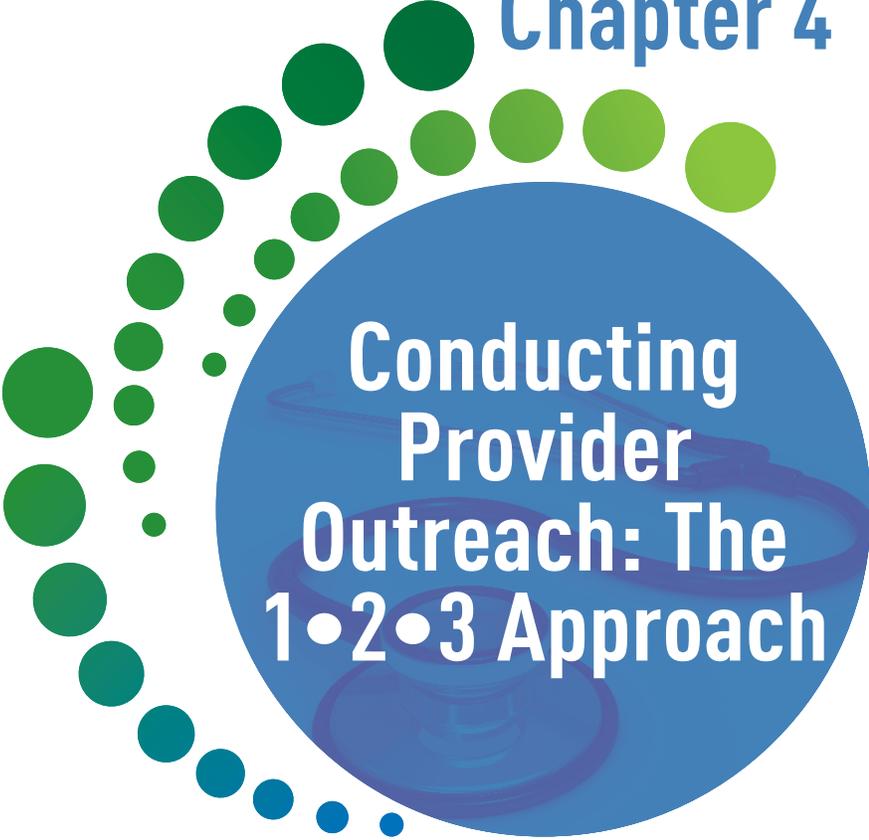


## Chapter 4



# Conducting Provider Outreach: The 1•2•3 Approach



## 4. CONDUCTING PROVIDER OUTREACH: THE 1•2•3 APPROACH

### In This Section

This section reviews the three basic steps for reaching out to PCPs and conducting in-person visits to encourage PCPs to recommend self-management education and physical activity interventions to their patients. You'll find strategies for

- Making initial contact with PCPs through cold calling
- Conducting the outreach visit and making your pitch
- Following up with PCPs to continue driving recommendations and to establish long-term relationships with the local medical community

The tools and tips provided here are designed to make it as easy as possible for your marketing team to persuade providers to recommend self-management education and physical activity interventions to patients with chronic diseases, such as arthritis, diabetes, heart disease, and lung disease.

### STEP 1: MAKE INITIAL CONTACT

Call the PCP office to introduce your outreach initiative and schedule a face-to-face visit. The **phone call and visit scripts** in **Appendix C** will help guide your calls.

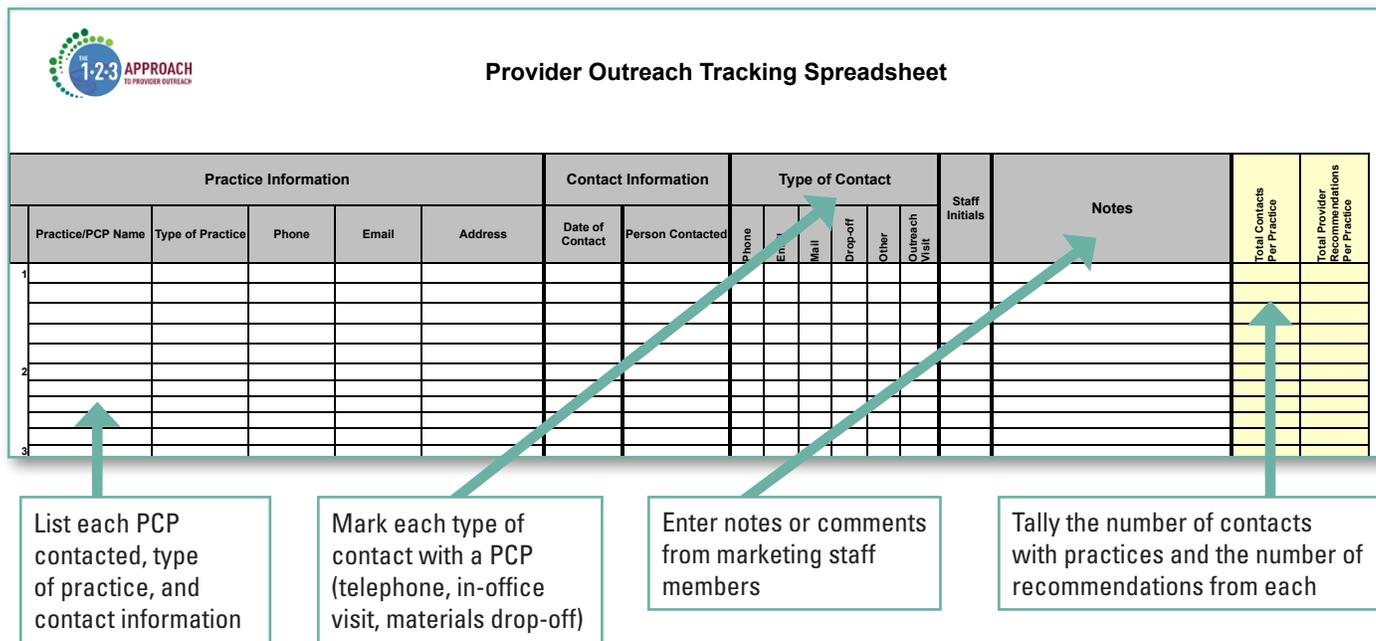
Cold calling offices is a critical step in the outreach process. This is your opportunity to get a foot in the door and initiate a relationship with the provider. The phone script covers scenarios you may encounter as you make your initial pitch to PCP staff. Here are some overall strategies for making successful contacts.

- Before you make a call, review the information you have collected about the practice. Make sure you know the name of the practice, its location, the names of providers, and other relevant information.
- Make your phone calls during regular weekday business hours (i.e., Monday–Friday, 9 a.m.–5 p.m.). Avoid lunch hour, as many practices do not answer their phones during this time. Be prepared to call back at a more convenient time if the office staff is too busy to take your call.
- Be flexible when setting up face-to-face visits; schedule them at the provider's convenience. To maximize your chance at getting a visit on the books, don't insist on meeting with the lead physician in the practice. Be willing to meet with any available provider or potential office champion.
- Remember to confirm the primary contact person and contact information for the practice.
- When contacting practices to schedule an outreach visit, use it as an opportunity to confirm the following information about the practice and its patient base, time permitting:
  - Type of practice
  - Names of the affiliated providers
  - Recommendation habits (i.e., whether the providers have previously recommended patients for self-management education and physical activity interventions)
  - Arrangements for displaying outreach materials in exam and waiting rooms
- If this information cannot be verified during the call, remind marketers to do so at the start of the outreach visit.
- Place a reminder call to the practice 24 hours in advance of the scheduled outreach visit.
- Complete the **Provider Outreach Tracking Spreadsheet**. Establish a habit among your marketers of entering each contact with a practice on this spreadsheet. Tracking your contacts helps

you and your colleagues to see at-a-glance where outreach activities stand with each practice and what needs to be done next. It also gives you information you can use in evaluating your outreach efforts. The template provided in **Appendix C** is a simple Excel spreadsheet designed to collect basic information

such as the practice’s address and phone number; PCP and office staff names; dates and types of contact; and other notes.  **See Figure 4.1 below for details.** You can customize the spreadsheet with additional fields as necessary. Use the spreadsheet instructions tab for detailed guidance.

**Figure 4.1 Overview of Provider Outreach Tracking Form**



## STEP 2: CONDUCT THE OUTREACH VISIT

The outreach visit is the key step in your marketing efforts. This is your opportunity to educate providers about the benefits of the interventions you are promoting and convince them to recommend the interventions to their patients with chronic disease.

 **TIP** ▶ When conducting an outreach visit, you may want to bring a small token of appreciation with you. This could include candy or other food item, or giveaways with your organization’s logo like pens. Although providers are meeting with you because the information you have to offer is valuable, small gift items may help break the ice and show a consideration that staff will appreciate and remember.

## Get Ready for the Visit

Arrive on time with your folder of marketing materials, and your business card. Plan for a 5-minute face-to-face visit, but be flexible: you may find that you only have 1–2 minutes of the provider’s time in the hallway between office visits, or the provider may have time to sit down with you for a more in-depth dialogue. Use the visit script provided in **Appendix C** to help shape your presentation and prepare for a variety of scenarios. To ensure that you make the most of the visit, organize your presentation and marketing pitch in advance.

If you know that you will have time to make a formal presentation to the PCP and office staff, have your slide presentation prepared. Most of your outreach visits will take place without the use of these slides; however, they may come in handy if you are allotted time to speak at a practice’s staff meeting. You can also leave them behind as additional materials for PCPs and their staff.

## Make the Pitch: Key Marketing Messages

Although the format of the visit will vary by provider, aim to work in as many of the key marketing messages as time allows. These key messages were shaped by audience research with PCPs on factors important to them in making recommendations.

 **See sidebar for a summary of the keys to making an effective marketing pitch.**

**The Three Cs.** Lead with “the three Cs:” cost, convenience, and credibility. This information will help address providers’ top concerns about the interventions. Note that some of the details provided below—such as fees and class locations—will differ by community.

1. **Cost.** Community-based chronic disease self-management classes are low-cost options. The typical fee is approximately \$25 for a 6-week self-management education course or \$1–4 per session for a physical activity program, with classes meeting 1–3 times per week. Make sure you check the registration fees for the specific interventions you are promoting before you develop your pitch. For patients who cannot afford the cost, fees may be waived or subsidized or scholarships may be available. Check with local or national advocacy groups, partners, or organizations sponsoring the classes in your community to determine if subsidies are available.
2. **Convenience.** Classes are offered at nearby locations such as community and senior centers, recreational facilities, health centers, schools, and YMCAs. They are generally accessible by public transportation.
3. **Credibility.** The interventions supported by the CDC have been shown to offer a number of physical, behavioral, and psychosocial benefits. They were designed by physicians or research groups based at universities such as Stanford and the University of Washington, or by reputable national organizations such as the Arthritis Foundation. All instructors are trained to deliver the specific classes they lead. The interventions were screened by the CDC Arthritis Program based on factors such as design and level of arthritis-appropriateness (including safety); adequacy of the evidence base from study design to outcomes; and feasibility of implementing in a wider population. Although many of CDC’s outcomes are focused on arthritis, they include findings relevant to other chronic conditions.

## Your Marketing Pitch at a Glance

Here are the keys to making the most out of your face time with providers:

- **Emphasize the core marketing messages—cost, convenience, and credibility.** Come prepared with information on class schedules, locations, and costs. Be ready to address concerns about the proximity and accessibility of class facilities. Know which organizations developed the interventions you are promoting and be familiar with the training requirements of instructors.
- **Highlight proven benefits to patients.** Mention the general benefits of self-management interventions. If the provider has time, provide details about the evidence supporting the interventions you’re promoting.
- **Distinguish your interventions from competing programs.** Make the classes you’re promoting stand out from others being offered in your area. Highlight what makes the classes unique (e.g., cost, the course content, or participant-reported benefits).
- **Make it easy to recommend the interventions.** Organize your outreach materials so that they’re available to providers in one place. Pay attention to the questions and reactions and tailor your messages as needed. Know when to “cut to the chase.” Emphasize what makes the interventions worthwhile as a treatment tool.



If a provider indicates an interest in hearing more, provide information on additional benefits of the intervention such as improvements in disease-specific symptoms.



## Secrets of Marketing Success: Flexibility

- Schedule outreach visits at the provider's convenience.
- Plan for a 5-minute visit, but be prepared to adapt. You may get only 1–2 minutes of the provider's time, or you may get time for more in-depth discussion with the provider. Ensure that visits are scheduled far enough apart throughout the day to allow this flexibility.
- Be willing to reschedule as needed. If possible, don't push the new date of a visit out more than 1–2 weeks.
- Pay attention during interactions with providers and office staff and be prepared to adapt and tailor your messages as needed.
- Don't get flustered if a provider must cut a visit short. Stay focused on the core messages during the time you have with the provider. Try to schedule a follow-up visit or phone call as soon as possible to answer questions and reinforce information already provided. Leave your business card and marketing materials with the receptionist or office manager.
- Incorporate lessons learned as you refine your approach for future outreach visits.



Be prepared to leave the outreach materials behind if the provider or office staff don't have time to meet with you.



**TIP** ▶ For those who plan class schedules, pay attention to the three Cs. Ensure the interventions being offered are affordable, convenient, and easily accessible.

**Benefits.** As part of your pitch, be sure to talk about the proven benefits to patients (including long-term benefits, where applicable). In a pilot test of the 1•2•3 Approach, PCPs responded better initially to broad-based messages relevant to a range of chronic diseases. Highlight the general benefits of the interventions, namely:

- Reduced pain and fatigue
- Improved self-rated health
- Improved range of motion
- Increased physical activity
- Elevated mood
- Improved psychological well-being
- Increased confidence in managing health

Time permitting, you may also mention the following:

- Both self-management education and physical activity interventions have the added benefit of encouraging participants to increase their exercise. This can help them maintain a healthy weight, which is important in controlling disease progression and disability.
- Benefits can last beyond the last class. Many studies have followed participants after they complete the programs and found that the beneficial effects can last for 12 months or more.

If the PCP expresses interest or if you learn that the practice specializes in patients with specific health conditions, consider working in messages about disease-specific benefits of the interventions.

## Distinguish From Competing Programs for Chronic Disease

If there are other chronic disease self-management education and physical activity classes being offered nearby, you will need to make the interventions you're marketing stand out. Use the following strategies to convince providers that the classes you're promoting are best suited to their patients' needs.



- Highlight effectiveness, as well as key factors such as cost, convenience, and credibility.
- If you're marketing more than one intervention, describe each one separately. Highlight the unique elements and/or benefits of each so that providers have the information they need to help patients find the intervention that best matches their lifestyle and health needs.
- Close any discussion of competing programs by emphasizing the overall benefits of any type of self-management education or physical activity intervention.

### Make It Easy for Providers

The goal is to make it easy for providers to recommend the interventions to patients. Ask yourself: what information does the provider need to know? What resources does he or she need? Here are some tips for conducting an effective and efficient outreach visit.

- Use active listening to determine what information will convince the provider that these interventions are worth recommending.
- Cut to the chase: maximize your time with providers by focusing on the key marketing messages (i.e., the three Cs, effectiveness). Be prepared to answer questions, but only spend extra time on details if the provider expresses interest and has the time for an extended interaction. Refer to the visit scripts for abbreviated and extended versions of the outreach presentation.
- Organize packets of outreach materials in advance of the visit so that providers have all of the information they and their patients need in one place.
- Note that the interventions give providers additional tools for addressing their patient's needs. Improvements in patients' symptoms and quality of life and self-efficacy can make them more effective partners in their health care.

 See sidebar on page 44 for additional tips on how to build flexibility into the provider outreach visits.

### STEP 3: FOLLOW UP

The work isn't over after the outreach visit. Follow up with primary care practices on a regular basis to reinforce the messages communicated during the visit. Approach follow-up efforts as a means to establish long-term partnerships with local providers. Recommendations are likely to increase over time as these relationships develop. For best results, consider contacting primary care practices more frequently in the months immediately following the outreach visit. Aim to make at least three contacts during the first 2 months post-visit. Thereafter, follow up with new scheduling information when a new season of classes begins or there is new information to convey.

Maintaining contact with primary care practices does not need to be time-consuming, but sticking to a regular schedule boosts your reputation as a reliable resource. Determine a follow-up plan (including frequency and type of contact) that is reasonable based on your marketing team's available time and resources. Pilot test findings indicate that using a mix of contact types works best. Tailor your strategies to the practice's preferences. Here are some suggestions.

#### By Phone

Call the practice approximately 1–2 weeks after your visit. Try to speak with the provider or other staff member you met during your visit. Ask them if they've had a chance to review the fact sheets and if they have any questions they didn't get a chance to ask during your face-to-face meeting. Remind them to contact you if they need more materials.

If you're unable to reach the provider or appropriate staff member by phone after leaving three messages, try an alternate method such as sending a mailer. Plan to follow up with additional phone calls over the next couple of months.

## By Mail

Mailers can supplement your follow-up phone contacts. For example, send a **follow-up postcard** (provided in **Appendix D**) with a personalized message and attach it to class announcements. As new research findings are published on the interventions you are promoting, send copies of the journal articles to providers along with the personalized follow-up cards.

As part of followup, provide primary care practices with patient enrollment updates. For example, customize mailers to note how many of the practice's patients enrolled in a class. The goal is to show providers that their efforts are producing tangible results so that they are more likely to continue recommending these interventions. You can get this information from the evaluation forms you ask class instructors to have participants complete.

 **See Chapter 5 for more on evaluation.**

## By E-mail

Some providers prefer to be contacted by e-mail. This gives them the opportunity to ask you questions as soon as they come to mind and to contact you at their convenience. It also gives you time to prepare thorough responses to their questions. Ask the providers and office staff you meet during your visit if e-mail is a preferred mode of contact. Make sure your e-mail address is included on your business card and on the customized fact sheets.

## In Person

Consider conducting in-person visits at least once a year to continue to build or maintain a relationship with the practice. Schedule these visits to coincide with recruitment efforts for a new season of local classes. Follow-up contact can highlight new information such as upcoming classes, new locations, and patient testimonials. You can also make brief in-person visits just to drop off additional materials. Even a few minutes of face time can go a long way toward nurturing your relationship with a practice.



## What You'll Need

### Appendix C: Training and Marketing Tools

- Provider Outreach Tracking Spreadsheet
- Phone Call and Outreach Visit Scripts
- Slide Presentation

### Appendix D: Customizable Marketing Tools

- Prepared Outreach Materials
- Followup Postcard