A Closer Look at the Current World of General Practitioners

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General Practitioners
Market Highlight Report

General Overview
General Practitioners, or General Physicians, diagnose and treat injuries or illnesses. Physicians examine patients, take medical histories, prescribe medications, and order, perform, and interpret diagnostic tests. They often counsel patients on diet, hygiene, and preventive health care.

There are two types of physicians: M.D. (Medical Doctor) and D.O. (Doctor of Osteopathic Medicine). Both types of physicians use the same methods of treatment, including drugs and surgery, but D.O.s place additional emphasis on the body's musculoskeletal system, preventive medicine, and holistic (whole person) patient care.

In a typical day, Physicians often do the following:

- Take a patient's medical history
- Update charts and patient information to show current findings
- Order tests for nurses or other healthcare staff to do
- Review test results to identify any abnormal findings
- Recommend and design a plan of treatment
- Answer concerns or questions that patients have about their health and well-being
- Help patients take care of their health by discussing topics such as proper nutrition and hygiene.

Physicians often work in one or more of several specialties. The following are some of the many types of physicians:

**Anesthesiologists** focus on the care of surgical patients and pain relief. They administer the drugs (anesthetics) that reduce or eliminate the sensation of pain during an operation or other medical procedure. During surgery, they are responsible for adjusting the amount of anesthetic as needed and monitoring the patient's heart rate, body temperature, blood pressure, and breathing. They also work outside of the operating room, providing pain relief in the intensive care unit, during labor and delivery, and for those who suffer from chronic pain. Anesthesiologists work with other physicians and surgeons to decide on treatments and procedures before, during, and after surgery.

**Family physicians** assess and treat a range of conditions that occur in everyday life. These conditions include anything from sinus and respiratory infections to broken bones. Family and general physicians typically have a base of regular, long-term patients. These doctors sometimes refer patients with more serious conditions to specialists or other healthcare facilities for additional care.

**General internists** diagnose and provide nonsurgical treatment for a range of problems that affect internal organ systems such as the stomach, kidneys, liver, and digestive tract. Internists use a variety of diagnostic techniques to treat patients through medication or hospitalization. They may refer patients to other specialists when more complex care is required. They work mostly with adult patients.
**Pediatricians** provide care for infants, children, teenagers, and young adults. They specialize in diagnosing and treating problems specific to younger people. Most pediatricians treat day-to-day illnesses, minor injuries, and infectious diseases and administer vaccinations. Some pediatricians specialize in pediatric surgery or serious medical conditions that commonly affect younger patients, such as autoimmune disorders or serious chronic ailments.

**Obstetricians and gynecologists (OB/GYNs)** provide care related to pregnancy and the female reproductive system. OB/GYNs specialize in childbirth. They treat and counsel women throughout their pregnancy, and they deliver babies. They also diagnose and treat health issues specific to women, such as breast cancer, cervical cancer, hormonal disorders, and symptoms related to menopause.

**Surgeons** specialize in treating injury, disease, and deformity through operations. Using a variety of instruments, and with patients under anesthesia, a surgeon corrects physical deformities, repairs bone and tissue after injuries, or performs preventive surgeries on patients. Although a large number perform general surgery, many surgeons choose to specialize in a specific area. Specialties include orthopedic surgery (the treatment of the musculoskeletal system), neurological surgery (treatment of the brain and nervous system), cardiovascular surgery, and plastic or reconstructive surgery. Like other physicians, surgeons also examine patients, perform and interpret diagnostic tests, and counsel patients on preventive healthcare. Some specialist physicians also perform surgery.

DO’s are most likely to be primary care physicians, although they can be found in all specialties. About 60 percent of DO’s specialize in primary care areas such as family medicine, internal medicine, OB/GYN, and pediatrics.

Among physicians who work in a number of other medical and surgical specialists and subspecialties are allergists (specialists in diagnosing and treating hay fever and other allergies), cardiologists (heart specialists), dermatologists (skin specialists), gastroenterologists, (specialists in the digestive system), pathologists (who study body tissue to see if it is normal), radiologists (who review and interpret x-ray pictures and deliver radiation treatments for cancer and other illnesses), and many others.

**Key Facts**

- Primary care Physicians were recently ranked by *CNN Money* on their Top 50 Best Jobs in America list.
- General Physician is a relatively male dominated profession; roughly 59% of all physicians are male.
- Physicians held about 308,000 jobs in 2012. According to the BLS, offices of physicians employed about nearly 146,000 of them and roughly 87,000 worked in medical and surgical hospitals. Another 30,000 worked for the federal government and 14,000 worked for colleges and universities. Outpatient care centers employ 10,000 physicians.
- Every day, tens of thousands of men, women and children who lack a primary care physician flood emergency rooms across the country for nonemergency care at 10 times the cost of a visit to a primary-care facility.
• The top 5 states for employment of physicians are, in order, New York (40,000), California (26,000), Texas (16,000), Florida (16,000) and Illinois (16,000).
• In most countries, about 70% of doctors practice primary care while 30% are specialists. In the US, the opposite is true. Only 30% of doctors in America practice primary care.
• Several unlikely high-paying areas for physician salaries, because there is a dearth of physicians available based on the population, are:
  o Victoria and Tyler, TX
  o Springfield, OH
  o St Cloud, MN
  o Ocean City, NJ
  o Modesto, Merced and Napa, CA


**Licensing/Certification**

Physicians and surgeons have demanding education and training requirements. Almost all physicians complete at least 4 years of undergraduate school, 4 years of medical school, and 3 to 8 years in internship and residency programs, depending on their specialty.

Most applicants to medical school have at least a bachelor's degree, and many have advanced degrees. While a specific major is not required, all students must complete undergraduate work in biology, chemistry, physics, mathematics, and English. Students also take courses in the humanities and social sciences. Some students volunteer at local hospitals or clinics to gain experience in a healthcare setting.

Medical schools are highly competitive. Most applicants must submit transcripts, scores from the Medical College Admission Test (MCAT), and letters of recommendation. Schools also consider an applicant's personality, leadership qualities, and participation in extracurricular activities. Most schools require applicants to interview with members of the admissions committee.

Students spend most of the first 2 years of medical school in laboratories and classrooms, taking courses such as anatomy, biochemistry, pharmacology, psychology, medical ethics, and the laws governing medicine. They also gain practical skills, learning to take medical histories, examine patients, and diagnose illnesses.

During their last 2 years, medical students work with patients under the supervision of experienced physicians in hospitals and clinics. Through rotations in internal medicine, family practice, obstetrics and gynecology, pediatrics, psychiatry, and surgery, they gain experience in diagnosing and treating illnesses in a variety of areas.
After medical school, almost all graduates enter a residency program in the specialty they are interested in. A residency usually takes place in a hospital and varies in duration, usually lasting from 3 to 8 years, depending on the specialty. All states require physicians and surgeons to be licensed; requirements vary by state. To qualify for a license, candidates must graduate from an accredited medical school, complete residency training in their specialty, and pass written and practical exams.

All physicians and surgeons must pass a standardized national licensure examination. MD’s take the US Medical Licensing Examination (USMLE) and DO’s must take the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA). For specific state information about licensing, contact the state’s medical board.


**Growth**

According to the Bureau of Labor Statistics, employment of physicians is expected to grow by 24% over the next 7 years, faster than the average for all occupations. Job growth will occur because of the continued expansion of healthcare-related industries. The growing and aging population is expected to drive overall growth in the demand for physician services as consumers continue to seek high levels of care that uses the latest technologies, diagnostic tests, and therapies. Many medical schools are increasing their enrollments based on perceived higher demand for physicians.

Although the demand for physicians and surgeons should continue, some factors will likely reduce growth. New technologies will allow physicians to treat more patients in the same amount of time, thereby reducing the number of physicians who would be needed to complete the same tasks. Physician assistants and nurse practitioners (a type of registered nurse) can do many of the routine duties of physicians and may increasingly be used to reduce costs at hospitals and outpatient care facilities. Furthermore, demand for physicians’ services is sensitive to changes in healthcare reimbursement policies. Consumers may demand fewer physician services if changes to health coverage result in higher out-of-pocket costs for them. The passing of the Affordable Healthcare Act has the potential to significantly impact reimbursements for physicians, as you can read about further on, and thus act as discouraging factor for those weighing the decision to become a physician.

Overall, job prospects should be good for physicians who are willing to practice in rural and low-income areas, because these areas tend to have difficulty attracting physicians. Job prospects also should be good for physicians in specialties dealing with health issues that largely affect aging baby boomers.


**Electronic Health Records (EHRs)**

The push for EHRs is profoundly affecting physicians in private practice. From the point of view of a PCP in private practice, EHRs offer a number of benefits. They can:
In addition, insurers may save by reducing unnecessary tests, and patients can certainly benefit from better coordination and documentation of care. These advantages don’t necessarily translate into savings or revenue for physician practices, however. Many Physicians, especially those in solo or small practices, don’t feel confident making such a large capital investment.

In addition to cost prohibiting widespread use, EHR systems are not yet fully inter-operable across small practices, insurers, and government agencies. The initial cost of purchasing an EHR system for a small practice is about $50,000 per physician, and there are ongoing costs in staff training and hardware and software updates. A steep learning curve means fewer patients can be seen in an hour. It can take a practice months, even years, for physicians to return to their previous level of productivity. That’s a lot to ask a busy practicing physician to take on.

Congress wants to move to full adoption of health information technology (HIT). Under health-care reform, beginning in 2013, all health insurance plans must comply with a uniform standard for electronic transactions, including eligibility verification and health claim status. By 2014, uniform standards must:

- allow automatic reconciliation of electronic funds transfers and HIPAA payment and remittance
- use standardized and consistent methods of health plan enrollment and editing of claims
- use unique health plan identifiers to simplify and improve routing of health-care transactions
- use standardized claims attachments
- Improve practice data collection and evaluation.

Uniformity and standardization can help address one of the major roadblocks to physician adoption of HIT. Still, it’s little wonder that median expenses for private practices have been steadily rising in relation to revenues.


**Five Key Issues and Market Challenges**

The Physicians Foundation, a national NPO dedicated to helping physicians deliver health care to their patients, recently released a list of the top five issues it considers most likely to affect physicians and health care consumers in the coming years. The Foundation’s President, who is also the CEO for the Texas Medical Association, believes 2013 to be “a watershed year for the U.S. health care system” as a result of the 30 million new patients entering the health care system, the need to effectively address the impending doctor shortage, and growing patient access crisis.

The top issues that will affect physicians in unknown ways, based on studies conducted by the Foundation and Policy papers published in 2012, are below:
1. Atop the list was continuing uncertainty surrounding implementation of the 2010 Patient Protection and Affordable Care Act. Key areas of the law, such as health insurance exchanges, the Medicare physician fee schedule, and the independent payment advisory board remain quite nebulous, according to physicians polled. Physicians will have to closely monitor developments around the implementation of these critical provisions to understand how they will directly affect their patients and (their) ability to practice medicine in the future.

2. Second on the list was the rapid rate at which large hospital systems and medical groups continue to snatch up small private medical practices. According to the organization, physicians indicated in foundation surveys that the desire to attain a certain degree of income security and reduce the pressure of administration burdens was driving them to seek the security of practicing medicine as employees rather than as business owners. The foundation questioned whether bigger organizational structures would translate to the provision of better health care for patients.

3. Third, the foundation expressed caution about the soon-to-come introduction of more than 30 million new patients to the US health care system. The patient population is set to expand as a direct result of full implementation of the health care reform law. This provision has considerable implications relative to patient access to care and physician shortages. For example, the equivalent of nearly 47,000 full-time physician positions could be lost from the workforce during the next four years as physicians cut back on their work hours. Adding to this dilemma are reports that 52% of physicians already have, or plan to, limit access by Medicare patients to their practices.

4. A fourth issue of concern for physicians to ponder in coming years is the loss of physician autonomy due in part to decreasing payment, liability concerns and "an increasingly burdensome regulatory environment." Accordingly, physicians will need to identify ways to streamline these processes and challenges to help maintain the autonomy required to make the clinical decisions that are best for their patients.

5. Finally, the foundation expanded on the topic of administrative burdens. It cited its 2012 Biennial Physician Survey, in which many physicians said excessive administrative and government regulations, described as red tape, were top reasons contributing to "pervasive physician discontentment." According to a report, the creation of a federal commission for administrative simplification in medicine could provide relief on this front by identifying and reducing physician reporting requirements that don't save money or reduce risks to patients.

Physicians Respond to Changes in the Their Profession

As a response to some of the challenges mentioned above, General Physicians are taking or preparing to take action to combat what they believe are the negative implications of health care reform.

The historic legislation poised to bring millions of new patients into the system, change compensation, and establish new practice models is spurring equally dramatic reactions by hospitals, insurers, and other organizations. For example, according to the Physicians Foundation and the Medicus Firm, roughly 74% of physicians plan to change their practice style in coming years. Moreover, 46% of Primary Care Physicians (PCPs) expect or want to leave medicine due to health care reform.

Additionally, decreasing reimbursement by CMS and private insurers is driving physicians to practice profit-focused, fee-for-service medicine, while the soaring costs of medical school, malpractice insurance, and business overhead are exacerbating the problem. These issues are even more pronounced for PCPs and pediatricians who, according to a Medscape compensation report, have the lowest average compensation among 22 specialties of practice. Further, a whopping 52% of PCPs are dissatisfied with their compensation.

With the days of the successful independent practitioner seemingly numbered, an astonishing percentage of primary care physicians are actively working to leave private practice, either to affiliate with hospitals or practice networks (despite concerns about bureaucracy and lost autonomy) or to leave medicine entirely. Note, now 86% of physicians believe the independent/private practice model is endangered and soon to be extinct. Even more telling, 25% of practices were hospital-owned in 2002; this figure ballooned to 50% in 2008.

Government, insurance, and competitive pressures are driving an intense focus on efficiency, profit, and documentation, forcing physicians to place less emphasis on personalized care and long-term patient relationships. As a result, 94% of physicians report spending more time on non-clinical paperwork than they did 3 years ago. Of those, 63% say paperwork is causing them to spend less time with patients.

All in all, physicians are clearly not happy with the current state they find the profession in and the stressors the changes are placing on their professional well-being and ability to make a living.


ACA and Private Practice

Since the Affordable Care Act, otherwise known as ACA, or health-care reform, was signed into law by President Obama, the outlook for private practice, in any specialty, has dimmed. As a recent report on the ramifications of the ACA put it:

The imperative to care for more patients, to provide higher perceived quality, at less cost, with increased reporting and tracking demands, in an environment of high potential liability and problematic reimbursement, will put additional stress on physicians, particularly those in private practice.
The Senior Director of Government Affairs for the American Congress of Obstetricians and Gynecologists (ACOG) explored the impact of these stresses on private practice and talked about the outlook for private practice in the coming years in a recent interview. The Director noted several key developments that are, at the very least, quite troubling.

When looking at physicians as a whole, the percentage who practice solo or in two-physician practices fell from 40.7% in 1996–97 to 32.5% by 2004–05, according to a 2007 survey. And the American Medical Association (AMA) reported that the percentage of physicians “with an ownership stake in their practice declined from 61.6% to 54.4% as more physicians opted for employment. Both the trends away from solo and two-physician practices and toward employment were more pronounced for specialists and older physicians. Likewise, median expenses for private practices have been steadily rising in relation to revenues—from 52% in 1990 to 71% in 2002—making it difficult for practices to remain solvent.


Shortage of Physicians
According to the Health Resources and Service Administration, the US needs 16,000 more primary-care practitioners to fill gaps in care that exist today. That number will significantly increase in the years to come, beginning next year when 30 million more Americans get insurance under the Affordable Care Act. Almost unbelievably, the Association of American Medical Colleges predicts with more citizens on the verge of receiving insurance through health care reform, and an overall aging population, the nation will see a shortage of about 90,000 doctors in the next decade! That shortfall, according to the AAMC’s Center for Workforce Studies, will involve 45,000 too few primary care physicians and 46,000 too few surgeons and medical specialists. The shortage is most acute in poorer inner cities and in rural America and will get worse in those particular locals.

The annual Medical School Enrollment Survey conducted by the Association of American Medical Colleges Center for Workforce Studies said first-year medical school enrollment was projected to reach 21,434 in 2017-18, a 30% increase above first-year enrollment in 2002-03. However, many experts believe this won’t make any difference unless Congress acts to increase the number of residencies. Medicare funds most residencies and the taxpayer funds $9.5 billion per year to subsidize 94,000 positions at teaching hospitals, while Medicaid and other sources fund another 10,000 residencies. The heart of the issue is: The Balanced Budget Act of 1997 froze the number of Medicare-funded spots, while the American Medical Association notes the US population has grown by 50 million people since 1997. As a result, the AAMC survey found 40% of the medical school deans surveyed expressed major concern about enrollment growth outpacing growth in the number of available residency training positions.


Salaries for Physicians

Payscale reports the median annual salary for all physicians of internal medicine is $167,000, but notes that the salary can range from $89K on the low end to $241K on the high end. The cities with the highest salaries for physicians are listed below:

1. Orlando
2. Sacramento
3. Boston
4. Miami
5. San Diego
6. Dallas
7. Seattle
8. San Francisco

The median annual income for physicians varies based on gender. Despite the profession being male dominated, there is not as large a pay gap here as in many specialty areas of practice. A female working as a physician can expect an annual income to range from $131K on the low end to $182K on the high end, depending on geographic location, workplace, and years of practice. Based on those same variables, males, who comprise 59% of the entire industry, can expect an annual income range of $139K on the low end and $203K on the high end.

Where physicians work certainly makes a difference in their earning potential, as well. Those working in a hospital earn a median annual salary up to $220K. That salary increases to $243K if one works in a private practice. Those physicians who are self-employed have a similarly high earning potential, earning a median annual salary of up to $237K. Note, those working for state and local government can earn up to $223K.


Debt Incurred by Physicians

Medical school students are more concerned about student loan debt and the cost of medical school than were their peers 5 years ago, according to a survey by the medical software company Epocrates. In fact, and importantly, a total of 30% of the more than 1,000 students responding to the 2012 survey said that paying off their student loans was their biggest concern, as compared with 17% in 2007.

According to the Association of American Medical Colleges (AAMC), young doctors face an average of $158,000 in debt if they attended a public institution, with more than 80% graduating with at least $100,000 in debt. If they attended a private institution, that debt increases to roughly $176,000 for graduates. This indebtedness is increasing faster than the rate of inflation. And, their following residency programs typically pay in the $40,000 range, so the front-end training costs to become a doctor in general, and an obstetrician in particular, are quite high. It's worth noting that the AAMC recently reported that at the very minimum, 88% of public medical school graduates and 85% of private medical school graduates were in some sort of debt for educational expenses.

Even with their concerns about financing their education, more medical students in 2012 chose the relatively lower-paying field of primary care. More than 80% of survey respondents said they
were concerned about the current shortage of primary care physicians; that concern led a total of 32% combined to express interest in primary care, among other specialties. Primary care physicians are therefore going to have a much more difficult time paying off their loans than say, a radiologist or an anesthesiologist.

Note, though, when it comes to practice environment, more students are leaning toward hospital-based employment (40%) rather than group (21%) or solo (6%) practice. Students said their top reasons for preferring hospital employment were concerns about work/life balance, malpractice and administrative issues, and lack of training in practice management.

Repayment Options

Fortunately for today’s students, rising interest rates have been accompanied by a variety of new loan repayment and forgiveness options. It’s important to be aware of one of the newest options: Income-based Repayment (IBR), a federal loan repayment plan that caps the required monthly payment at an amount intended to be affordable based on your income and family size. For example, a resident supporting a family of four on an annual income of $60,000 would be required to pay only 6.4% of his or her gross monthly pretax income toward student loans. After 25 years of payments, any remaining debt is forgiven.

There is also still interest in encouraging new graduates toward primary care and related specialties and to practice in underserved areas, which means more money than ever is available for loan forgiveness programs. The National Health Service Corps (NHSC) received additional funding through the federal stimulus package, much of which was dedicated to its loan repayment program. For example, a two-year commitment to the NHSC results in $60,000 in loan forgiveness, and a third year yields another $40,000, which makes a massive dent in anybody’s loan package.

There also are loan forgiveness programs via the military and the National Institutes of Health. The newest forgiveness option is the Public Service Loan Forgiveness program (PSLF). Anyone who works in a nonprofit, tax-exempt 501(c)(3) organization or for federal, state, local, or tribal government (including the military and public schools and colleges), as well as AmeriCorps and the Peace Corps, is eligible. But demand for these options far outpaces supply. The NHSC, for example, is generally able to fund only 15 – 20% of eligible applicants.

Gaining Financial Savvy

For many students, the financial coaching provided by their medical schools, and by the AAMC, has never been more important—and, the good news is, financial aid advisors report more interest in their services than ever. Imparting financial savvy to medical students, many of whom have only recently become responsible for paying their own way and who are often still unfamiliar with things like credit scores and compound interest is a growing focus at medical schools.

Networking with Physicians

As mentioned, because the administrative landscape of medicine is changing so fast and their extensive training doesn’t necessarily equip them to manage the complicated areas of money-management, let alone debt avoidance, physicians are getting more receptive to the idea of the need for the services of an experienced and trusted financial professional.

Several suggestions for gaining access to them are below.

- Introduce your services to as many up-and-coming physicians and physician’s assistants as you can. Building credibility and trust with these professionals—while they are still in school or before they have started their formal practice—will allow you to be of value to them from the very onset of their career.

- Pay close attention to the information in the website links in the section of this report titled “National Associations.” Although you may not be able to gain even an affiliate membership, it will be important for you to know what physicians are thinking and reading about by keeping up with their posted online newsletters and seminar topics. Note the meetings that are taking place in their Calendar of Events.

- Enter “Physicians” into the search feature of your LinkedIn page and find out whom in your network is connected to someone who has ties to this market. Follow physician groups on LinkedIn. A recent search simply of “physicians” surfaced 1071 groups, many with hundreds of followers each. Just scanning the list will provide ideas for niche groups within the physicians market to possibly target. Searching for Physician-related Alumni groups can also lead to potential introductions.

- Volunteer a few hours a month at a local hospital or at another organization where you will come into regular contact with physicians and other medical staff.

- Pay attention to the Corporate Sponsors that support this market, many of which are pharmaceutical firms. Follow them just as you would someone directly in the physicians market.

- Identify centers of influence, such as CPAs and Property and Casualty professionals who have a good reputation in assisting clients who are physicians.

- Ask individuals in your own market, including your personal physicians, about their experiences with physicians and gage if there’s a way to gain a personal introduction to any of their peers.

- If there is a medical school near you, position yourself to get introductions to some of the faculty and/or alumni. Find out how one goes about being considered to present a workshop on a topic that has particular resonance with physicians.

- One never wants to assume who is the financial decision maker in a couple or even with a professional starting out (as it could be another family member such as a parent or a
trusted friend). However, it may be helpful to keep in mind that since these professionals are so incredibly short of time, it is quite possible that someone else, close to the physician, is paying the most attention to financial decisions such as paying off school debt or building a retirement nest egg. It would be important to know this up front and to approach prospecting with the decision maker, as well as the targeted professional, equally in mind.

**How Insurance Professionals Can Support the Market**

- As this market is not an easy one to access, it’s incredibly important that you take time to follow the steps in the Market Development Pyramid (see page 14) to target your approach strategically. A good start is reading this report. Take it another step and really study the information, including taking time to explore the links provided or check out the sources information for more details.

- Once you are clear on the needs of the market, you can begin to think about how you will brand yourself so that you may uniquely stand out as an expert who is in a position to solve, or assist with solving, the financial and insurance challenges that face these professionals. (For example, if you can pull together a credible and realistic program or presentation on “Reducing Medical School Debt” you will have a much easier chance of getting in front of physicians individually and in groups. Another topic that relates to the substantial trend toward employee status over self-proprietor could be, “Physicians: The New Entrepreneurial Employee.”) After you’ve created your brand and received compliance approval, you will then put together your networking plan and test out your unique brand among physicians and others associated with the market.

- You may want to pull together a short questionnaire that is targeted specifically to physicians based on some of the Market Challenges found in this report, like how the Affordable Care Act is (or will be) affecting their practice. This will come in handy when you actually have appointments to sit down and chat with these professionals.

- Keep meetings as organized and brief as possible. Always have a written agenda and start the meeting by asking what 3 items the prospect or client would like covered in the meeting. Further, ask which communication channels the professional prefers and if there’s anyone that s/he would like to be kept in the loop such as a spouse/partner or another professional advisor.

- Find out which charities or non-profits (such as a private school) the physician might be most fond of and consider making a donation, within appropriate guidelines, that shows your interest in the group as well.

**National Associations**

**American Academy of Family Physicians**


The American Academy of Family Physicians (AAFP) is one of the largest national medical organizations, representing 110,600 family physicians, family medicine residents, and medical students nationwide. Its mission has been to preserve and promote the science and art of family medicine and to ensure high-quality, cost-effective health care for patients of all ages. Check
the website for the latest edition of their journal, information on local chapters and the dates/location of their National Conference.

**American Medical Association**

http://www.ama-assn.org/ama

As the nation's health care system continues to evolve, the AMA is dedicated to ensuring sustainable physician practices that result in better health outcomes for patients. This work is captured in the AMA's five-year strategic plan, which aims to ensure that enhancements to health care in the United States are physician-led, advance the physician-patient relationship, and ensure that health care costs can be prudently managed. The AMA site features a Doctor Finder; the Doctor Finder provides basic professional information on virtually every licensed physician in the United States. This includes more than 814,000 doctors: https://extapps.ama-assn.org/doctorfinder/recaptcha.do. Interesting information can also be found related to how the AMA recommends doctors plan for debt reduction and their financial future. Look under “Becoming a Physician” for more on this, such as the AMA’s Financial Aid Toolkit.

**The National Medical Association**

http://www.nmanet.org/

The National Medical Association (NMA) is the collective voice of African American physicians and the leading force for parity and justice in medicine and the elimination of disparities in health. It is the largest and oldest national organization representing African American physicians and their patients in the United States. The NMA represents the interests of more than 50,000 African American physicians and the patients they serve. View the calendar of events for all upcoming meetings and networking opportunities: http://www.nmanet.org/index.php?option=com_jcalpro&view=calendar&Itemid=64.

**The Association of American Physicians and Surgeons**

http://www.aapsonline.org/

The Association of American Physicians and Surgeons - AAPS - is a non-partisan professional association of physicians in all types of practices and specialties across the country. Since 1943, AAPS has been dedicated to the highest ethical standards of the Oath of Hippocrates and to preserving the sanctity of the patient-physician relationship and the practice of private medicine. For state chapters of the AAPS, view: http://www.aapsonline.org/index.php/articles/category/state_chapters/.

**The American Academy of Physicians Assistants**

http://www.aapa.org

One of several organizations that helps to guide and lobby on behalf of Physician’s Assistants. Their CORE Leadership Forum will be held at the end of September in Alexandria, VA. Check for local chapters within the AAPA or within similar organizations in your region.
Marketing Checklist

- Narrow niches within the market to a reasonable size and scope.
- Visit websites and flag the best ones for ongoing reference.
- “Follow” companies and associations of interest on LinkedIn and join market-related groups.
- Identify at least 15 individuals that would be good Centers of Influence in the market.
  - Conduct informational interviews and/or networking appointments with potential strategic alliances also active in the market. Ask for “personal introductions” to others in the market.
- Subscribe to market-related blogs and magazines, note calendar dates, editors names and sponsorship or advertising opportunities.
- Determine which association(s) is most worthwhile and attend networking events; obtain meeting with Association Director and be sure to “ask” more rather than “tell.”
- Determine a Unique Value Promise that appeals to the market and sets you apart from the competition.
- Announce your presence in the market through social media, letters, ads, and press releases.
- Obtain membership lists for cultivation and look into targeted list buying if needed.
- Organize a mix of cultivation pieces. For ex., avoid sending all email or all snail mail. Aim for a minimum of six to twelve touch-points per year.
- Explore what types of seminar topics and/or guest speakers are of interest to this market.
- Contact local business journals and find out if they plan on dedicating a special issue to the market where you can advertise and/or get an article published.
### SAMPLE One Page 90-Day Strategic Planning Template

**Target Market Focus:** General Practitioners in (Region)

**Three Year Vision:** 20 physician clients; Receive X number of leads per mo.; Conduct min. of 2 Workshops per year; host 2 client appreciation events.

**One Year Vision:** 6 new physician-based clients in database with a min. of 3 who will provide ongoing introductions.

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<thead>
<tr>
<th>90 Day Objectives/Tactics</th>
<th>Challenges</th>
<th>Action Items</th>
<th>Person</th>
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<tr>
<td>1. Continue Research &amp; Build Top 15 List</td>
<td>- Obtain local research &amp; dig deep into links in report;</td>
<td>- Identify 5 C of I's;</td>
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<td></td>
<td>- Define profile of best client.</td>
<td>- Drill down to find out more about individuals and create a file.</td>
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<td></td>
<td>- Determine which associations to join or volunteer</td>
<td>- Follow market on LinkedIn.</td>
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<td>- Ask for introductions</td>
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<tr>
<td>2. Create Unique Value Proposition and Brand Statement</td>
<td>- Find out needs/wants</td>
<td>- Come up with unique characteristics of product line and hone approach</td>
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<td></td>
<td>- Create brand statement; get approved by Compliance</td>
<td>- Test out w/ Advisors/C of Is</td>
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<td>3. Build Cultivation Program</td>
<td>- &quot;Vet&quot; communication materials</td>
<td>- Review Company’s approved Guide</td>
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<td>- Select best approved pieces (2 or 3)</td>
<td>- Create Approach letter;</td>
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<td>- Get approved</td>
<td>- Set up first mailing program</td>
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<td>4. Conduct 5 Center of Influence Surveys; goal is min. of 5 per month.</td>
<td>- Modify interview as appropriate</td>
<td>- Send hand written thank you’s &amp; follow up on any tasks/requests</td>
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<td>- Get responses from surveys into database</td>
<td>- Schedule more appts.</td>
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<td>5. Set up database/admin. needs</td>
<td>- Make sure database can manage cultivation process for follow up, etc.</td>
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