

Download This: A New Way to Deliver Medical News

By Dana Hinesly

Four expert strategies for moving into the realm of podcasting

Digital capabilities have changed the world. The popularity of new songs is measured not just in how quickly they move up the charts but also in the number of downloads. MP3 technology means audio files can be updated and accessed often and transported anywhere, making not only music but also information more immediate than ever.

An online search and a click of the mouse make it possible to listen to information on a myriad of topics, including the latest medical news and advice. Though podcasting is most associated with Apple iPods, most handheld devices, including personal computers and mobile phones, can broadcast them.

This new vehicle means medical facilities and physicians can communicate their message in a way that is accessible and interesting. For those eager to get involved in the exciting world of podcasting, here is how to make the most of the new foray.

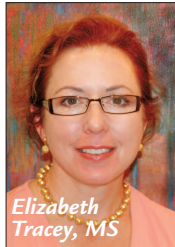
1) Consider the Listeners. Different audience members have different needs. Physicians are short on time, patients want the full story, and residents need vital information. The optimum length of a podcast varies depending on the nature of the subject, but a good rule of thumb is to be succinct and get to the point.

"A lecture for a medical student can easily reach 60 minutes; thus, for an audience that prefers digital content over archived audio tapes, that time is appropriate," advises Jean Jeudy, MD, assistant professor of cardiothoracic imaging in the Department of Diagnostic Radiology at the University of Maryland Medical Center (UMMC), Baltimore. "For a case-of-the-day directed to clinicians and/or residents, more than 5 minutes can push the limits of patience."

Points are given for style and personality. Work to create—and then commit to—a format that listeners can grow to recognize and welcome, and that makes the podcast engaging and interesting. Participants should be well spoken, with an easy-to-understand delivery.

2) Have a Purpose. Podcasts also are employed to inform both patients and staff.

"This field is so vast and specialized, it's not possible for one physician to be on top of everything, so it's increasingly important for people to become partners in their own health care," says



Elizabeth Tracey, MS

Elizabeth Tracey, MS, director of electronic media in media relations and public affairs at Johns Hopkins University School of Medicine, Baltimore. "Patients need to go in with a really good idea of what's going on,

because if you're not a participant in your own care, you're not going to get the best care, so that's really our agenda."

The first Johns Hopkins podcasts sounded off in December 2005 and now play to an audience numbering in the thousands. Along with Richard Lange, MD, Hopkins' director of clinical cardiology, Tracey creates weekly podcasts designed to give insight into the week's top medical stories. One example examined a recent *New England Journal of Medicine* story about HER2neu receptors and the choice of chemotherapy.

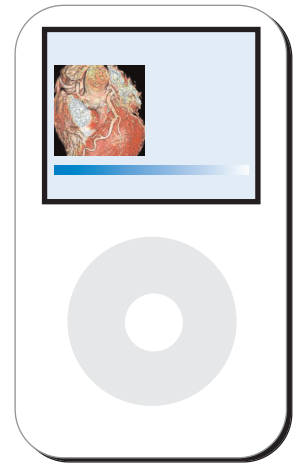
"We did not just confine ourselves to the study," Tracey says. "We launched into a larger look at the management of breast cancer."

Other examples of patient-focused podcasts include brief instructions on upcoming procedures and preprocedure preparation as well as advertising the facility's strengths, such as involvement in community projects or implementation of new techniques. This approach is especially beneficial for patients in a waiting area.

Because physicians are more mindful of their time than ever, the speed and availability of the technology make it ideal for keeping staff in the loop.

Four months ago, Jeudy helped launch the use of podcasts at UMMC's Department of Diagnostic Radiology, which currently is creating only internal podcasts to supplement educational material for the residents. Plans are for the department to extend its efforts into the public domain with professional and public educational material.

"All of our noon lectures and Grand Round conferences are available digitally to residents, and our cardiothoracic section develops weekly cardiac imaging vignettes based on interesting CT and MR cases seen during the week," Jeudy adds.



Supplementary functions for departmental use include as a reference of instructional techniques for new technologists to review when questions arise, or archiving important group meetings and conferences.

Johns Hopkins is working to use podcasts as "mini-consults" on faculty and departmental sites in which, for example, clinicians would discuss which patients are candidates for arthroscopic knee surgery, what they can expect, and what the possible complications are. "This will allow potential patients to actually hear the doctor speak before having a consult, so they already feel they know something about him or her, and are possibly more up to speed on the procedure," Tracey says.

The medium also can be used for interactions with referring physicians. With the appropriate IT architecture, podcasting in a secure network can be a way of sending key images to referring clinicians. The same technique can be used to provide clinicians with con-

Click Here!

To see a few podcasts for yourself, try these links:

- **The Arizona Health Sciences Library:** www.ahsl.arizona.edu/weblinks/Medical_podcasts.cfm
- **Johns Hopkins Medicine Podcasts:** www.hopkinsmedicine.org/mediaII/Podcasts.html
- **Podcast.net,** the podcast directory's section on radiology: www.podcast.net/tag/radiology

sults on cases where a formal report is not requested.

3) Make the Process Easy. The more complicated it is to create and record each installment, the less likely it will be done in a consistent and timely manner. Keep recording simple, then create—and keep—a production schedule. Do the recording in a quiet office or private meeting room. Regularly check a list of resources, such as peer-reviewed journals, recent studies, federal regulatory

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sites, and news from medical meetings, to ensure the information is accurate and timely.

4) Focus on Excellence. “I think one of the things that happens a lot with podcasts is that people don’t pay attention

to the editing that they should,” Tracey notes, advising that recordings need to be high quality—avoid phone-in interviews—and editing should remove extraneous words and pauses. “Otherwise, it’s not going to sound professional, and that’s going to have a big impact on your credibility.”

Getting it right means that patients and clinicians have a new vehicle to receive information. “Your support staff can shift the burden of more repetitive tasks to a digital format, and you bask in the glory of your efficiency and digital savvy-ness,” Jeudy says. “The cool factor alone is worth a million.” ■

3T MR: You Have the Power, But What About the Patients? *By Dana Hinesly*

■ *A Florida imaging group offers tips for marketing a new 3T MRI service*

Tim Allen’s *Home Improvement* character was not the only one in search of “more power.” Radiology departments and independent imaging centers alike are welcoming today’s faster, more powerful 3T MRI systems with open arms.

Of course, these mighty magnets come with a hefty price tag. Regardless of where it is delivered—to an established radiology department or a burgeoning imaging center—the 3T system pays for itself only if it stays busy. The first step in realizing a return on investment is letting people know that the magnet is on its way.

“I highly recommend advertising before the equipment arrives, at least 2 months, putting great emphasis on the improved magnet strength and how that equates to better diagnoses,” explains Stacy Hennis, public relations director for NSI Winter Park, Winter Park, Fla, an imaging group dedicated to providing neuroskeletal imaging and radiology services to Central Florida. “The more excitement you can generate beforehand, the better.”

Although working to inform every member of the local medical community is a good idea, Marc Shapiro, MD—NSI Winter Park’s chief of neuroradiology and president—believes in focusing on the specialties that tend to be most interested in the machine’s superior performance.

“Our marketing team targeted everyone, but we were primarily interested in neurologists, neurosurgeons, orthopedists, and podiatrists,” he explains. “We know unequivocally that for the brain, the spine, and the musculoskeletal system, 3T images are more detailed and appeal most to those specialties.”

Hennis also stresses the importance of marketing to the patient—not just hospitals and physicians. “You do not always have doctors making the choice of where to send their patients for the right reasons,” Hennis says, adding that, occasionally, clinicians refer patients for reasons other than best patient care or accuracy of diagnosis. “They might have a personal relationship with another facility, they might not fully understand the difference in quality or diagnosis, or many other reasons that it is your job as a marketer to overcome.”

One tool for changing referral habits is knowledge. “The best thing you can do is educate referring physicians and their staff on the benefits of the 3T and—just as important—educate the public so that they can demand the best technology,” she says. “Because most patients *do* have a choice in where they go.”

Shapiro and Hennis both caution imaging departments new to the 3T market that in some instances, the referrals are not just based on existing relationships but on financial ones as well. Hennis recalls becoming aware of a group of physicians demanding kickbacks from facilities in exchange for a steady stream of business.

“They were sending patients to places we would see misreads from on a regular basis,” she remembers. “As I became more aware of what was happening, my focus began to shift toward educating the public in that particular market.”

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—Marc Shapiro, MD, NSI Winter Park

Successfully increasing the general population’s familiarity with 3T MRI requires sending the message through a combined effort of television, radio, and print media. Additionally challenging is the fact that many patients do not know they have a choice in where their diagnostic tests are performed. Getting this information across and persuading patients to convince their physicians to send them to a different facility presents a definite challenge.

“Focus on quality, not speed,” Shapiro advises. “Some businesses are interested in 3 Tesla because they think that they are going to see more patients. Our focus with the 3T is on producing exams that are much more detailed and of a much higher quality.”

As an expanding facility with a proven track record, NSI Winter Park had a history of providing accurate diagnoses in cases of proven misreads from other facilities. The company obtained testimonials from patients who had a positive experience and included their stories in promotional materials. The facility creates informational brochures and gives a 3T-focused handout to every patient.

No matter how it is conveyed, the message is the same: NSI Winter Park is committed to professional, friendly service while addressing common concerns that patients might have about safety and cost. The literature also includes answers to many questions asked by patients—“Why does magnet strength matter?” and “Why are more channels important?” are two examples.

Printed resources are an essential component to building business for a new MR, but just as vital are the relationships that evolve from office visits, according to Hennis. “NSI Winter Park’s marketing manager, Marti Behrman, and her team have done a wonderful job in really knowing our market. It is imperative to learn the market by getting out, visiting offices, and finding out who sends the referrals to you, because it’s not always the doctor,” she says. “Sometimes, it’s the receptionist, the nurse, or the nurse’s aide, so you have to go in and find out who makes those decisions in each individual office. Developing relationships based on trust with your referring offices is key. People know that when they call NSI Winter Park, we will always go out of our way for patients.” ■