



Marketing to Physicians and Healthcare Systems: eBook Samples



Our Philosophy

At glassCanopy – we love eBooks.

They make ideal “bait” when trolling for top-of-funnel leads and create a great first impression for your brand – they also provide valuable collateral for your sales force. What’s more, eBooks can be easily chopped into SEO-optimized blog posts and provide the context needed to quickly create videos, datasheets, case studies, and other collateral.

However, to be effective, the research, writing, and overall quality of the eBooks must be top-notch. Nobody feels good about giving out their contact information in exchange for a thinly disguised sales brochure.

Many of our clients felt that no one outside their organization could write an ebook that wouldn’t come off as just marketing fluff. That was **before** they started working with glassCanopy. Quarter after quarter, we produce in-depth eBooks on technical and complicated subjects that our clients (and *their* clients and customers) love.

Here’s a taste of what we can do...

Table of Contents

Introduction: Why Marketing to Doctors is Hard 1

Step 1: Define Your Message and Segment Your Audience 5

Tightly define your audience 5

Clarify what physician roles you're appealing to 9

Step 2: Create Content to Bring in Leads 11

Subject matter 13

Common formats 16

Step 3: Promote Content to Drive Lead Generation 21

Define your universe 21

Platforms 23

Step 4: Track, Measure, and Optimize 34

Track based on the best metric you have 34

How to slice and dice the information 37

Wow: That's a Lot We can help 39



INTRODUCTION: WHY MARKETING TO DOCTORS IS HARD

Everyone wants to market to doctors.

Doctors are so popular because they control a ton of money. By many calculations, your average doctor in the U.S. controls about \$2 million per year in healthcare costs. In general, specialists control more than that and family physicians somewhat less.

Another way to think about it is that doctors control roughly 80% of all healthcare spending in the U.S. The U.S. spends nearly \$3.6 trillion on healthcare¹⁴, with those costs expected to increase about 5.5% every year to reach 6 trillion by 2029¹⁵.

However you look at it, it's a big figure.

As a result, doctors are popular people. An endless stream of pharmacy reps want to give them samples, piles of free magazines stack up in their mailboxes, and most physicians have at least one or two people employed full time just to keep people they don't want to talk to from reaching them. Doctors are both jaded from all the marketing aimed at them and are also very well screened from most of that marketing.

Doctors are busy and hard to find.

Most of the people reading this eBook are marketers. They're reading this on their laptop while sitting at a desk. Marketers are pretty easy to reach:

- Big screens mean lots of real estate for display ads plus multiple tabs to explore the odd advertisement that catches a marketer's attention.
- Most publications aimed at marketers are unsurprisingly very ad friendly.
- Marketers are busy but generally still have time for a quick side excursion here and there if you make them curious.
- Marketers control a fairly large amount of budget, but nothing compared to 25% of the U.S. GDP that doctors control. Despite how it might feel to the AdTech companies out there, competition for marketing eyeballs is not nearly that fierce.

14. Stat News, *U.S. Health Spending Reverses After Six Slow Years*, CMS, 2019
15. Physicians Practice, *2018 Mobile Health Survey Reveals*, 2018



Webinar

The first thing you have to accept is that, unless you have a **wildly** hot product, no one wants to come to your "learn more about our product or service" webinar. Literally no one. Not even your mom. So, pick a topic and make the actual content more broadly interesting. How you can solve or measure a common problem with tool-agnostic techniques for instance. Or in-depth information on a hot topical issue. It's OK to talk about your brand's special sauce at the end but keep it short and relevant to the topic. Remember, **no one signed up for a sales pitch**.

The second thing you should accept is that attendance numbers do not equate with success. It's easy to get lots of registrants for the topic-du-jour but unless the attendees are in a position to buy or influence the purchase of your product or service, you're wasting your time. On the other hand, if you have just one qualified prospect attend your super-focused webinar, it's worth your team's time. After all, if you meet this prospect in the hotel lobby of a trade show, and they were actively interested in what you had to say, you'd talk to them right?

Finally, even if **nobody** shows up for your webinar that's still okay. Remember, you're recording it and offering it on-demand. People are busy. Showing up at 10:45AM EDT is hard. Doctors are busy. Prospects might watch (or sample) at 11pm six weeks later. That's fine.

The most successful webinar topics combine a topicality that gives them urgency to get registrants to actually register with some sort of relevance to your brand.

It's OK for your team to just host and talk to a subject expert if the topic is slightly adjacent to your core brand focus.

Sending the slide deck or bonus content like statistics or research that was quoted in the webinar makes for great follow ups. And don't feel like you have to put it all in one email. Keep sending useful follow up updates with related breaking news as it becomes available, referencing the webinar so they know why you're sending them this stuff, and you'll continue to build the relationship.

Medical Associations

Nationally, medical association membership has steadily declined. Only 25% of doctors currently belong to the AMA, down from 79% in the 1970s¹⁶. However, while medical associations aren't as influential as they once were, they can still be powerful allies. Explore sponsorship and content sharing opportunities with the relevant national (and especially) local associations.

Apps

Doctors are on their phones constantly. They use them for both work and play. According to the "Physicians Practice 2018 Mobile Health Survey", 75.9% say they use mobile health (mHealth) in their practice on a weekly basis¹⁷.

Many medical apps such as ePocrates and Figure 1 offer advertising programs. They tend to be dominated by high-spending pharma programs but it's worth considering if a specific app is a particularly good match for your brand in terms of audience and stage.

SaaS-based applications such as eHills and Practice Management software are either making their money by charging fees or by selling access to their subscribers or data (or both). They have both excellent data on their users' practices and high engagement rates.

Many of these companies are startups that are still trying to figure out their own revenue picture, so pricing and format options tend to be all over the place. If you're interested in advertising with an app, it's probably worth contacting them rather than just assuming their media kit (or lack of a media kit) is all there is to see.

16. Stat News, *U.S. Health Spending Reverses After Six Slow Years*, CMS, 2019
17. Physicians Practice, *2018 Mobile Health Survey Reveals*, 2018



STEP 4: TRACK, MEASURE, AND OPTIMIZE

We said it before, but it's worth repeating: **marketing to doctors is expensive**. (Name big pharma, if you're not doing everything you can to measure and optimize your ad buy, you're not doing enough.)

Track based on the best metric you have

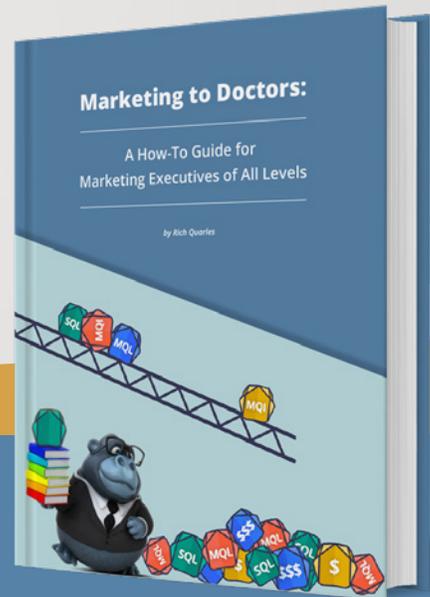
We've all heard the old chestnut about not knowing which half of your marketing spend is being wasted. In my experience, this grossly underestimates the percentage of wasted budget. In the absence of really rigorous analytics and optimization, it's the 80/20 rule that applies: 20% of your work/budget is generating 80% of the marketing driven revenue. The rest is mostly a waste.

You'll notice I said, "revenue," not "leads." You can't pay your staff or investors with "leads." Generally, people prefer to be paid with money, so ideally, you're optimizing your marketing spend based on revenue generation... not clicks, page views, or inbound inquiries.

It's OK if you can't track on revenue... yet.

The reality is that many companies don't yet have the ability to track inbound inquiries all the way to the final sale. If that's your organization, don't beat yourself up about this. It's a more common problem than the marketing conference crowd would have you believe. However, accurate tracking through the marketing and sales funnel is a critical piece of your marketing infrastructure. It allows for more productive marketing/sales conversations, better handoffs, and for marketing to speak more confidently about their contributions to the bottom line.

If you're not there already, you should immediately set your #1 goal this year to be: "Track marketing efforts from inquiry to revenue."



Client: glassCanopy



What they do: Marketing to doctors and hospitals



Summary: A comprehensive overview of how to market to doctors, beginning with audience segmentation through campaign development and reporting and optimization.

Want to read the entire 39-page eBook?

CONTACT US

Table of Contents

Risk Management Self-Assessment Kit

Welcome 3

Office Systems 5

 The Patient Experience

 Clinical and Administrative Policies

 Regulatory Requirements

Paper Medical Records 13

Electronic Health Records 17

 Scheduling

 Privacy and Security

 Patient Identifications/Recall and Tracking

 Documentation

 Copy, Cut, and Paste

 Medication Management

 Automation

 Patient Portals

 Back-Up Plans, Power Failures

A Final Note 25

Self-Assessment Checklist Addendum

For your convenience, there are two main components to this Risk Management Self-Assessment Kit:

1) Three-Part Syllabus

This main guide includes a comprehensive description of the items the medical practice should evaluate, for safety and compliance:

- Office Systems
- Paper Medical Records
- Electronic Health Records

2) Self-Assessment Checklist

The criteria in the main overview guide are presented in checklist format in a separate booklet we've included in this packet. You may decide to use the checklist immediately to establish a baseline for your practice. Or the overview guide may become the focus of your next staff meeting, allowing you to use the checklist at a later date — after you've made the recommended improvements. It may also be a helpful tool for orienting new staff.

An emphasis on risk management and patient safety promotes an environment of caring, competence, and compassion. Prioritizing patient safety as the primary core value of your practice means that everyone wins!

Program Self-Assessment Checklist

Clinical and Administrative Policies

- Are prescription pads, medication/product samples, and syringes secured, out of sight, and placed away from patients — especially children?
- Are staff members working within the scope of practice of their licensure, certification and/or training?

The title "nurse" is reserved for NR, RN, LVN/LPN, and their governing body is the Board of Registered Nursing. For medical assistants, whether certified or not, the governing body is the Medical Board of California. Medical assistants are not allowed to conduct any patient assessment or triage.

Patient safety is jeopardized and the practice is exposed to risk when employees' activities exceed their education and training. Certifications and licensure for all staff should be periodically validated.

- Is there a procedure for addressing patients who "walk in" or have an urgent need to be seen?
- Do staff members address patients who are chronically early or late?

Staff may need to emphasize the actual appointment time. Some patients, however, may have a very good reason, such as reliance on a bus schedule for transportation.

- Is there a policy for the physician to determine if patients with unpaid bills will be seen?

A physician may choose to formally discontinue care of a patient with unpaid bills.

- Is there a procedure and established code word(s) for "person down" and other practice emergencies?

Calling the local Emergency Medical Services (EMS) response may be the best plan for most practices. However, practices that perform high-risk exams or invasive procedures may have an obligation to anticipate and be prepared for emergency situations where the staff are trained and qualified to use a crash cart. Is the crash cart appropriately stocked and maintained on a routine basis whether used or unused?

- Is the physician informed about patient complaints?

Welcome



Risk Management Self-Assessment Kit Checklist

Since 1977, the Cooperative of American Physicians, Inc. (CAP) has been a leader in providing superior protection to physicians practicing in the state of California. Risk management is a key component in our strategy to help member doctors keep claims and coverage costs as low as possible.

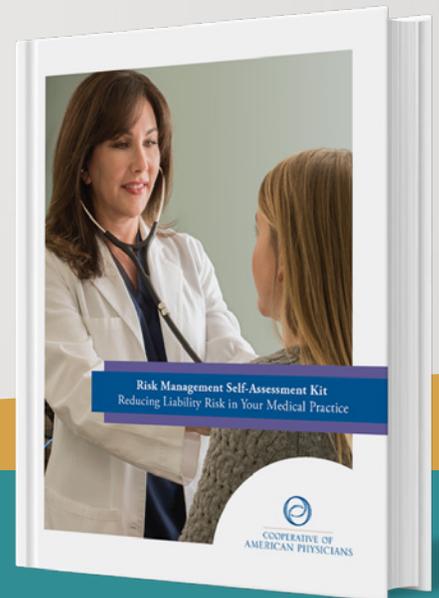
This checklist is included as part of CAP's Risk Management Self-Assessment Kit. See the main kit for additional notes on each section.

The checklist is intended to provoke additional questions and discussion. In general, if the answer to any given question is "no," then you have a potential risk management and/or patient service issue.

Members are encouraged to contact CAP's Risk Management & Patient Safety Department at 800-252-0555 for further information.

OFFICE SYSTEMS

	Yes	No
The Patient Experience		
1. Is the practice clean, neat, and well maintained?	<input type="radio"/>	<input type="radio"/>
2. Is an air treatment method used to maintain fresh air quality?	<input type="radio"/>	<input type="radio"/>
3. Are magazines/brochures current and relevant to the patient population?	<input type="radio"/>	<input type="radio"/>
4. Are patient education materials, videos, and/or medical resource materials available?	<input type="radio"/>	<input type="radio"/>
5. Do staff members greet and introduce themselves, including their positions, to patients/visitors from check-in through check-out?	<input type="radio"/>	<input type="radio"/>
6. Are staff provided with or required to wear professional attire in the practice, including nametags with their name and position/title?	<input type="radio"/>	<input type="radio"/>
7. Do staff members assist and accompany very young, old, infirmed, or disabled patients?	<input type="radio"/>	<input type="radio"/>
8. Do staff members eat only in non-patient areas?	<input type="radio"/>	<input type="radio"/>
9. Do staff members keep track of arrival and departure times so patients waiting more than 15 minutes receive an explanation?	<input type="radio"/>	<input type="radio"/>
10. Are personal conversations limited to non-patient areas?	<input type="radio"/>	<input type="radio"/>
11. Are conversations conducted in a low-volume tone, inaudible to those in patient areas?	<input type="radio"/>	<input type="radio"/>



Client: Cooperative of American Physicians



What they do: Provide malpractice insurance to physicians in California



Summary: An eBook and printable checklist to help physicians and other healthcare leaders evaluate their risk exposure and explore the risk reduction strategies they can implement.

Want to see the entire 25-page eBook, plus bonus checklist?

CONTACT US

Why We Wrote this Book

Evaluating the performance of your current or prospective billing company is nearly impossible for most anesthesiologists. The truth is, medical billing isn't rocket science. But it's not a commodity product either.

No matter how hard you work, your total revenue is significantly impacted by the performance of your billing company.

We see too many anesthesiologists being taken advantage of by both the impersonal behemoths of the industry and smaller "discount" billing companies. These companies bill the easy money and leave the rest—up to 8-15% of the collectable total—on the table. That's your money they aren't collecting.

But realistically, most anesthesiologists don't want to dig into the mind-numbing minutiae of how their hard work and expertise gets translated into take-home pay. That's understandable. Luckily, you don't need to.

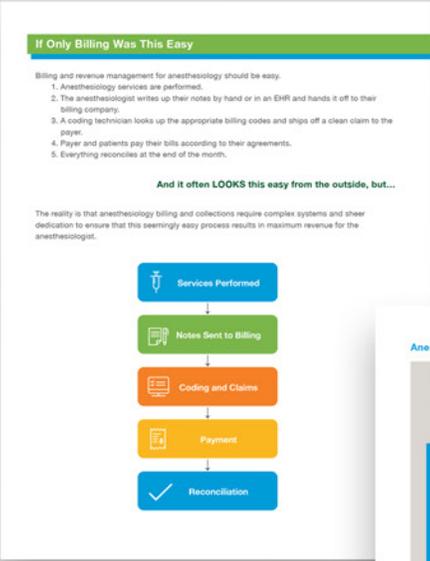
This eBook documents what should be happening behind the scenes at your billing company to ensure that your earnings get maximized and that payers actually pay you what they contracted for.

Take a look and then ask yourself if your billing provider is doing as thorough of a job as they should be.

If you think that maybe they're not, give us a call. We'll happily provide you with a comparative audit of your last six months clearly showing what your current company billed and collected versus what should have been billed and collected.

It doesn't take a lot of your time and most anesthesiologists are able to immediately increase their annual take-home by 5-15%.

What's that worth to you?



Anesthesiology Expertise in Action

Our understanding of the anesthesiologist payer market is the most comprehensive in the market.

We leverage that to our clients' full benefit.

Here are some examples:

Anesthesia for Spine Procedures

Anesthesia for most spinal surgical procedures is valued at 8-10 base units. Alternatively, the ASA Relative Value Guide instructs to value anesthesia services at 13 base units whenever "the surgical procedure includes segmental or non-segmental instrumentation as defined in CPT or if the procedure includes multiple vertebral segments (minimum three vertebral bodies with the associated interspaces)."

Fusion Anesthesiology instructs providers to document the use of instrumentation and/or number of spinal levels involved in spinal procedures in medical records and billing documents to support charges for 13 base units whenever appropriate.

How are your claims currently valued for these services?

TEE

When an anesthesiologist performs transesophageal echocardiography intraoperatively, Medicare requires a documented diagnosis to support the medical necessity of the service. If an ICD-10 from the current Medicare-approved list does not appear on your claim, Medicare will not allow payment for the service.

Fusion Anesthesiology supplies providers with current Medicare policy documentation on this issue, allowing the provider to document appropriately and submit necessary data to produce a clean, reimbursable claim.

How is Medicare reimbursing your TEE claims?

Customized Real-Time Reporting

Accurate reporting and total transparency should be a critical deliverable for any billing company that you do business with.

- Reimbursement rates.
- Expected cash flow for the month.
- Collected vs. expected.
- Days in accounts receivable.
- Year-to-date revenue comparisons.
- Provider comparisons.

Maybe you like to regularly review these numbers and maybe you don't. Either way they should be there for your personal. They should be up-to-date and available in near real-time.

Why? Because even if you're not looking at these numbers everyday, your billing company should be. Otherwise they can't do their job—maximizing your collections.

Collecting Maximum Revenue

The Billing Industry's 'Dirty Secret'

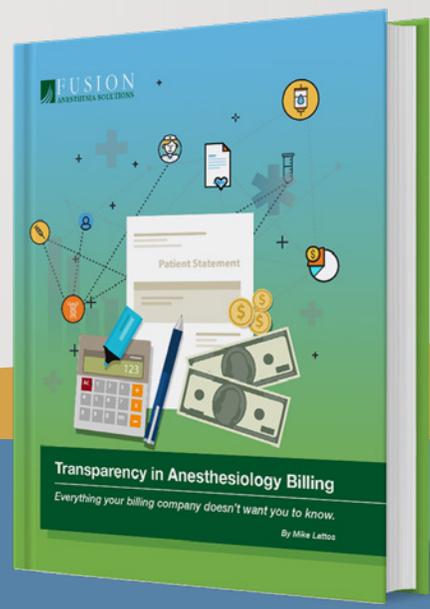
Payers don't pay in full according to their own agreements with providers. Sometimes the payments are a little more than the specified amount, and sometimes the payments are a little less than agreed. However, on average, most payers consistently underpay their contracted amounts.

This isn't a matter of rejected claims or coding disputes ... payers are simply underpaying clean claims compliant to negotiated rates. It's really hard to see and to quantify because the contracts, claims, and random overpayments and underpayments create a huge volume of noise.

However, after analyzing hundreds of thousands of claims, Fusion Anesthesia can prove that anesthesiologists are consistently underpaid by most payers.

Most anesthesiologists (and most billing companies) are not in a position to correct every line item of every reimbursement form. So they take what they get and move on.

No one wants to talk about it because this sour reality makes payers and billers alike look bad. What's more, it requires a tremendous amount of resources to combat.



Client: Fusion Anesthesia



What they do: Billing and accounting services for anesthesiologists



Summary: A deep dive into all the secrets of anesthesia billing including how to submit a clean claim and evaluate your biller's reconciliation processes.

Want to see the entire 12-page eBook?

CONTACT US



Contents

- Introduction 3
- Embrace Your Patients First 4
 - The Road to Chaos Was Paved with Well-Intentioned Incentives 5
- Embrace Technology 6
- Do You Hate Your EHR? 7
- Embrace Alternative Payment Models 8
- Value-Based Care 8
- MACRA/QPP 9
- Primary Care First 10
- Maximize Value-Based Reimbursements with the Right Tools 11
- Direct Care 12
- About Elation Health 13



Introduction

Read any medical journal, physician blog, or even the mainstream news media, and you'll find them flooded with articles on physician burnout. There are innumerable stories about doctors giving up on the practice of medicine or overwhelmed with the prospect of unwanted acquisitions.

The overarching trend lines in primary practice are increasing expenses and paperwork but falling revenue.

As a result, many independent physicians feel that their choices boil down to working more hours, seeing more patients and spending less time with each, cutting their own compensation, or giving up their independence altogether. What's more, an increasing share of newly minted physicians see private practice as a dead end and head straight for employment by hospitals, large medical groups, or the government.

However, this is a false narrative. Physicians around the country are building thriving independent primary care practices in which they are able to provide outstanding care, nurture patient relationships, and be financially rewarded for their work. To do so, they have intentionally re-architected traditional practice structures with heavily staffed but highly patient-centric practice models that are supported, not hindered, by technology and emerging payment models.

Do You Hate Your EHR?

If you adopted an EHR or billing software during the gold rush and still find yourself struggling with it on a weekly or daily basis, it's time to dump it. You and your staff spend your entire day working within your EHR. You should love it, not loathe it or merely tolerate it.

It's easy to get lost in feature comparison charts, but checklists don't capture the day-to-day reality of using a given piece of software.

Luckily, evaluating your current clinical software is surprisingly simple. Does it do everything that you need it to do, and do you and your staff enjoy using it?

If the answer is "no," then get rid of it.

The days of hating EHRs are over. There's good, affordable software that will enhance and support your clinical practice.

You wouldn't tolerate a stethoscope that barely functions, needs constant maintenance, and looks hideous. Don't put up with it from your software.

See What a Thoughtfully Crafted EMR Looks Like

Get a 30-minute demo of Elation Health.

After struggling with other EMRs, Elation is like a breath of fresh air. Elation is the first EMR to actually make note writing, referrals, and prescriptions more efficient instead of bogging me down.



Alicia Cunningham, MD
Internal Medicine
Burlington, VT

Direct Care

Direct Care is a medical practice model where providers contract directly with patients. For almost all of America's history, Americans paid their provider directly for care. It was only in the 20th century that health insurance outpaced out-of-pocket pay as the primary revenue source for medical practices. But since the turn of the 21st century, direct care has made a resurgence.³

In 2005, there were fewer than 150 physicians practicing in direct primary care, concierge, and other direct care models. This number grew five times in the next five years, to 756 in 2010, and then even more rapidly to an estimated 6,500 direct-care physicians across the country by the end of 2015.⁴

For physicians, adopting a direct-care model can improve work-life balance, reduce practice overhead, bring higher per-patient revenues, and maintain physician autonomy.⁵

For patients, direct care can mean a greater degree of access to, and time with, physicians. Improved communication and more regular, engaged care leads to fewer unnecessary tests, less frequent hospital visits, and lower total cost of care.⁶

Want to know more about Direct Care?

We've created a Direct Care Playbook with all the information you need to build out or transition to a direct-care practice, from setting up technology and pricing models to marketing and launching the practice.

[Download now](#)

3. 301 Meals, The Consequences of Physician Supply and Demand 2017 Update: Projections from 2010 to 2019. Association of American Medical Colleges website.

4. The Physicians Foundation, A Survey of America's Physicians: Practice Patterns and Perspectives.

5. American Academy of Family Physicians, The Direct Primary Care Model: How it Works. American Academy of Family Physicians website. Accessed July 9, 2014.

6. Dubler & B, for the Medical Practice and Quality Committee of the American College of Physicians, Assessing the Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices: A Policy Position Paper from the American College of Physicians. Ann Intern Med. 2015;162(9):619-620. doi: 10.7554/AM1.0306.

About Elation Health

Technology for the craft of independent medicine.

Elation Health is the trusted clinical system for primary care physicians across the country. A certified, cloud-based EHR system connects patients to their providers in a dynamic health information network, enabling providers in different organizations to share information and collaborate on mutual patients at the point of care. Elation is truly built with respect for the evolving physician workflow to support clinical collaboration and the delivery of exceptional patient care. Experience the difference of a clinical-first approach: www.elationhealth.com.



Advancing the craft of independent family medicine.



Client: Elation Health



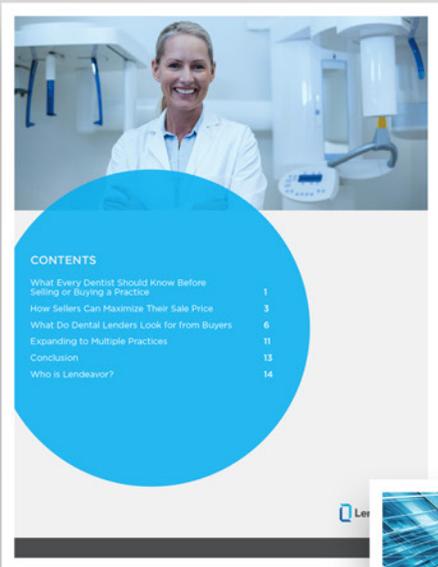
What they do: Electronic health record (EHR) system



Summary: An overview of how healthcare has changed and guidance on how embracing the right technology can help practices flourish.

Want to see the entire 13-page eBook?

CONTACT US



CONTENTS

- What Every Dentist Should Know Before Selling or Buying a Practice 1
- How Sellers Can Maximize Their Sale Price 3
- What Do Dental Lenders Look for from Buyers 6
- Expanding to Multiple Practices 11
- Conclusion 13
- Who is Lendeavor? 14



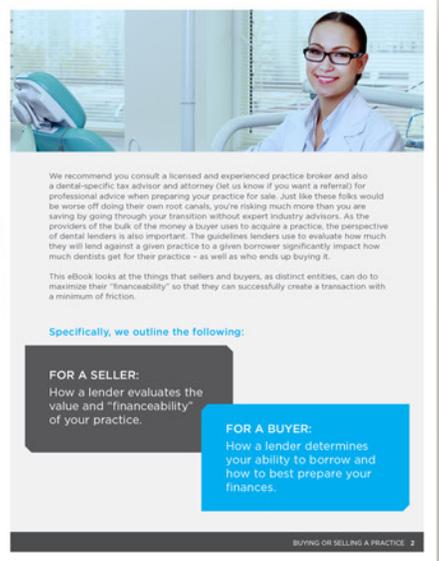
What Every Dentist Should Know Before Selling or Buying a Practice

The thriving sellers' market for successful dental practices and the financing that readily supports these transactions are true unicorns in the world of small business, where only 20-30% of owners who attempt to sell will do so successfully. The vast majority of those successful sales will be entirely seller-financed (where the seller takes all the risk of buyer repayment because no lender will finance the transaction).

In contrast, a prospective seller of an average dental practice should expect a plethora of interested buyers, most of whom will qualify for 100% financing. As a result, most dentists will consider buying or selling a practice at some point during their career. For many, this is a logical progression, and one that can bring great financial benefits and professional satisfaction. But before making this move, planning is essential. Creating a successful transaction involves understanding how dental practices are valued and preparing accordingly.

Parties on both sides of the transaction - sellers and buyers - should be as prepared to approach the transaction as possible.

Dental practice owners obviously want to take the necessary steps to maximize value of their practice before selling. Keep in mind though that it's a seller's goal so prospective buyers also need to be prepared to ensure that they are at the head of the line when an attractive practice becomes available.



We recommend you consult a licensed and experienced practice broker and also a dental-specific tax advisor and attorney (let us know if you want a referral) for professional advice when preparing your practice for sale. Just like these folks would be worse off doing their own root canals, you're risking much more than you are saving by going through your transition without expert industry advisors. As the providers of the bulk of the money a buyer uses to acquire a practice, the perspective of dental lenders is also important. The guidelines lenders use to evaluate how much they will lend against a given practice to a given borrower significantly impact how much dentists get for their practice - as well as who ends up buying it.

This eBook looks at the things that sellers and buyers, as distinct entities, can do to maximize their "financeability" so that they can successfully create a transaction with a minimum of friction.

Specifically, we outline the following:

FOR A SELLER:
How a lender evaluates the value and "financeability" of your practice.

FOR A BUYER:
How a lender determines your ability to borrow and how to best prepare your finances.

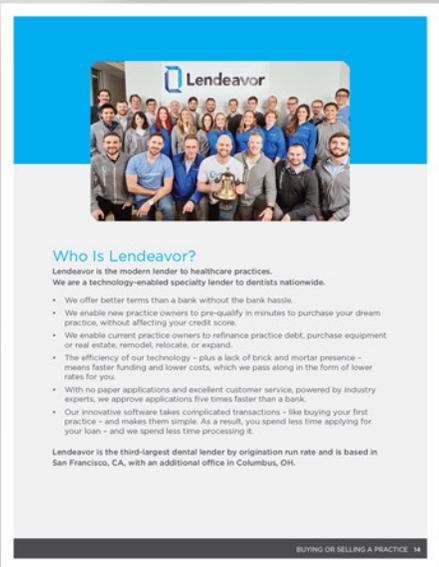


Expanding to Multiple Practices

Many dental practice owners are interested in expanding to open a second practice - or a third, fourth, etc. This can be a good way to build increased cash flow, provided the practice owner has the fundamentals in place to make the expansion sustainable. In order to successfully take this step, we recommend the following:

- Build a practice that demonstrates you can take on a second. Ensure that the initial practice is in a sustainable profitable state - with 30-40% margins.
- Demonstrate that your existing practice is mature. Be prepared to provide reasons why it cannot expand further at your current location. For example, you may be maxed out in your current office, or it is not well located for additional patients to visit.
- Many lenders will expect to see that you have 10% of the loan value on hand as cash.
- Provide a plan as to how you'll operate the second location. For example:
 - o How will you divide your time between the practices?
 - o Is the commute between the locations realistic?
 - o How will you utilize an associate's time (if any)?

The criteria above provide a measure of whether the expansion is realistic. You need to show that you (and your team) can perform the clinical procedures at the required volume and are ready for the next step.

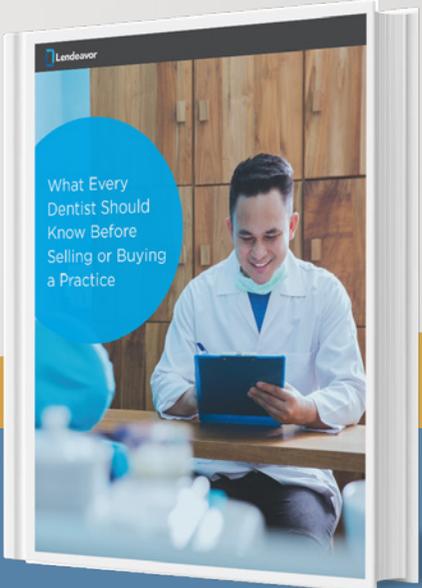


Who is Lendeavor?

Lendeavor is the modern lender to healthcare practices. We are a technology-enabled specialty lender to dentists nationwide.

- We offer better terms than a bank without the bank hassle.
- We enable new practice owners to pre-qualify in minutes to purchase your dream practice, without affecting your credit score.
- We enable current practice owners to refinance practice debt, purchase equipment or real estate, remodel, relocate, or expand.
- The efficiency of our technology - plus a lack of brick and mortar presence - means faster funding and lower costs, which we pass along in the form of lower rates for you.
- With no paper applications and excellent customer service, powered by industry experts, we approve applications five times faster than a bank.
- Our innovative software takes complicated transactions - like buying your first practice - and makes them simple. As a result, you spend less time applying for your loan - and we spend less time processing it.

Lendeavor is the third-largest dental lender by origination run rate and is based in San Francisco, CA, with an additional office in Columbus, OH.



What Every Dentist Should Know Before Selling or Buying a Practice



Client: Lendeavor



What they do: Dental practice and equipment loans



Summary: A guide to buying or selling a dental practice for dentists.

Want to read the entire 16-page eBook?

CONTACT US

Table of Contents

- Introduction 1
- Why Start with the Pharmacy? 2
 - Foundational Plumbing 2
 - Rapid ROI: Consolidating Existing Resources 3
 - Contained and Manageable Scope 4
 - Regulatory Maturity 5
 - What is Telepharmacy? 6
- Telepharmacy Impact 6
 - More Consistent Coverage 6
 - Free up Staff for High-Value Clinical Initiatives 7
 - Push the "Easy" Button for Assistance! 8
- Specialized Software 8
 - Clinical Decision Support 8
- Improved Efficiency and Outcomes 11
 - Opaque to Transparent 11
 - Bottom-Line Quality Impact 11
- Financial Savings 12
- How to Get Started 13
- Conclusion 18
- About PipelineRx 19

The common denominator for a majority of these initiatives is the pharmacy, as most patients are prescribed at least one drug before, during, or after their stay in a hospital. A simple cloud-based solution is all that is required to consolidate these patient records provides foundational plumbing not just for telepharmacy, but for cross-departmental data analytics programs and all future telehealth initiatives.

A robust telepharmacy program provides the bedrock for building any future telemedicine programs.

Rapid ROI: Consolidating Existing Resources

The same cloud-based technology should allow you to consolidate pharmacy labor across facilities. Clinical pharmacists are highly paid resources with highly variable utilization rates. Telepharmacy allows you to smooth out those peaks and valleys, expand coverage, and provide more consistent turnaround times for improved quality of care. It also produces operational efficiencies that can be translated into significant savings or reinvested in expanded pharmacy-driven clinical initiatives. All of this combined with simple SaaS-based deployment to enable rapid ROI.

Telepharmacy offers a rare opportunity to get a "quick win."



Contained and Manageable Scope

The compartmentalization of pharmacy departments from the rest of the hospital makes it relatively easy to bring the relevant stakeholders to the table and come to agreement. The technology and processes involved in telepharmacy are already well proven across medical centers of all sizes.

The bleeding edge is not the place to start telemedicine initiatives!

Regulatory Maturity

Telepharmacy traces its roots in the United States back to 2001 as a solution for patients of rural pharmacies in North Dakota that would otherwise have gone unstaffed.¹ In the intervening years, clinical telepharmacy has quickly evolved into an operational mainstay for smaller community hospitals as well as larger integrated delivery networks (IDNs) and other multicity hospitals.

At the time of this writing, all 50 states have regulations or positions in place that allow for clinical telepharmacy.

Clinical pharmacy services have been performed remotely for years—the technology is stable, and the regulatory environment is clear.

FOUNDATIONAL PLUMBING

1. <http://www.pharmacytimes.com/news/state-regulation-of-telepharmacy> accessed July 30, 2017

We've developed a staffing calculator that a hospital CFO can utilize to calculate how much telepharmacy can save you in optimized labor costs as well as calculate the ROI on an investment in PipelineRx infrastructure. [Let us know if you'd like a copy.](#)

How to Get Started

Unlike the complex EHR rollouts that many hospitals are still wrestling with today, telepharmacy deployments can be done in a matter of months, not years.

A relatively small number of personnel needs to be trained, and because the software is not trying to be all things to all people, it's intuitive and easy to learn.

PipelineRx

PipelineRx is the leading provider of both telepharmacy infrastructure and virtual pharmacy services. We enable multicity hospitals and ACOs to optimize their own staffing across diverse institutions and underlying technologies and provide optional on-demand virtual pharmacy services.

- 800+** Pharmacists use our technology every day
- 42** states with active customers
- 33%** Pharmacists have a PhD or PGD advanced degree
- 16M+** Medication line orders clinically verified on PipelineRx software each year
- 300+** hospitals use our solution
- 10-15** Average years of experience held by PipelineRx pharmacists
- 100+** Experienced hospital pharmacists on staff

We are proud to work with organizations like:

- UCR Medical Center
- Lahey Health
- Dartmouth-Hitchcock
- CHS
- INTALERE
- HEALTHCOURT
- Catholic Health Initiatives
- tenet
- PREMIER
- MedAssets



Client: PipelineRx



What they do: Telepharmacy services and solutions



Summary: An introduction to the benefits of telepharmacy for hospital and healthcare system executives.

Want to read the entire 19-page eBook?

CONTACT US

About glassCanopy



You could probably write a fantastic eBook every quarter that would engage your prospects and customers... if you had the time. glassCanopy effectively creates that time by taking on all of the heavy lifting: conceptualization, research, writing, and final layout. All you have to do is provide feedback and revisions.

We then take those eBooks and integrate them into a lead generation machine that we run for you. We handle everything:

- Content creation
- Ad buy planning and execution
- Landing page and banner design
- Integrating with your CRM and marketing automation
- Lead nurture campaigns
- Closed-loop analytics, reporting, and optimization

Our core services cost between \$10-25K per month plus media buys. We're best suited to companies with complex products/services with average deal sizes of \$10K or more.

If you're interested in seeing what we can do for you:



**Give us a call at
(415) 663-7826**



**Send us an email at
rich@glasscanopy.com**



[Get in touch](#)