



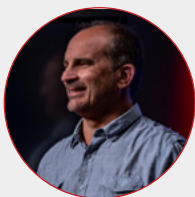
CEO Leadership Series: Vol 38

Healthcare and Transformative Technology within Provider Services

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Your Patient Engagement CRM
Communicate. Acquire. Retain.



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Key Takeaways

Key Challenges to Adopting Transformative Technology within Provider-Based Healthcare Services

Lack of EMR Standardization: The government has promoted digitization of patient records, but it has not mandated standardization of the patient record. The lack of patient record standardization makes broadly applicable technology solutions more difficult to develop and creates challenges with data communication and exchange between different organizations.

Data Silos: Critical data is housed across multiple data sources – e.g., practice management system, EMR, call center systems, various patient acquisition channels, etc. Even sophisticated organizations often lack an understanding of and resources for integrating data across fragmented sources.

Clinical & Non-Clinical Divides: Effective technology solutions often requires integrating clinical and non-clinical operations to capture the holistic patient lifecycle and experience. Practices are often still be somewhat divided between the clinical and non-clinical teams.

Initial Inertia to Overcome: Overcoming the above challenges requires either (i) proven, off-the-shelf solutions that solve for holistic practical success or (ii) patience and investment in internal builds which can be expensive, time-consuming and risky / variable in terms of outcome. There are limited holistic off-the-shelf solutions within healthcare today – the market remains highly fragmented – and many groups are not positioned to make significant and longer-term investments to build these solutions internally. This creates a self-fulfilling challenge to technology adoption in healthcare.

Predictions for the Healthcare Technology Landscape

Accelerating Rate of Improvement. More rapid rate of improvement over the next ten years as the market starts to focus on standardization of the patient record.

Vendor Consolidation & Practice Management Capability Expansion. From a business perspective, the practice management systems have to continue to grow their businesses. The full potential value of the practice management company is being able to understand what's driving more patients in, what's driving the lifetime value of the patient, and what's driving the ability to create a better patient outcomes. As such, expect practice management vendors to expand out into what would today be called patient engagement businesses. That could include simple things such as appointment reminders and online scheduling, as well as solutions for reputation management. Practice management companies will ultimately drive consolidation within the patient engagement market and

they are likely going to ultimately have their own Customer Relationship Managements. Given their potential for holistic perspective – i.e., controlling the patient records and supporting technology and analytics solutions – practice management systems will ultimately be the winners. That's a challenge for groups like Salesforce that just focus on the CRM but lack the full patient record data.

What are the Biggest Pain Points / Opportunities for Technology Solutions to Address?

Inefficiencies related to disparate and disconnected business systems and data associated with marketing, contact centers, practice management, and patient communication tools.

Even within large practices, teams are typically working out of a variety of fragmented systems disparate systems for example one to handle the patient call and one to handle the patient record within the practice management system. These systems are typically disconnected from each other, which creates significant administrative inefficiency and impairs patient service / experience. This is very different from the experience in other industries where all of the relevant customer data is housed within the CRM for a more integrated and efficient experience. A key existing pain point and technology opportunity is to connect these two disparate systems within healthcare.

Inefficiencies between referring providers and specialists.

Data communication and exchange is inefficient – still not uncommon to be handled via fax. Technology that can bridge data communication and exchange between providers would allow for a more efficient process and positive experience. At the time a referral is made, the referring provider could work with a dedicated online scheduling link with the patient to seamlessly schedule the appointment with the specialist and transfer the patient record data to the specialist. On the backend, the referring provider could seamlessly receive data back from the specialist on the outcome.

A Perspective on Effective Marketing Strategies in Healthcare

Without data analytics, practices are flying blind with their marketing strategies. Very few organizations have strong analytics that provide transparency across the full patient lifecycle from inbound lead to appointment and care outcome to appointment and lifetime value. While marketing agencies may provide some analytics related to their campaign efforts, they are dependent upon contact centers, provider availability, patient administration, etc. therefore they have nominal control of outcomes without an integrated data set providing lead to patient revenue detail.

Organic marketing presents the greatest value. Website and social media marketing provide the greatest exposure for the lowest relative cost. Organic video content can be repurposed for multiple beneficial outcomes.

- Organic marketing exposure. Search exposure and user experience can be enhanced through videos by posting videos to the practice's YouTube page and linking those videos to the practice's website.
- Patient education prior to office visits, which provides value to the patient and helps to build relationships and familiarity between the patient and the provider / practice .
- Opportunity to leverage videos for engagement in response to patient inquiries, to help promote adherence to treatment plans, and to help intervene / educate when patients fail to adhere to treatment plans.

Ad placement can yield value but comes with risk.

Ad placements can be very successful, but you have to effectively track the cost against the revenue by looking across different systems to assess the holistic conversion and value of leads from those ads. Ad placement also requires working with a vendor that is really good with media buying.

Background

My name is Jason Tushman. I'm the owner and founder of Red Spot Interactive. Red Spot Interactive is an end-to-end patient acquisition, retention and communication platform serving multi-location, multi provider practices across the country in various specialties. We've been in business for 15 years. We got into the business originally back in 2008 to be involved with unsecured lending to try and get involved like CareCredit or Alphaeon today. The reason that I was interested in that business is that I had been involved with aggregating sets of data from different parts of the customer acquisition process, frankly in the automotive industry. From 1997-2001 I had worked with insurance companies and finance companies on how they could connect with auto dealerships and the leads that auto dealerships had in order to create a smoother process from car sale to auto insurance purchase to being able to finance the car. We took some of the learnings from that and wanted to apply it to the healthcare industry, specifically in cash-based specialties like plastic surgery and LASIK surgery. We were going to generate leads and take those leads and get them financed and then be able to work with practices and the cash pay specialties across the country in a productive kind of patient acquisition format. The challenge was, we got into that business in August of 2008 and, as I think everybody on this call can remember, four months later in December of 2008, the financial world imploded. And you can imagine something like unsecured lending became an unrealistic opportunity for the foreseeable future. I remember CareCredit went only to A paper. They were doing a B2C lending at that point in time. They quickly moved to A paper, which was a great move for them as a company, but trying to get started in the business was just an impossibility essentially. But what we realized through the system we had built in managing thousands of interactions with patients before they scheduled an appointment was there was a huge, huge lapse in the service of inbound inquiries into medical practices. There was an inordinate amount of missed calls. Typically around 20% of the phone calls

going into the scheduling section of a practice were missed. Back then web leads or web forms were just getting started. That's now resolved through online scheduling, but web leads were not followed up with. If they were followed up with, there could be days later, it could be incredible interest by a consumer into a practice and the doctor would respond three days later and say, call my office for an appointment and not even leave the phone number. So we realized that patients had a real challenge getting in contact productively with practices. So, we started to service them with a call center and then we took the call center and we realized that it was providing value, but we also realized we needed to provide data and we needed to show the revenue that was occurring and the opportunities that were being missed for the practices. We started to connect with what was back then on-premise practice management systems and we created a script that we could pull the backup data from the on-premise server and send it to us on a daily basis so that we could show the patients that scheduled and the patients that ultimately created revenue for the practice. And then from that, it just grew into integration of all sets of data associated with the practice management process. Today, we're working with referring providers, we're working with marketing data, we're working with the phone data, and we integrate all of that into a centralized data warehouse by which we can run a very robust CRM or essential contact center software for practices and then everything else that they need to communicate, acquire, and retain with practices. So it's been a typical startup evolution. I like to use the word evolution more than pivot. The pivot was in the first four months, the evolution's been the last 14 years. And so that's the basis of what got us to where we are today.

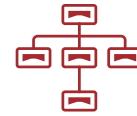
Interview

Not the first time I have heard of a company that pivots into success. It's a common occurrence. So today, Red Spot serves how many practices in its portfolio?

We serve, right around 200 independent businesses that represent about one thousand to 1,200 providers across the country in specialties ranging from clinical dermatology to ophthalmology, orthopedics and ENT primarily.

So you've been on the frontline of healthcare IT adoption by these 200 different healthcare companies; all the trials, tribulations, challenges of healthcare companies adopting very good, robust, helpful technology you've seen with your own eyes. Why does it have a general negative perception in the marketplace? Technology in healthcare is accused of being generations behind all other industries.

It's an interesting question. I look at the challenge in adoption coming from the inherent challenge within the organization of the typical medical groups.



What I mean by that is when you look at the organizational structure and the actual responsibilities and what can actually get implemented, there is a clear separation in most organizations, not all, but in most - in the highest performing organizations, this challenge doesn't exist.

You have this fragmentation of administrators and providers and the providers are responsible for engaging with the patients and the administrators are responsible for getting the patients in and out and the administrators are looking at the in and out process, if you will, and the efficiency of that from one perspective. And the providers are looking at it from a different perspective. And when you look at the challenges that the administrators face, you have to solve those problems first and show that you can make the administrator's life easier first in order to increase the rate of adoption because the access to showing the provider who's typically the business owner, even in the larger groups at some level and with the private equity backed groups, they have some level of ownership. Their day-to-day is from eight o'clock to six o'clock seeing patients. And so they don't have the time or the ability to focus to understand what's actually happening at a business level in terms of patient engagement where the administrators are on the front line and they are looking at it only from the administrator angle. And, if you don't have both of those groups together making the business decisions on the tech stacks that they want to have, you can create a lot of friction and confusion within the organization. The other thing to me that drives the biggest challenge beyond the organizational structure or human resource structure of these groups is the fragmentation of data. And this is not just the medical groups, this is all types of businesses out there today. You have fragmentation of data, so you have inbound inquiries coming from telephones and the internet.

You have referrals coming from faxes still in most practices today, literally a fax coming over that's a bunch of forms thrown together and just sent via fax with no rhyme or reason. And, then you have the practice management data and all of this is fragmented. So with all of it fragmented, the biggest challenge

is getting practices and providers to understand that you can integrate this data and when you have it integrated, you can actually understand the true impact to the patient acquisition process from inception of a phone call through to outcome. And so when you can get the understanding of integration of data and integration of data to create better automation, then you start to really have adoption occur because it's something that people, the practice, they didn't know this could happen. They just don't understand that it can exist.



And once they see it, then adoption starts to move very quickly because you actually end up consolidating their tool sets.

You end up allowing more providers and more administrators to work with a system productively because they have to only work through a couple of systems versus five or six different systems and you start to simplify life for them. But it's something that just most practices just don't understand that you can have integration of data which will allow for better business decisions and then ultimately most importantly, allow for better outcomes for the patients.

You speak to divides between decision makers and you speak to complexity in data and different sources of data. Do you think that healthcare scales within technology rapidly or do you think that your company is an example of how niche, how focused you have to be on healthcare and healthcare adoption in order to scale at all? I mean, I know it's a long question, but follow my train of thought here. You compete directly with Salesforce. Salesforce has scaled incredibly across the world, but not in healthcare. So in pockets of healthcare, maybe in health systems, but not across all healthcare. It's not like every practice buys from Salesforce. Do you think that the fundamental challenge within healthcare is its localized complexity?

I think the challenge in healthcare still, from a technology adoption perspective, still resides in what the government mandates towards electronic medical records were focused on 15 years ago in that standard, not only digitizing patient records as a first step, but still the lack of standardization and standardization in patient records across organizations. I feel like that is an effort that the medical systems are working on and standardization will allow evolution to occur at a much faster rate and allow adoption to occur faster. I think that if you look back to EMRs pushing, or excuse me, the government mandate to digitize records, that was the first step. Now if you get standardization of those patient records, now you create a seamless data point

that can be worked on between interdependent medical groups, a general practitioner to a referring provider, etc. So that will occur at a faster rate, let's say over the next five years than it has over the last 15 years, just like anything else, right? The smarter you get, the faster you can become smarter at something if you will. So there's a compounding improvement that I think will occur over the next five years because of a joint focus across all medical organizations to standardize patient records. So standardization will allow groups like ours - we're really, if you think about it, we're the connective layer, we're the connective layer between what happens outside the practice and in between the practice and the patient. We're just a set of arteries, if you will, of data in between these organizations. Our job becomes easier to get adopted or, if you will, understood as standardization becomes a mandate. I think that's a positive impact that the government will have in mandating standardization. And as these organizations focus on that, that will allow adoption to occur at a much faster rate than it has let's say over the last 10 years. So the next 10 years will move much faster and much more will happen than the last 10 years like it does in technology anywhere else.

Well, listening to you, I'm hoping and praying that the standardization and data within five years, because according to prognosticators, within five years, we've all become humanoids. And how are we going to reconcile being humanoids without standardized data in healthcare? I don't know.

Well, to me it gets really exciting when you get the perspective that we have on data right now we're seeing, we have the opportunity with an integrated CRM connecting patients all the way through from engagement through to lifetime value and being able to facilitate the benefit of that for practices at a business level has been a real pleasure for our business, not only for us, but most importantly for our clients. Because when you can see the interdependencies of a contact center through to scheduling, scheduling availability, provider's impact on scheduling availability and then through to complete a procedure outcome and performance, that's a set of data that most practices have never seen before. But when you look at the next five years, and what that data can do is not just provide a better patient experience, but also continue to provide a more scalable practice, which is truly what we're trying to do from a business standpoint. But, most importantly, you start to look at the opportunities to leverage that data in a proactive way. I hear artificial intelligence all the time. I like to think about a little bit older term of predictive analytics and the ability to use predictive analytics to actually create a more proactive treatment process. As the providers start to understand the value of the data, even the data that we have today and their ability to slice that and start to get predictive analytics in regards to treatment plans to lower the negative impact of chronic disease and improve outcomes in a proactive fashion. I actually think you see what today is focused on practice scale actually really sets the foundation to start to improve the true patient outcomes in a proactive way. And when you do that with predictive analytics and artificial

intelligence on the data, now you start to actually have a much, much bigger impact beyond just the practice. You have the ability to potentially lower insurance premiums, increase payouts and things like that because you're just creating a healthier society. And so when I look five years down the road in what we're doing and how our data sets will evolve and the adoption of this, that's where I get really excited because then you're really helping the population. It's one thing to make the patient experience better, but when you can actually leverage the data to create a healthier society, that becomes pretty exciting.

When you think forward, Jason, five years standardized data, accelerated value in outcomes in the actual use of that data, who is winning the race to provide the greatest value to the greatest number of healthcare companies? Is it Salesforce and its large FTE base - I'm sure they have a good amount invested in annual R&D? Is it Facebook? Is it Google? Who do you compete with in five years' time and what happens to the other pockets of service providers that exist, that ecosystem that exists within marketing CRM and marketing analytics?

That's something I think about all the time and especially as our business has matured. I'm on vacation up in northern Michigan and it's a great place to think this time of year. So that question is very well timed. When I look out over the next five to 10 years as far as let's say the players in the market, so Salesforce, Oracle, Epic, Modernizing Medicine, Next Tech, Athena, Allscripts, all of these groups, all the fragmented sets of patient engagement companies. I think that like many businesses, one, you're going to see consolidation within the specialty patient engagement providers. From a business perspective, the practice management systems have to continue to grow their businesses. So, they're going to do that by expanding out into what would today be called patient engagement businesses. That could be simple things like appointment reminders and online scheduling, kinds of reputation management, the meat and potatoes of patient engagement, the table stakes part of it, which many businesses do today. You'll see continued expansion of practice management companies in building out those out on their own, but then what you're going to see is them expand further out and into companies and either acquisition or building it themselves, the things that help them communicate with patients more. I believe the practice management companies will ultimately consolidate and drive consolidation from these patient engagement companies. They will all ultimately want to have their own CRMs. They will all ultimately want to have all of their own online scheduling, etc.



They'll want to control that process because they're going to understand the value of what we've been talking about today, data.

It's one thing for them to control the EMR record, but if they don't understand what's happening, the value of the practice management company is being able to understand what's driving more patients in and what's driving the lifetime value of the patient. And then also what we were just talking about, what's driving the ability to create a better outcome that's going to force them to move very aggressively into the patient engagement space. So I think practice management systems will ultimately be the winners in that and will drive that, and then they will be working with the healthcare systems directly. So I think that's a challenge for groups like Salesforce.

Okay, we've got Terence on the line. Terence runs healthcare IT here at SCALE and is championing our push into IT exploration within SCALE Community. So this will be a featured series that we're going to come back to regularly. And, actually Jason, you are kicking that initiative off.

Terrance: Just as an introduction of myself. I am a healthcare IT or healthcare software veteran. I've been in the space for about 12 years as CTO and Chief Product Officer for various different healthcare software companies, creating products for providers, payers, pharma, and directly for patients as well. You touched on this a little bit, but what are some of the biggest challenges you're seeing more recently for the customers that you're addressing. You had talked about the data silos, but I'm curious if you're seeing other new challenges that your customers are facing?

I think the biggest challenge today - and this is just amazing and I've seen this multiple times over the last couple months - is that the larger healthcare organizations, I'm talking about groups out there with 200 providers across 30 locations, most of those organizations are running what they call contact centers or call centers today in order, whether it's domestic or out of the country, they're running contact centers and they have to, right? The inbound call volume is tremendous. It is mind boggling that they still are working with one system to answer the call - and it may be a high-end VoIP system - and then they have to work within a second system. They have to go log in or pull up the practice management system separately in order to manage a patient call. And these are large multi-hundred-million-dollar revenue per year practices, and they're losing minutes per inbound call because they answer the phone through their VoIP system, could be a very high-end VoIP system. And then they have to manually go in and type in, either create a new patient record or look up a new patient or look up an existing patient record and they lose minutes right there per call every day, every call because they don't have a seamless connection between their practice management system and their phone system. Salesforce has been providing that value today for years across many different industries. The automotive industry being a great example. If you call into an automotive dealership today and you're an existing client, they know when the call comes in, who you are, when the last time you were in their service station, when you had an oil change, and what car you owned and when

your lease is up right there on the call as they're answering the phone. That does not exist today in healthcare except through what we're doing with our CRM for medical practices. So when you look at these larger groups, the expense of managing a call center, the challenge in managing turnover, the challenge of the patient demands today that they want access instantly, not having that connection between the practice management system and the VoIP phone system is a huge burden with what's happening today. I see that as one of the biggest challenges. Now, use of AI and things like that will help to lower that because patients are going to be able to call in and they're going to be able to connect with the practice management system ultimately on their own, if you will, based on a combination of birthdate and phone call that they're calling into ultimately, and that they'll be able to leverage AI for the ability to schedule on their own. So online scheduling will become essentially available through a phone call as well. That will help drive some of those inefficiencies down. But I think that's one of the largest and most basic pain points that exists in the largest practices today that can be resolved with a good CRM like ours that connects those two systems and workflows.



The other biggest challenge I think that still exists too is the patient's access to their data in order to understand what's happening between let's say a general provider or a referring provider and a specialist.

That challenge is mammoth today. When you look at what's happening, there are so many practices today that they get referred, the general practice refers them to the ophthalmologist and the general practitioner has to fill out seven different faxes, let's say, or forms to put into one fax. They consolidate those forms a different way every time that they fax it over with no consistency in data or consistency in which the way they send the data over and it creates huge friction in the process. So I think that's also just an immense savings that can occur by being able to create a direct connection between a general provider and the referring provider in a way that if I'm going into the practice, if I go into my general practitioner and they want to refer me to the ophthalmologist, that referring provider or the referring provider should be able to schedule that patient right there and send the medical record from their office over to the referring provider's office with just a few clicks and a few questions so that the patient not only leaves with the referring provider, but they leave

with the appointment and they leave with their patient records and the necessary information already existing in the referring provider system so that all they have to do is show up to that appointment and everything's been completed. And so that's a huge, huge set of friction challenges that exist today that a good referral management system leveraging a CRM, leveraging endpoints through APIs to consolidate data, leveraging the ability to recognize who's calling, pushing that data record into the practice management system at the point of the call. Those are the types of problems that I see and I think solving those challenges adds millions and millions and millions of dollars back into the margins of healthcare companies while creating a much better patient experience. That doesn't get you to improving the patient outcome yet, but that will come, but I think it creates a much better patient experience.

Your company very interestingly sits on top of all these different modalities, if you like, these disciplines. How do you think of your company? Is it a call center business or CRM business or analytics business? How does the market think of your company? At what point does tracking new patient referrals, new patient analytics, lead you to be become a digital marketing agency?

We really are a platform for patient communication, acquisition and retention. Everything that happens in between the practice management system and the patient in order to drive a better experience and in order to drive acquisition and retention is what we're providing value for. If you think about everything that occurs outside the practice in order to communicate, acquire, and retain, those are the challenges that we're trying to solve for practices as a platform by default, doing everything under one system. We consolidate the tech stacks is the phrase that some of the bigger practices like to use into one system, which creates a lot of ease. It also creates a lot better dataset. And so that's the business we're trying to run and the value proposition that we're trying to create.

You must be working with a lot of digital marketing companies who are generating results for the same clients. And that must give you an interesting perspective on who's doing good work and who isn't. Not necessarily the same question as who's easy to work with and who's easy to grab data from, but who's actually generating great results. The marketing space, and I have firsthand experience with it, is highly dysfunctional in healthcare. What's your experience of that?

Our platform is a resource to the marketing agencies or the marketing departments of these medical practices. And the reason that we're a resource is because we're connecting with the phone system and because we connect directly with their marketing platforms, like Google or Facebook. We bring all of that data in with the patient record.



We provide a tool that provides 100% transparency into the historically unknown for marketing - which is, where did the consumer call from and what was the actual end result of them scheduling and attending?

What did they attend for? Which provider did they see? What was the charge? What was the payment? What was not just the charge to the insurance company, but what was the payment received relative to that source of a lead or an appointment? We tie all of that together. So we're a great resource for marketing departments and for marketing agencies out there who are either doing things through organic search optimization, through paid ads, even through referral management. Even if you think about large groups that have a dependency on referring providers, we're able to tie all of that information together so that they understand what their representatives out in the field who are calling on referring providers are generating in terms of the value of the patients that are being referred to them in the same way that I was just talking about from the agency, which referring provider did they come from? Did the patient show up? What insurance companies are associated with those patients? Which referring providers, network of patients? What are the payments against those? And then what are the lifetime value of those patients?

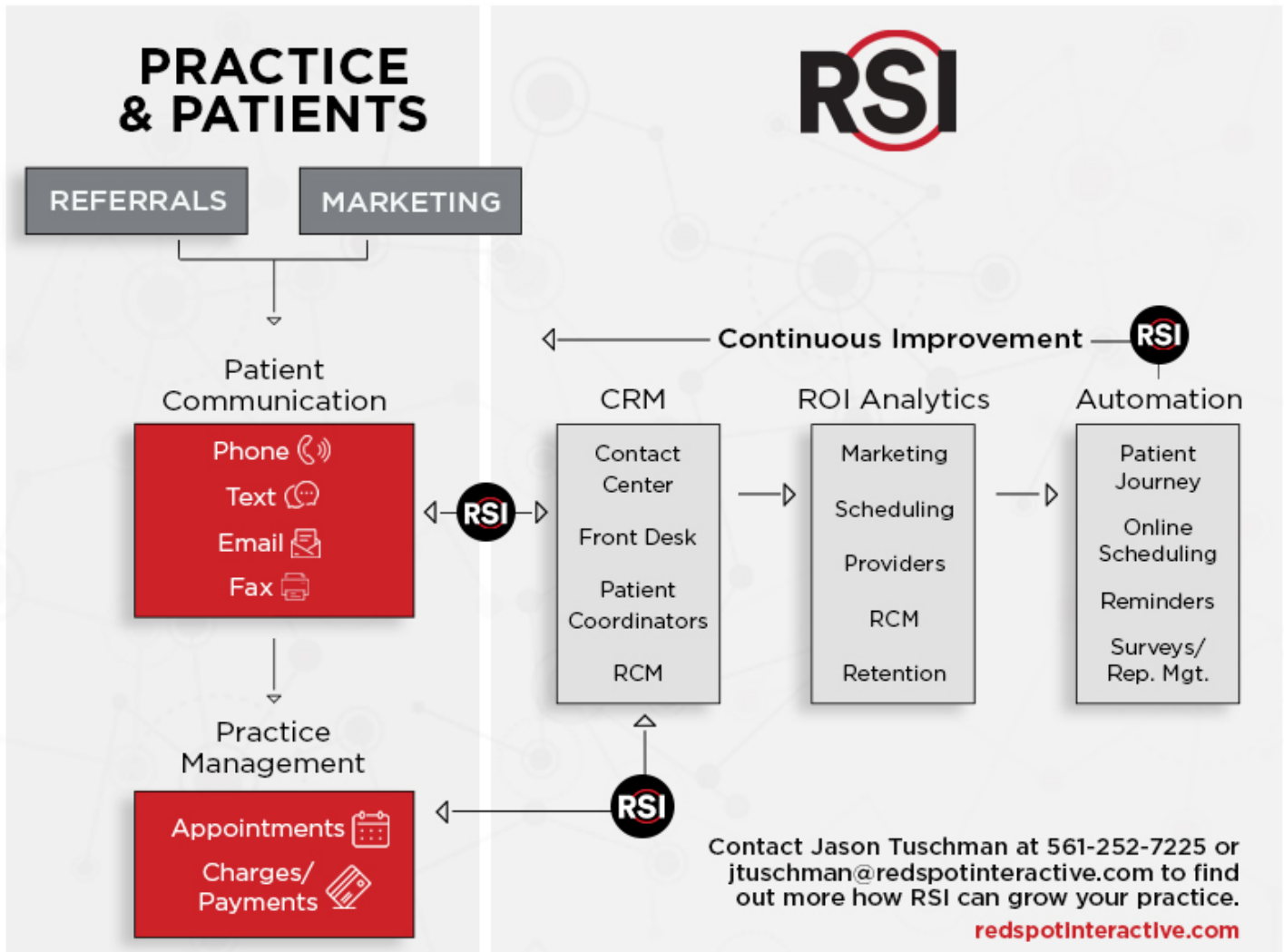
Seeing all of that, what are the most successful marketing strategies, marketing tactics out there from a dollar spend perspective? What are the strategies that you think are head and shoulders above all the others?

Without a doubt today, organic. Not just website, but organic website and social media, you get the biggest exposure for the lowest cost. So if you are a provider and you are truly spending time on video content to educate patients on the solutions you provide, why you are unique and different from your competition, why you can help your patients solve their problems - that provides the greatest marketing advantage because you get the largest amount of exposure relative to cost. First you get the largest exposure through social media and organic search. Secondly, you actually are creating a value for the patient by educating them before they come into the office. Third, you're developing a relationship with them because when they come into the office, they've seen you, they've heard you, so you have a better engagement process as well versus meeting them blindly, if you will. So today, assuming websites are a staple to everybody, leveraging social media content to educate

consumers and create a personal brand as a provider is the single biggest thing you can do. And it's not just the value that you get from the exposure on social media. If you leverage those videos correctly within your website and within your patient retention communication, you can leverage those videos to respond to patient inquiries, you can leverage those videos for patients that have been into your practice and there's a treatment protocol that they haven't completed - you could automatically send those videos to the patient. That's the biggest bang for the buck.

Let's assume that I have a great video production team. I actually do, and we have a plethora of social media channels to post content on. The website part is easy, but which social media channels and what traffic strategies around those videos do you recommend?

I think the simplest thing to do is, one is that the video process, the video creation process is not need to be difficult and it's not expensive. Typically, there's administrators in most practices today that can use an Apple iPhone to create a video. You could spend a few hundred bucks, maybe a couple thousand with somebody to create branding for the intake and outtake of the video. So the process is not expensive. The hard part is the discipline of consistently doing it and making sure that it's posted correctly. But to me, the most important thing, there's three ways you can leverage those videos. The first is you put it on YouTube because you have a video channel for your practice, for your providers. Secondly, you take that video or those sets of videos and you associate it with the procedure pages on your website. So now you're connecting your website to your YouTube channel, and you're creating a value from an organic perspective and also creating a more engaging page. Thirdly, the way that you use it is you use automation for patient communication that can read your patient records like what we do, where we will read the patient records, our practices are able to set up an automated treatment to drive through, let's say it's a vein group, and typically a vein treatment is six or seven treatments over a couple months. Well, if somebody doesn't show up for their treatment or they do the first two and they don't finish the protocol, we can automatically send those videos from a provider two weeks after the last treatment knowing that they don't have a schedule on the books for the third treatment. That discusses the lack of success of not completing all seven treatments. You can leverage that video now, not only to educate patients that are on YouTube, educate patients that are looking through Google for information on vein treatment, but now you're leveraging that video to actually educate your patients through targeted communication in order to make sure that they complete the patient journey. So it's like a trifecta for one piece of content that you're creating and the practices that are doing that today, not only do they have the best outcomes, they have the lowest expense in creation because this is organic content. You don't have to spend your way to success after you've got that going. Can you go into things like Google Ads and be successful? Absolutely. Google ads can be very successful, but you have to track the cost against the revenue, and we provide that by being able to connect directly



with Google Ads and look at that cost data and match it right up to the campaign and show the patients that we're generated. But typically, when you're going to get into Google Ads, that's when you do want to have a vendor that is really good with media buying, especially the larger groups. There are larger groups out there spending 50 to one hundred thousand dollars a month on Google ads for larger organizations, and they're not relating that to revenue. Once you start to relate it to revenue like we do, you might be able to take a hundred thousand to \$75,000 and take the revenue, let's say, or the charges from it from 300 to 400. So now you've just gained on revenue and on cost because you actually know the outcomes. And that's the value that we create. And that would be the marketing tier. I would tell you to focus on organic video content creation first, assuming your website's already working well, which most people are today. The management of organic website SEO is a very simple process today. Once you have the use of organic video leveraged across YouTube, the website and automated patient communication, then I would start to look at Google ads and Facebook ads, but I would make sure you do have a third party agency doing that. That's not something that we do. We work with a variety of those agencies and what they do is they create the campaigns to be able to be tracked on our system so that they can actually work with their practices more efficiently and actually be more proactive on behalf of the practices and optimizing those campaigns because they have the true single source of truth of understanding leads generated by campaign through attendance rate through to revenue.

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SCALE prides itself in developing customized solutions for its clients and helping physician groups grow and thrive in a challenging marketplace. Now, we are ready to help you. We look forward to sharing examples of how we have helped our clients and invite you to schedule a 1-on-1 complimentary consultation with us.

Contact Roy Bejarano at roy@scale-healthcare.com, or +1(917) 428-0377 to continue the conversation.