "great American novel." I guess the point is: Becoming known takes time. People may not appreciate you immediately, but you have to be persistent. Fitzgerald never stopped believing in or promoting *The Great Gatsby* as the masterpiece he knew it to be. Thus, get out there, tell your story, believe in yourself, deliver good service to your patients and referring physicians, and good things will happen.