Our approach has changed drastically since the Web’s arrival.

BY CYNTHIA MATOSSIAN, MD, FACS

A successful surgeon/practice owner makes business decisions like she makes medical decisions: on the power of the evidence. If the data are there, even just enough to correctly intuit, it’s usually enough evidence for adoption.

For me, that’s how it was with the Internet. When the Web materialized in the early 1990s, I put it into my business plan. I felt strongly this technology would allow me to reach more people. As long as we provided the best patient and medical services we could, and projected those messages, patients would want to select our practice.

Now, a substantial portion of our patient growth comes through the Internet; we are constantly expanding that base.

MAKING VISITS, WRITING LETTERS

Before the Web, business-building was a writing, visiting and lecturing affair. We would mail brochures to (hopefully!) referring doctors, and snail mail semi-annual newsletters to patients talking about new technologies and our physician and staff accomplishments. We’d also visit physicians’ offices to speak to them about our services and provide eye-care lectures for organizations like the local diabetes or fibromyalgia groups.

Since the arrival of the Web, our patient-growth approach has changed. We still lecture and visit physicians; but patients receive our newsletters via email, and our brochures are on our website, which we update regularly with news.

OPTIMAL APPROACH

I knew just having a website that says “Matossian Eye Associates” with a “Contact Us” button wouldn’t attract patients. I also felt that if the Web became ubiquitous, negative patient comments could do serious damage.

Hiring a professional web master seemed like the optimal approach, someone who knew how to attract readers, respond to disgruntled anonymous patients to help better understand their situation, as well as monitor and measure patients’ reaction to our site.

A PREEMPTIVE PRESCRIPTION

Dan Rue, our public relations assistant, uses a proactive approach to promote — and protect — our brand. He collects Google Analytics and locates keywords that patients have used to find us. And he examines the data: the number of sessions, users, page viewers and so on. The data are compared to the previous months and years.

Using search engine optimization (SEO), we adjust keywords according to those findings — and we write blogs to increase our SEO. As for social media sites, the Matossian name is omnipresent: Facebook, Twitter, LinkedIn, Google+, even Pinterest. In our weekly business meeting, we review
all web activity and adjust accordingly.

Our data gathering does have a human touch: At check-in, staff keeps track of how patients have found us. For the past three years, it’s been primarily through the Web.

And every week, Dan trawls the Web looking for negative reviews. If he finds any, he identifies the patient — it isn’t difficult — and then we attempt to resolve conflicts. Healthgrades, Facebook, Angie’s List, any site that allows comment, he scans. As Dan says, if it’s one thing that scares him, it’s negative reviews. **OM**

*This is part two of a two-part series on how physicians become better business people. Last month: School is never out.*

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