



Healthcare IT,
Physician Liaison
Reporting &
Marketing Intersect
w/ Ben Blake of

System Medical #130. mp3

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[00:00:01] And.

[00:00:05] Hello, everyone, and thanks again for joining another episode of the Patient Converged podcast, I have Ben Blake with me from Systematical and of course, my guest host who always joins sometimes Justin. So introduce yourself.

[00:00:22] Yeah. Hey, thanks for having me, Kelly. My name is Ben. Currently, I'm a sales and marketing manager for an I.T. company that works specifically for medical practices. So and I'm based out of the Dallas, Texas area.

[00:00:36] We have a lot of reasons, I know, in the Dallas, Texas area. But thank you so much for joining.

[00:00:43] So Ben's coming to talk today all about his role as a physician liaison, but even more importantly, how surgeons should market their specialty, how they can use it, how it incorporates. So I just wanted to kind of open the door to our listeners and let them know that this world of health care marketing involves so many different avenues. I mean, what do you think, Justin?

[00:01:04] Yeah, absolutely. And I mean, I think one of the inevitable things over the years, it's been a struggle for us that I'm excited about having been on today is the I.T. side of this world and the value and the just outright necessity of having really, really good I.T. infrastructures and what I can do for your marketing, your physician referral development and obviously the growth and security of the practice.

[00:01:28] And so tell us a little bit kind of of your journey, Ben, because it kind of relates to you. You came out of the kind of physician liaison world. And so tell us a little bit kind of about your journey and what led you to this team today.

[00:01:41] Yeah, so I actually started this was back a while ago. I was going to school in St George, Utah. Let's go into Dixie State University. And I had a practice reach out to me that was based out of the New Mexico northern New Mexico market.

[00:01:57] They had a physician liaison with them, I think they call her title as a community relations coordinator at the time she was working with them and she got promoted to actually go and join a marketing agency that did social media websites, all that fun stuff. And so she took that role. It was a pretty large media group that took her on and there was just a solo location practice to providers. It was in the specialty of podiatry. And they reached out and was, hey, we have this opening. Is this something you might be interested in? I was going to school at the time for marketing and I was like, Yeah, sure, let me finish this semester and I'll be right there. And so that's kind of what I did. And I told them I was like, you know, I have no experience in the health care space. I have no experience in marketing a medical practice. I have no idea where to start, what to do. And they said, don't worry, our current physician liaison she's going to even though she's not going to be working with us, she's going to be kind of on board you and give you some tools. So don't worry about it. And so I was like, sweet. So I join this practice when I started. I mean, I have kind of a fresh outlook on and really no insight even where to get started. Turned out the physician liaison that they had later

became unreachable. So I had zero guidance and so many can relate. Yes. So I had no clue what to do. So we looked out and found some additional resources. We were a part of a group called Top Practice's. It's a it's widely known in the podiatry field. And they had a kind of a marketing foundation in that I kind of built everything on when they kind of broke the marketing down for practices down into four pillars online marketing, internal marketing, external marketing. And then usually the most profitable and overlooked is referral or shoeleather marketing. And as a physician liaison, that referral side is a big part of what you do.

[00:03:54] So I got a lot of resources from that group. I actually ended up giving some advanced training from a medical device and pharmaceutical sales rep training program that was based out of the New Jersey and New York area. And I went and did some shadowing training that kind of lasted over a year, around year time frame.

[00:04:17] Well, I was like learning what to do for this practice and really developing a background in marketing for that practice and a structure and foundation to bring in patients to help them grow. They wanted to grow their market. They wanted to add physicians. And that's exactly what we did. So I, I took that solo practice, applied everything I knew from a physician liaison side, was creative, met with other physician liaison and got their feedback. And we ended up growing that practice to seven locations in New Mexico. We ended up taking that and making that a national brand that was across multiple different states.

[00:04:54] And I later became the director of operations of that. I mean, starting as a physician liaison with zero experience, becoming a marketing director and managing the physician liaison and training them. And then, I mean, really running the operational side of that business. So ever since, I've still stuck in the medical field. But yeah, there's a lot of room for opportunity as a physician liaison, I've seen a lot of physician liaison and I've even hired Physician liaison of kind of already been working from a practice side, whether it is like a medical assistant or a receptionist, sometimes even a nurse, that transition over to that physician liaison side. But then also people that have no experience or some experience or even medical device sales reps sometimes go into that physician liaison role. A lot of specialty practices hire physician liaison a lot of hospital systems do as well. And it's something that kind of has a lot of opportunity depending on where you want to take it.

[00:05:49] Yeah, definitely. And I can totally relate to what you're saying. I started just like you. There really wasn't a training platform or book.

[00:05:56] When I joined as a physician liaison, I joined the largest T practice in the southeast and I was kind of thrown to the wolves. And I totally relate to what you're saying. And you kind of pick up training tidbits from here, there, other liaison's, and then you have to push yourself to create a new platform, a new program and a new process. So I definitely relate to what you were going through. You know, we were in charge of I had to open new locations, new practices on board new physicians.

[00:06:24] And I think that's so interesting that you brought that up is that when you're a liaison, you don't always know kind of what you're doing and you kind of have to go with the flow and you have to, you know, just jump right in and really learn.

[00:06:39] And it's so important to use resources for training and network yourself with other individuals in the health care space to get advice, to get feedback so you can create these new processes in marketing. So I love hearing your journey. I totally relate. And I know so many listeners out there right now, whether they're just starting. On once become a liaison or have been a liaison or probably saying, oh my gosh, I'm so in there with you just don't always have the answers, but all the responsibility of building these programs.

[00:07:10] But I know that was super rewarding for you, I'm sure, to watch all your hard work and grow and open these new locations and and expand the brand.

[00:07:18] Yeah. And another thing to touch on, too, from the Physician liaison side is I also after working with that group, I moved on and worked with a otolaryngology and immunotherapy group and then later joined a neurology and pain management group as a physician liaison the tactics and once you get it, can be applied to really any specialty and any medical practice in any location at any size. It's definitely all about your network, too. Exactly. Exactly. But a big, decent kind of success as a liaison, I kind of a tribute to is knowing your numbers, knowing data and then acting on those results.

[00:07:57] So if you're seeing some of your physician liaison actions or activities are proving to be successful by increase in patients, increase in referrals and volume, I think looking at the data side and making actions based on data is crucial, but can really lead to long term success.

[00:08:17] That is exactly the truth. I know Justin and I that was a big part of what I teach in my liaison's is you have to know your numbers. This is so much more than being a happy, smiling, bubbly personality and having charisma and, you know, being responsible. You have to know your numbers. You have to dive in and you have to approach this on an analytical approach as well. And getting that information is so important. So what do you think with your background as a physician liaison?

[00:08:43] How is it guided your career in health care and where you are today?

[00:08:49] Yeah, so I mean, when I started as a physician liaison, I love it and I do it tomorrow. If someone wanted me to be a physician liaison, I wouldn't want to leave the group that I'm with. But it's something that you can do long term. So I loved it. What it kind of showed me was training and developing physician liaison was awesome. And then going on and opening locations and adding new groups, working with new specialties. I really loved the operational side of running medical practices. And one of my pieces, again, no experience as an operational director for a medical practice. One of my big challenges that I came across was starting a call center. And the technology side of the medical practice is something that's usually often overlooked. And a lot of pieces in there require a ton of skill and a lot of backend support. And I mean, opening this call center required a lot of technology from a patient facing view.

[00:09:43] Technology is huge. I mean, when a patient calls in or even finds the practice from the beginning, they look you up on the website. Website has a big technology piece to it. When they get your phone number and they call you, that phone call is answered most likely by someone over a voice over IP phone or some type of system that they're running. And if that phone's not ringing or the office isn't able to pick up, I mean, that's a big I.T. problem when a patient comes in and pays their copay.

[00:10:13] I mean, technology is touching every single piece in the practice and kind of having a poor technology infrastructure can really affect not just the patient side, but

also the staff, because a lot of staff frustrations. It's also a big role in working as a physician liaison and generating referrals, making sure you're able to capture those, making sure you're able to report on those and that your EMR is able to talk with running these reports. And so it's all really involved.

[00:10:45] Yeah, it really is. And that's kind of a perfect segue way into kind of talking about the health care it side and and what you'll do over at steam.

[00:10:53] As you mentioned, it's such a it through our whole journey has been kind of a thing that I think that practice has struggle with the most, even the basic levels of of reporting and data analysis and and trying to pull actual usable numbers out of there. And with that, when it comes to the kind of health care it and all the things that you even talked about already, what do you think are the biggest shortfalls that you typically see practices either not addressing or not kind of utilizing in most instances when you all do an audit and kind of walk into a situation?

[00:11:29] Yeah. So to kind of step back. Cystine was founded about 14 years ago, and it grew off of an internal it was an internal team, I should say, that worked for a large Retin-A practice here in Texas. The retina group grew substantially and so did that I.T. team. And the amount of resources it takes from an I.T. perspective to run a practice is a lot. And when you're doing it for one practice, if you have all of those tools, you have all of those resources and people to run that infrastructure for one group, you most likely can do it for another. And so that's what they grew from a large Retin-A practice, internal in-house team. And then they took that out of that practice. They continue to service them and they then started servicing other specialty medical practices. So that's kind of how cystine grew. When you talk about shortfalls in health care, it space is a practice administrator and then I'm going to kind of talk on a practice administrator and some practice administrators act as a physician liaison for their practice.

[00:12:36] But a practice administrator is kind of like the catch. All are like the bucket for everything, for that practice. If there's an employee problem, if there's something going on with the treatment room or going into this big piece of technology, if there's something wrong with the technology, usually that falls on the practice administrator and we act as a resource to that practice administrator or to that in-house team, making sure that they have everything that they need to operate as a successful medical practice so

that it doesn't affect their patients and so that staff and the providers are using technology that works well, runs well and is reliable. And so I think one of the biggest shortfalls is not having someone to cover or catch any of those problems and concerns when it comes to a practice.

[00:13:24] And we see that way too often where we've even been approached as a as a marketing firm, try to help point them in the right direction.

[00:13:33] Because, I mean, I would imagine when you have an I.T. problem and you don't have you're either not large enough or you haven't established an in-house team, you've got to feel absolutely like the building is burning down. And on top of that, completely isolated on how you fix that. And so that, I think, is a really valid thing, is just literally having someone to be there for you when those problems indefinitely arise.

[00:13:57] Yeah. And so that's that's really how we operate. So we're operating on a back end of making sure that a practices infrastructure is being maintained and monitored. Twenty four seven. So when that practice administrator checks out for the day and there's no one in the office and something happens to that Internet in at 5:00 a.m. before clinic starts, we're there, we're monitoring that and we're getting that fixed before they ever even know about it. But then also on that front end, as problems arise, we're giving the practice the ability to call us twenty four, seven for anything that they need related to it. So we're we provide full vendor support and help desk support for the entire practice. So when when you've got a medical practice, I mean, you've got all the phones and the and the workstations that are involved in a practice. But a lot of practices, specifically specialists, have a lot of other tools that they have, whether that be MRI's, X-rays, ultrasounds. There's a lot of equipment to all of it being I.T. based. We provide all of that support. So if they have any problem at any time, we're giving them someone to rely on so that they don't have that stress over them all the time, but also giving them relief and showing them that support. I mean, when they need it most because it's expense. When a practice is down from an IT perspective, it it's it's a big cost that I think a lot of practices maybe don't realize. But back in back in twenty seventeen, there's a group called I think it's called Medhurst that did a report on what the cost per provider when your network's down for a for a private practice and they estimated at six hundred and thirty four dollars at a minimum per hour per provider. So for a five provider practice just being down an hour, it's over three thousand dollars,

which oftentimes is way more than it would cost for I.T. services for a practice of that size for that entire month.

[00:15:59] Yeah, yeah. That's a good point, is it's well worth the investment to prevent it than try to figure it out once it's happened. Exactly.

[00:16:09] And another point that we talk about with it, and we've talked a little bit, even in the referral marketing side as well as patient efficiency is a lot of physicians and practices and liaisons and admins aren't utilizing their EMR to their best ability or just don't understand the opportunities and EMR can provide. As far as collecting information, working strategically how to follow these patterns, referral trends, who's referring to revenue collected? What are the top procedures? And I talk a lot with my students about how your EMR can be such an amazing asset for your practice, of course, in the physician liaison side. But even the marketing side and like you said, even the way of just keeping in touch with these patients and helping support your staff. So my question for you then is what are the most underutilized parts of EMR that most practices are missing?

[00:17:04] Yeah, so I think a big piece is one the reporting side and making sure you have the reports set up to give you not just information, but valid information. I've seen many times where a practice will have these reports built, finding how many patients they have coming in, but then they see these numbers. But then if you really dig deep into it, if the reports set up wrong and it's giving you skewed information. So I think the reporting side, all MBAs have some type of reporting, some of them easier to create than others. One of the imams that we work a lot with is NexGen. I mean, setting up a report next, NexGen, if you have zero experience, you've never been in there before and as an even as a physician liaison it because a lot of these practices, if they were bringing on a physician liaison most likely don't have these reports set up and these reports that you act on as a physician liaison where you've got providers that are referring patients, the type of patients, the quantity, how frequent those reports, I mean, can really play a big part in your success as a physician liaison.

[00:18:08] And so that's creating this marketing plans to.

[00:18:11] Exactly, exactly. So I think a piece that's usually under utilized or sometimes maybe not under utilized, but could definitely have some improvement in and creating some maybe some more accurate reports. I think reporting is a big piece. Another piece is the patient portal, most practices have a patient portal, most practices have a patient portal set up. Most practices don't give any training to their staff on how to use the patient portal, which causes a lot of frustration and confusion on the patient side. And then those practices also don't know how to. Kind of customize and deploy that patient portal if they don't have it deployed, and so I think Patient Portal is a big piece where I mean, deploying it could I mean, sometimes really cause a lot of damage to a practice. If they're sending out all these invites, patients, patients are getting them, then they don't know how to log in. They call the staff. The staff don't know what to do. That's kind of looking up, kind of like the nightmare side of a patient portal, but if it's set up properly, a patient portal can actually save a lot of time on the back end where patients then don't have to call in to see their appointments. If they already have set up. They don't have to call in to get their medical records because they're right there. They don't need to take time away from staff to pay a bill because they can do that through the patient portal. So I think reports and patient portal is probably some of the biggest pieces from an our side.

[00:19:36] Yeah, the reports are so true. And you mentioned they can be skewed and it's really important, like you said, having this information optimized for not only Liaison's, but the physicians themselves, they really need a comprehensive view of what's going on in practice and patient portals, especially during covid.

[00:19:53] I can't stress enough how important it is to have those.

[00:19:58] Yeah, and I mean, another piece, too, is specifically with the times that we're in, you've got telemedicine. And I know there's a lot of practices that have had telemedicine set up but weren't using it, didn't have it deployed to patients, didn't know how to use it, didn't even know where to start. And so trying to figure that out all yourself can sometimes be really challenging for a practice. And so having an outside resource to set that up for you, get it customized for your practice and make sure it's integrated with with everything can be crucial. I mean, definitely with these with the times that we're in.

[00:20:31] So, yeah, I completely agree. What would you kind of looking at the other side, which you can be kind of a scary word.

[00:20:37] I know it's what keeps a lot of practice owners up at night and that you all deal with a lot is really the compliance side and with HIP and just so many factors at play, the security concerns with me and all of that, what do you all either that your doing or when you do an audit that you often see as kind of the biggest. Offenders or things from a compliance standpoint that practices really kind of need to be focused on or be aware of one when choosing an IT company.

[00:21:07] There's thousands, probably hundreds of thousands of I.T. companies out there. Yeah, and as a medical practice, you want to make sure that your I.T. provider specializes in medical I.T. and sometimes even in your specialty, just like as a patient, when a patient's going and looking for someone, if they need an ankle replacement, that a primary care physician is not going to do that. They want to find a specialist and that specialist is going to be the right solution for that patient. Same thing when choosing your provider. And you don't want to work with an I.T. provider that hasn't worked with another medical practice because there's a lot involved from a medical side. There's a lot of information, there's a lot of stuff from a compliance standpoint, but also making sure that you're protecting that practice from some of these threats that face the medical industry. And so that's something that we're really big on, is making sure that the practices are protected, but also have the resources they need to stay compliant. And so one thing that I see that's really big from a from a kind of a threat or a concern to look at in a medical practice is phishing emails. I'm sure most people may be familiar with what a phishing email is, but what a phishing email is, is when some outside threat sends an email kind of masked as like an HR department or as a CEO. And they're asking you to either click on something which is down, which is going to download Threat onto that computer, or they're asking you to do something like go buy some gift cards and call us and provide that information or getting you to reply or forward that email.

[00:22:46] So I think the biggest thing and practices, phishing emails, definitely phishing emails. Another piece is maybe publishing too much information online. Or so like so like one thing that we look at is for all of our practices, we do not recommend that they have an email listed on their website or that they have personal emails listed for the

staff. That's a that's a kind of a big red flag practices that are listing their emails for the doctors, for the staff kind of open themselves up to more threats. Another thing is, I mean, just making sure that you have someone I mean, again, this when it comes to it, is making sure you have someone looking over your shoulder, making sure that you're taking the right steps to protect the practice is huge. And there's so many things to look for. Practices should be getting hit every single year and so should their business associates. And so, like as an IT company, we get we do a hip hooray for our company. We do audits, we do pen tests of penetration tests where we hire someone to come in and break in or see if there's any any gaps in our infrastructure as an I.T. company. And we take extra steps to protect practices. We have we have an employee that's dedicated just to the hip, a compliance and security measures for medical practices. That's his only role. That's all he does. And so we have those resources. But I think practices there's so much that they're open to as far as threats. And when a threat does hit or something does occur, if that does happen to a practice, they're extremely costly and sometimes devastating to that practice and require closure.

[00:24:29] Oh, for sure. I completely agree.

[00:24:31] And I like the point that you brought up, because what we talk about all the time in our decision to do specialization from an agency standpoint, not just in health care, but just in medical like you were talking about, it is the medical space is so very, very, very unique and presents its just whole the whole ecosystem is so unique that I think it's really critical when you're engaging with somebody, especially on the IT side, that all they do all day live and breathe is this ecosystem because there's so many different things that can trip you up or cause issues. And like you said, it's just can be absolutely devastating to the point of causing you to have to shut down for compliance issues and a good resource to to mention this is something that we use internally.

[00:25:15] But I'd also recommend it to practices is we use a group called Know Before. So K and O w B, just the letter B and then for this is a resource again, like I said, we use it internally. We recommend a lot of our practices use it. It's some of the best training from a protection and hip training out there for practices. It's really affordable. We do it every four months as as a team here assisting. We recommend practices, do at least that time of hire and one more time throughout that year. So at least twice a year. But

that's a that's another resource that practices could potentially look into as far as training their staff when it comes to it.

[00:25:58] Then when do you think these practices in physicians and health care systems need to outsource their it?

[00:26:04] Yeah, so a lot of physicians at least kind of looking at the smaller side of practices. You've got practices that are trying to do it themselves where the physician or the practice administrators kind of juggling a lot of balls but trying to handle it themselves. And then you have these larger groups that will sometimes have one or multiple people that are handling that. And we call that in-house. It kind of when it gets to a point when we see practices come to us when they need it is usually when it's when they've had a breach, they've had ransomware, they've had an I.T. problem or an I.T. fire in their practice, and they're looking for help. We encourage practices do that before that fire happens so that we have the fire extinguishers in place to put it out faster so it doesn't do more damage. So for these smaller practices, when it should be, I mean, as soon as it's requiring someone's attention for more than an hour a week is when they should really look into it. Maybe we should we should hire an I.T. resource for these larger practices. We work with practices that have an in-house I.T. team and they continue to have that I.T. team. We act as kind of a third party to them, auditing that team, making sure that team isn't missing anything, but also making sure that team has all the tools they need to run that practice. So when is kind of a I mean, practices are all at different stages, stages. And like I said, most of them come when there's that fire. When they should look for an I.T. resource is when they get to a point where it's too much for them. They don't know what they're doing. It's consuming time. And usually when it's when they're at that point, they're letting them they're opening the door to attacks, to breaches and to a lot of wasted resources if they're not working with an expert.

[00:27:55] We're taking up too much time, like you said, yeah.

[00:27:59] How do you and I I'm really curious about this answer, because I I think it's so important to kind of work together, but us living kind of in the marketing side, I think one of the things that is most difficult.

[00:28:13] In the health care marketing specific space, as opposed to, say, like e-commerce or marketing, the automobile industry, like car dealerships, those kind of things, a lot of that is extremely linear. As far as like leads come in, they enter your CRM, they live inside of that CRM. You can easily track customer lifetime value and they rely on your marketing initiatives. But in health care, you have an EMR that kind of breaks that chain of command, so to speak. So you lose a lot of data. So I'd be curious kind of what y'all do to help from a marketing standpoint or how marketing teams should be kind of approaching their IT departments to work together to provide as much liquidity, attribution and kind of transparency so they can get a kind of a hold on what's working and what's not.

[00:29:04] Yeah, so one, I see Physician liaison need access to a lot of reports to to operate physician liaison also with those reports sometimes have a lot of patient information and also a lot of provider referring provider information. The Physician liaison also are usually leaving the practice the most and sometimes taking some of that information with them, whether that be in paper form or on their tablet or laptop.

[00:29:32] That's a big piece is as a physician liaison making sure that you have all the information that you need, but the information that you have and that those reports that you've gathered are in a secure format are encrypted or password protected, are in a place where if your laptop stolen, they can be recovered and the person that steals that doesn't have access to to receive those. So I think there's that side. But then there's also the side of is your I.T. in place to maintain just your infrastructure or is it there to improve that patient experience? And I think it can play a big role in improving that patient experience by providing, I mean, patients with Wi-Fi, by providing patients with a patient portal, access to telemedicine, access to a to a friendly phone system or a phone greeting when patients call in.

[00:30:26] So I think it plays a role in also improving that patient experience substantially. Does that answer your question?

[00:30:34] Yeah, absolutely. I think it definitely does.

[00:30:36] And like you said, the patient engagement side is so important and we've talked a lot about this recently. But marketing can do everything that they can to grow

the brand, grow visibility, drive in new patients to the website and get them converted and try to get them to book appointments. And the I.T. side and that patient engagement side you alluded to can fall flat and then it's just wasting money, because if they can't book, if it's not seamless, if it turns patients off, then all of your marketing investment and everything you're trying to do is just for not.

[00:31:09] And one thing one more thing that I do want to touch on there that I didn't think about until you were talking was physician referrals. Referrals in a practice are huge, and when you get a referral or in order to receive a referral, you want to make sure that that referral process for that physician, for that referral coordinator, whoever is referring the patient to your practice, you want to make sure that it's as easy as possible for them to refer.

[00:31:33] But it's also a seamless and is actually working where if you're providing them a fax number, you want to make sure that you're receiving those faxes.

[00:31:40] But technology, there's a big there's a big push right now from a referral standpoint to getting referrals through other systems or other pieces of transportation, then through fax. And so there's a lot of room right now for growth in the I.T., the medical I.T. for encouraging physicians to refer and giving them technology to make those referrals digitally. Where I've seen some physician liaison where they're given like a tablet and they give a tablet that has those referral forms and they give it to that provider, they give it to that referral coordinator. And that clinic, when they're referring a patient, all they have to do is put it in the patient's demographics or put in their information, say, and they're submitting a form that's been going over to that receiving practice for that referral to talk about locking up a referral relationships.

[00:32:31] It's like, well, I'm not going to refer there. I can I've got a laptop or I've got a tablet right here. I'm just going to send them over that way.

[00:32:36] Exactly, because it takes time to to fill out paperwork and to fax it over and hope that it's received. And when you send a fax over, most of the time those practices aren't getting a confirmation saying, hey, that fax was received. The patients then contacted, the patient's been scheduled. There's some technology out there that's affordable for that. Physician liaison can use that. I mean, really build a platform for

referring physicians to refer to your practice and make it a lot easier, save a lot of time and reduce I don't know the numbers off the top of my head, but I think it's I think it was around 30 or 40 percent of all referrals that are received either go untouched uncontacted, or they contact the patient to wait.

[00:33:18] Wow, that's amazing. And like you said, I mean, the more it's always people, whether it's in health care or anywhere else, always from a partnership perspective, go the direction of a path of least resistance.

[00:33:29] So the more fluid you can make it, the easier you can make it, the more likely you are to build a stronger relationship and receive a larger swath of those referral relationships for whatever specialty that you're in, you know, expand your network.

[00:33:43] I mean, these liaisons need to be connecting, which for me, Benjamin, we connected through LinkedIn through content because we both had a history and physician liaison marketing.

[00:33:53] We were both interested in growing our network. And as you talk about utilizing tools and resources, one of the big things I teach my physician liaison is the importance of being connected with other physician liaison you don't even have to be in the same state. You don't need to be in the same program representing the same specialty. But how important do you think connecting with other physician liaison is even having this conversation today? We said your journey started as a physician liaison. I could relate a lot to how you began. And now here you are in health care I.T. on the other side of some of the pain points, Physician liaison space and physicians about growing referrals, being strategic with their marketing, creating better resources and efficiency. But it's all because we've open this conversation together. So do you have any advice out there, too, for other physician liaison looking to connect and how they can better connect with other LESNES in the field?

[00:34:43] Yeah, so one, don't be afraid to say hello and reach out. So you've got it. You've got to take action. And then number two, always be providing value. Don't be looking to take the value will come if you provide enough value. So say hello. And how can you provide value to that person. So like reaching out to another physician liaison I would say nothing's more beneficial as a physician liaison to have two to three other

physician liaison sometimes in the same market, sometimes in different markets, that you can kind of rely on and get together every so often to say, hey, this is what's working, this is what's not working. This is what I've tried. Here are some ideas that I have. Has anyone ever done this before? Have a group of people that you can bounce ideas across and communicate with that be a great resource for Physician liaison with LinkedIn and social media and how easy it is to find people? I mean, you could find three or four physician liaison some four hours on LinkedIn, but you need to not be afraid to go out there and reach out to them and say hello and then provide value to them.

[00:35:48] One hundred percent. And with Ben and I, we talked initially it was about supporting each other to you know, we didn't know each other's journeys or what we would need. But having someone in your field who understands your what you've been through and you can reach out, like you said, it doesn't have to be in the same territory, doesn't have to be anything like that. It just having another physician liaison that you can bounce ideas off of or just reach out and say, hey, do you mind supporting this poster in your experience? Have you ever done anything like a. And I think that's really important. So I want to encourage any listeners out there listening, take Ben's advice, utilize platforms like LinkedIn like we did, and connect and build these relationships, as well as physicians be open to connecting with other physicians and liaisons and in health care admins to improve these processes.

[00:36:35] But, Ben, you have a great offer for our listeners today. So what is it and how do they get it?

[00:36:41] So every practice needs to be done, at least annually for their practice. Hipster's if you've never done one before or if you've done them in the past, they're not fun. It's a lot of questions and can sometimes cause a lot of confusion. We recommend that practices along with their hip Asara also do kind of like an I.T. audit of their practice. And we call that an I.T. systems assessment. That's where we come in. We sit down with the practice administrator or anyone that's kind of touching me in the practice. We sit down with them, we dive into what's working, what's not working. What's your current state from an IP infrastructure? Do you guys have any plans to scale? What does that look like? We go in, we gather all this information, we pull a lot of reports. We dive in and make sure that everything's running like it should. It's in a secure and stable state,

but it's also scalable. And what we do, again, in that I.T. systems assessment, we recommend that that's done annually. But we're right now, we're providing that completely for free to anyone listening to this podcast. And we're also including Sara, where we're paying a hippo expert to come out and do a hip hooray for your practice.

[00:37:52] To claim that all you need to do is either one visit our website, which is cystine, which the theme is spelled like system with two eyes. So s y s t e m dash medical dot com. And you'll see offers all over our website on getting an I.T. systems assessment. Or you can call or text me, this is my direct number and it's four six nine five seven three four eight one zero. That number is on twenty four seven. So you can call or text that number and say, hey, I want an I.T. systems assessment for my practice. The way that we're doing it right now with covid, we're working with the practice on if they want us to come on site, we will. If they don't, we won't. But it requires about an hour's worth of time for the practice side. And we spend anywhere from 10 to 16 hours preparing and researching and reporting on your I.T. infrastructure. And we're including pessary with that as well.

[00:38:49] So that's fantastic. And we'll make sure to include that in the links in the show notes to so people can easily find it, because that's a really great offer to take advantage of.

[00:38:59] To me, it makes makes a lot of sense to do that.

[00:39:01] Absolutely. Well, thank you so much for joining us today. And remember, you guys, if you want to connect with Ben or claim that offer to check the notes in the show, notes that we have. And thank you, Justin, for joining us today.

[00:39:14] Yeah, it was great to be on. And thank you, Ben, for taking some time out of your Friday to join us. And we look forward to the value that all of our listeners are going to get out of learning a little bit more on the liaison side and as well as the health care, it said.

[00:39:27] Yeah, I appreciate it. Thanks for having me. And it's been great working with you.

[00:39:30] Thank you for listening to today's latest episode of the Patient Convert podcast. Don't forget to subscribe and review on your favorite podcast platform. We are on Apple, iTunes, Google, Stitcher and Spotify. Or you can sign up to receive the latest episode via email. Just check it out on my agency website or my personal website. And if you are looking for more amazing health care marketing information or just to engage, check us out at Intrepy dot com. And for any of my amazing physician liaison out there interested in growing their physician referrals or learning the strategies that it takes to build highly engaged physician referral networks. Check out my website, kelley knott dot com, where I have free webinars, free downloads, and of course, my online physician liaison training course, Physician liaison University. And as always, I'm a huge believer in connecting, engaging and supporting one another. And the best way we can do that is networking. And I always, always connect with you guys on social media. And one of my biggest social media platforms is LinkedIn. So feel free to connect with me there on LinkedIn or Instagram or Twitter at Kelley knott.

[00:40:39] And thank you guys again for listening to the Patient Convert podcast with your host, Kelley knott.