



Reviews, Telehealth & Patient Marketing w/ Ted Chan of CareDash - #120

00:08 Justin Knott: Alright, thank you, everybody, for tuning in for another episode of the Patient Convert Podcast. Today, you've got your co-host, Justin Knott, and I'm really excited about who we got joining us today. We have Ted Chan actually from CareDash. And if you're a physician provider or healthcare marketer out there, I'm sure you've seen their meteoric growth over the last couple years as now one of the largest physician provider directories that's online. So Ted, thank you for joining us today, and why don't you take a couple of minutes to introduce yourself and tell us a little bit more about CareDash so they have an idea of who they're listening to today?

00:44 Ted Chan: Yeah, thanks, Justin, it's great to be on. So CareDash is a patient review website and physician directory. Last month, before all the coronavirus mayhem, we had over two million patients a month searching for care all over the US.

01:01 JK: Wow! That's amazing.

01:02 TC: So we started the company in 2015. The original genesis came because I have a loved one that has some chronic health issues. I think has, at this point, really validated through the experience of building the company, a lot of the review sites don't care about stopping fake reviews. So, both review spam, meaning physicians sending multiple, hundreds, sometimes, of five-star reviews; or reputation attacks, unhappy patients or not patients sending hundreds of one-star

attacks. I think, actually, if you scrutinize the review sites that existed two or three years ago, and we're indexing top five in Google, you would have seen that they really didn't care. And that, I think, impacts the patient-physician trust dynamic, since these are... I think 80% of patients are Googling their doctor, and having bad information up there impacts that dynamic.

02:07 TC: So the original idea was we would use artificial intelligence and machine learning tools to weed out fake reviews and overlay interesting datasets to make the healthcare experience more transparent, to make our site most useful. So we started the company in 2015, we launched in 2016. And for two years, we had no traffic. So imagine going to your board. In '17, we had less than 10,000 people, I think for the whole year on the site. But in 2018, I think we were getting more reviews, some of our value-added features were coming online. And since then, it really, I think, you used the word "meteoric", Justin, it really has been meteoric growth. Last February, 30 days, we had two million patients on the site.

02:58 JK: Yeah, that's amazing. It really has. That's why I said when I introduced, all healthcare marketers should be really familiar because when it comes down to... You all have really become part of the narrative when it comes to claiming physician provider listings. You've gotta know that you made it, for sure, when, as a healthcare marketer, you've become part of the non-negotiable conversation when it comes to claiming provider listings is obviously, you've got Healthgrades and Vitals who've been around for a while, and some of these other large physician directory listings. But CareDash has really become a household name in the aspect of if you want to get visibility for your providers and you wanna make sure that you're getting as much domain authority pumped back to the website, that you've gotta be claiming their CareDash directory, which has gotta be just huge for you all now that you've made it there.

03:51 JK: And I think a follow-up for that, as you alluded to it really quickly, we find, I know as somebody who offers review generation as a service, there's a lot of trepidation and fear when it comes to growing reviews from a provider standpoint and doing it, we're talking, obviously, outside of COVID because that's been shut down for Google My Business right now. But just in general, can you talk to the importance of building reviews? 'Cause obviously, unfortunately, there's potentials for patients not understanding their insurance and getting a bill, and lashing out at providers, but I just find it so critical. But a lot of providers just wanna look the other way and just ignore reviews. But they play such an important role now in search, as well as research, when it comes to patients. Talk a little bit about why they need to be focusing on growing their reviews as a provider.

04:44 TC: Yeah, I think the way I look at it is CareDash and the other review sites are part of the patient journey on the web. So everyone's Googling their doctor or practice. And the behavior that we really see, we've got a web panel, so we could see how some of our... How some [05:03] _____ arrive on our site, are getting there. So what we see is the patient searcher is putting in the query, the practice, the doctor name, and they're... Or a sort of a structured search query like "top primary care physician" and "Corpus Christi". And they're literally looking at every page with reviews. And Google's the UI, they're going back, hitting back after they look at the page, or looking at a few pages on the site and building a mental model in deciding whether this is the provider they want to book an appointment with, to keep. So the engagement, so we get... In a month, where we get about two million folks on the site, we'll send out over 100,000 clicks and calls to physician websites or phone numbers... Look, to get discovered on a site like CareDash or any other directory, I think one of the first things folks are looking for is reviews.

06:20 TC: Our sort is based on strong reviews and strong biographies and headshots. Reviews are a starting point. But having strong bios helps a patient or a prospective customer get a more profound sense of who the physician is, what their expertise is. I think that's really important in that process to have those profiles completed, or you're completely missing out. CareDash profile is free. [chuckle] So...

06:50 JK: No excuse not to have it, going out and claim...

06:53 TC: Or to have your... Pay your agency a very fair price to have it optimized.

07:00 JK: Yeah. I couldn't agree more. What have you seen, because I know obviously the marketer and the marketing analytics side of me is really curious. But I think it could even lend, from a curiosity standpoint, as far as what providers need to be focused on from a search optimization standpoint, what have you all seen from the backend search query as COVID has grown over the last couple of weeks? Have you seen any interesting analytical search trends either how people are finding the site or once they're on the site, what they're searching for, as comparative to maybe historically, say, going back to 2019, have you seen anything interesting in that data?

07:42 TC: Yeah. I think the two biggest queries that we are seeing way more of are telehealth and emergency.

07:51 JK: Yep.

07:52 TC: So, telehealth makes sense. A lot of folks are trying to avoid going to these practices where they at least believe there's lots of germs and lots of... Or less social distancing because folks are in and out. For us, we've actually seen an overall drop off in traffic, because we get so many of the queries that are right before or right after appointments for doctor names and practices. So, right now, since people aren't doing that sort of normal, routine care, those queries aren't happening at nearly the same volume. So, we've seen a huge lift in telehealth. And then emergency is an area that's way up. The big one we're seeing is emergency dental.

08:39 JK: Interesting.

08:40 TC: So, I wish we were a little bit... Actually a little bit stronger there. But we set out some ways to get people to places where they can get emergency dental. Actually, 1-800-DENTIST has, in this context, been great, because they have a large network and they can match you with insurance. And they at least seem to get some pings as to who's open and who's treating patients and who's not.

09:08 JK: Interesting.

09:09 TC: And then the one other one I'll mention is... I think the saddest one I've seen and one that worries me the most is queries around loneliness.

09:17 JK: Yep.

09:20 TC: So we're up on teletherapy search which...

09:22 JK: That's what I was gonna ask, is the mental health space, I would imagine, has grown. 'Cause I know even on a client level for us, that's been one of the easiest transition from a B2C marketing standpoint is now, without geographical borders, psychiatrists and mental health therapists can see people really all across the country. So you've seen that area grow a lot?

09:46 TC: That area has grown a lot. We indexed really high. We typically index in the top five for therapy.

09:55 JK: Mm-hmm. Yep.

09:58 TC: So that's one place where the trend is crystal clear of people looking for mental health... And I think it's not just loneliness, I think it's a... It's just a stressful time for a lot of people. So...

10:13 JK: Oh, yeah.

10:14 TC: Family strife, marital issues, depression. I think we'll, unfortunately, see some of the bad things that happen with economic slowdowns, drug abuse and alcohol. I think mental health is gonna be an area where we're gonna need access to care near-term, mid-term and probably long-term.

10:44 JK: I couldn't agree more. Are you all leveraging? I'm curious just from the CareDash-facing perspective. Obviously, getting users on the platform. Outside of, as you alluded to, strong, organic search as it relates to other directories, do you all do anything in the way of Google advertising or social advertising? Say you do notice a large trend for mental health. Do you all invest into those spaces from an advertising standpoint to help reach more patients? And then obviously, ultimately get more providers in front of more patients?

11:16 TC: We do. We, as a scrappy... Really a scrappy startup that had no organic search, we had to start somewhere.

11:25 JK: Oh, yeah.

11:27 TC: So, we, in order to build up our initial user base, our review base, we've been buying... I'd say we buy... We do mostly Google and Bing.

11:37 JK: Yep. Okay. So search base?

11:38 TC: [11:39] _____ on Facebook. We've been buying a fair amount of traffic for a while, I think, even, we've stayed between 10% and 20% of our traffic being paid.

11:50 JK: Yep.

11:51 TC: Obviously, you like to buy paid traffic [chuckle] where your monetization is a little bit better. We have good partners in the spaces where... In primary care, women's health, therapy and dental. Those are those places where we can do a little bit more.

12:07 JK: Yep.

12:08 TC: We're not top of the... We're not the top there for anything, I think. [chuckle] But it is an important part of how we bring people to the site. The intent is very high on those.

12:18 JK: I would imagine. Have you seen... There's been so much talk. I saw some of the larger digital marketing strategists that people read online. Obviously, there's been tons of talk about how cheap a lot of search-based ad stuff has gotten. Have you seen, being specifically in medical and healthcare, even if you look at SEO is down across the whole board, except for restaurant and health, have you seen anything from an ads perspective? Has it remained relatively the same from, say, in general, cost per click or what you're spending? Or have you seen things become more opportunistic and cheaper? What have you seen from a trends perspective in the health space versus what we're seeing potentially in other spaces?

12:18 TC: Well, it's... I'd say, it's wild times. So, we have therapy doing... Especially on the teletherapy side, doing quite well.

13:15 JK: Mm-hmm. Yeah.

13:17 TC: But across other areas, we have seen almost a complete termination of the discussions and...

13:24 JK: Wow! Amazing.

13:27 TC: We've tried to be respectful. We've had a dentist, an older dermatologist, they're not gonna... Pretty long-term clients of ours suspend their advertising with us, their sponsor listings.

13:47 JK: Yes.

13:47 TC: They're not open. They're not gonna do tele.

13:51 JK: Yeah.

13:52 TC: We're trying to be respectful of that. We haven't seen a huge drop in... We have a display media. We haven't seen a big drop in display media which I thought there would be. Site CPM seems to be holding stable for now. I think pharma is still a big buyer of that and hasn't necessarily changed their commitment to spend anything. [chuckle]

14:14 JK: Yeah, yeah. Yep. I could see that. Yeah. What would you... Because you just alluded to that, obviously. Y'all are having a lot of frontline conversation with specialties that either are struggling to keep their doors open or struggling to get integrated into telemedicine, and keep their virtual doors open. What would you say, whether it's on platform or even off in the conversations that you're having, would be one or two of the biggest pieces of advice for practices struggling to stay relevant right now to be focused on? Is it SEO? Is it leveraging visibility on platforms like yourself? What have you seen, based on the conversations that you think would be for the listener out there that may be, "Well, we just shut our doors down and I don't know how to get them back open", you think be the biggest things to focus on right now?

15:03 TC: Well, let me... I think I... I do talk to a lot of folks in the space about it in that I think the

big thing is to keep... I don't know of anybody that's done. Right?

15:14 JK: Yep.

15:15 TC: That's gonna shut their practice down and walk away from this, and never open back up. I think there still is... You still have to take at least a mid or long-term view.

15:27 JK: I agree. I totally agree.

15:29 TC: I think the big... I can never help but think about it. You wanna do the work and set up a big inbound funnel.

15:37 JK: Yep.

15:37 TC: I think you get the highest ROI from that, right? So I've always been really big on SEO, on optimizing directories. The directories that bring traffic. Who cares about the... Whatever... The [15:50] ____ 4000:1 in...

15:52 JK: Yeah, yeah, yeah.

15:53 TC: That...

15:53 JK: You're getting be swallowed in a mess of waste... A huge waste of time if you do that, too.

16:00 TC: Yeah, you could use SweetIQ or something, right? Or your agency can get those for you.

16:07 JK: Yep.

16:08 TC: For SEO purposes, I think they do matter a little bit. But I think the big thing I wanna say is telehealth is a really big shift, and a totally new competitive paradigm. Look, there are things like dental that are always gonna be local but there's gonna be other specialties where you could compete or get patients from everywhere.

16:33 JK: Oh, yeah.

16:33 TC: Whether it's statewide or nationally, I think there's a lot of potential gain to that or benefits to that. You could work with the... You don't have critical... If you're an expert in something and those are the cases you wanna work on, you probably don't have critical mass locally to do that.

16:54 JK: Yeah.

16:55 TC: But you do nationally or potentially, statewide. I think it's an opportunity to be more focused, work in higher margin areas to build a better... Depending on what... Whether you like to see patients face-to-face or have a little flexibility... Build something that is more of a fit, as a practitioner, what you wanna do. I think the flip side of that is it means that big brands that carry authority and expertise with them, like say, a Mayo Clinic or a Cleveland Clinic, or a strongly branded local system can present itself anywhere and compete against you.

17:48 JK: Oh, yeah.

17:50 TC: But in this world, you wanna be the expert. You wanna be... You wanna have authority on specific topics that people are looking for. Whether that's word-of-mouth, through directories, through search, you want your brand, your marketing, to present that expertise in a world where competition is just... You can have a health system in Cleveland competing against you for the same patient.

18:19 JK: Oh, for sure. That's what's been really interesting. We actually have been working with a provider that has... He's an OBGYN and he's got an OBGYN-based blog, a personal blog, where it's him talking about a lot of... Answering a lot of those 101 questions. Because right now, there's still even a lot, if you do a search, probably in your geographical location that you're listening from, I bet you 80% of the OBGYNs in your area, you'll have a difficult time finding out if they are seeing telemedicine patients, how to book, what if you do have questions or you just found out you're pregnant, those kind of things. And he's answering those questions on his blog.

19:00 JK: And we're seeing a massive spike. It's a lot of just simple stuff that you forget, because you do, in a normal circumstance, get to just walk into your OBGYN and ask all of those low-level questions. And now, it's very difficult to get them on the phone or obviously get into the office. If you see an opportunity there as a provider to get into storytelling and to get into thought leadership, there's a huge opportunity right now to answer what seem like simple, stupid questions, but they could create massive amounts of trust equity, especially when we come out of this down the road.

19:38 TC: Exactly. Yeah. I think this whole telehealth piece, it really is an opportunity to transform what a physician is working on.

19:50 JK: Mm-hmm. I agree.

19:52 TC: And who they see. I think if you have a broader base, you can pick and choose your patients more and I think that's the number one thing. We always ask what patients do you wanna see? And if you're a doctor that's never gonna prescribe opioids, there's a very specific type of pain patient that you'd never wanna see, right?

20:19 JK: Yep, exactly.

20:20 TC: You need to communicate that, use access to a larger patient pool statewide, nationwide to build the practice and the patient base that you wanna build that fits the expertise that you have.

20:34 JK: Yep, I couldn't agree more, and going back to what I was talking about, too, is like Facebook groups and there's just so many areas that just people are dying for information and if you can figure out the patients you wanna see and how you can serve them even online, I think there's a huge, huge opportunity right now. We were talking to an ENT the other day and I just think providers, especially in the surgical specialty space, just have to be willing to think outside of the box on what they do and how they can use their medical degree to continue to provide value to patients, 'cause it may not be in the OR at the moment, but maybe you're an ENT and you do sleep medicine. Can you find at-home sleep tests that can be dropshipped, so then you can see patients if they're symptomatic.

21:23 JK: It's finding creative ways I think that if you can do things like that then immediately your world gets a lot larger because you don't have geographical marketing boundaries anymore, so you can go after markets that are cheaper or markets that people aren't advertising in, and get really creative. That's the big thing we've been preaching to our practices and our clients is, you've gotta be willing to be creative and think outside of the box and figure out what's profitable, but at the same time, figure out ways that you can continue to provide comfort and value to your patients.

21:57 TC: Yeah, I think that's an amazing way to think about it. And I think these next three months to two years, it's a new paradigm, so people are gonna be looking for healthcare in a completely different way.

22:13 JK: Oh yeah.

22:15 TC: So, you're gonna see... You're gonna see a lot more... I don't know what the right term for it is, patient liquidity, right? I've got the same dentist for 15 years, I've got the same primary care physician for 15 years, so I really, for the first time, this is the first time I'm even looking at things like tele-urgent care, tele-primary care, 'cause I realized, I never really, myself, all day in the middle of this, I never thought about having a virtual primary care physician. And now I'm completely looking at SteadyMD or one of these virtual concierge practices.

22:58 JK: And what you just said is interesting too, to me because I think over the next six months, one year, two years as the patient dust settles, so to speak and people become much more comfortable with what you just alluded to, then it's marketing, it's how easy is it to onboard and become a patient of that practice? What is the UX/UI experience, what is the value they're providing to you? It becomes all of those branding and packaging, and price transparency and ease of use for their platform. It's all those things you need to be focusing on because even if it is at-home sleep medicine test, are you gonna be better packaged and better ease of use for the patient to interface with than the other guy that may be on the other side of the country? It's like what would you look for, Ted, like you just mentioned, I've never thought about having a virtual primary care. Well then how are you gonna make the decision between one that you find online and another one you find online? And that's what people need to be thinking about.

24:02 TC: I was just thinking about it because I'm up and my primary care physician actually moved, so I've gotta find another one and I actually have to at least declare one. I was looking... So do I want a... I can just go on a directory, I pick a random one and I never actually really see them anyhow, both because I'm pretty healthy and whenever I go, they just have a nurse practitioner there anyhow.

24:32 JK: Yeah, yeah, exactly. When do you see an MD at a primary care practice anyways?

24:36 TC: And then I'm looking at the telehealth options on CareDash, and these guys, there's SteadyMD and MDVIP, and some concierge practices, and I'm looking at the site, this guy is like CrossFit champion, tilts towards functional and sports medicine... And Justin and I were talking earlier, we're both athletes, so we retain our weekend warrior status or college athletes... This is awesome, I want this and maybe my primary care physician here in Boston is a badass CrossFit athlete, but he hasn't told me.

[overlapping conversation]

25:18 TC: Certainly, the large regional health system practice isn't putting that in his bio, I don't think. They might say hobby biking or something, but this thing is better, this is about making a personal connection.

25:33 JK: Exactly. Oh man, love that, the art of storytelling, that's why it's so important for providers to be engaged in this process, is patients want to know the value you can provide to them. And I think as raw and authentic as you can be, the better. Like you said, I wouldn't know if that guy was or wasn't. And then this virtual landscape, those can be big differentiators is, how well, without ever seeing them, you can get to know a provider and what they're all about.

26:03 TC: We show people like... I have a slide that's patient marketing content, we show a good patient profile on CareDash, one that converts well, people land on it and they're likely to call and make an appointment. We see a bad one, show a bad one. And it's like night and day, right?

26:26 JK: Just talk to me about what that good one looks like, what jumps out at you inside of there? Obviously, we don't have the slides in front of us, but when you're looking at it visually really quick, what jumps out at you usually?

26:38 TC: I think it's the level to which a doctor communicates their expertise in a personal way that meets the needs of the patient that they actually want to bring into their practice. When I started building the site, I had a really one size fits all of what an ideal patient experience looked like, but patients wanna know what differentiates your practice to them. Some patients... Look, imagine you're a shift worker with limited transportation and child care, and you're paid hourly and your boss is not really understanding, you might just... The most important things to you might be price, courtesy, and timeliness.

27:21 JK: Yeah. Yeah, it's very true.

27:24 TC: I know doctors especially hate to hear this, but it's a service business, but...

27:29 JK: It is. Bedside manner and wait times, and all that stuff [27:33] _____ matters to people.

27:35 TC: And so, if you are the world expert in some topic and patients wait months to see you, and then once they wait, once they get to you for... They're gonna wait two hours in the waiting room, that's okay, just say it, right?

27:53 JK: Yep.

27:53 TC: Just... Right? "I'm the world's best rheumatologist for people who have severe elbow pain. That's a thing. Look, it's very... I can be busy, but I can guarantee you this expertise."

28:12 JK: Yeah. Yeah, I think that's a great point.

28:14 TC: Just provide an authentic view of the... Whether it's physician, dentist, therapists, map it to real patients' needs and those are the patients you're gonna, that are gonna resonate. And the reviews are just gonna corroborate that position.

28:29 JK: I totally agree. And I think what we've seen too, with our providers and I think there's still a hesitancy to go out and kinda share your knowledge, it's like, "Well, I'm too niche-specific, or are there really people that are reading on this topic that I am most passionate about?" And I think you would be, if you're willing to invest in it, absolutely shocked. Like they say that there's a Facebook group for everything, there really are people whose lives have been touched by whatever specialty it is you do. And we have a provider that just focuses on... He's infectious disease, so it's like, "Well, who's reading an infectious disease blog?" Well, he's talking about autoimmune diseases and chronic sinusitis. And you would be amazed how personal it is that people who are dealing with COVID, that there's actually a doctor out there talking about case studies and making them feel like their voice is being heard, and that creates a really, really strong emotional and trust connection with a provider that they don't even know. And there really is. There's a voice for everyone, there's topics that patients are interested in all the way across the board.

29:40 TC: Yeah, exactly. Perfect example.

29:42 JK: Yeah, and that's why we just... You've gotta get out there and if you're willing to talk, you're willing to take the time to invest in providing some of your expertise, you're gonna get it back tenfold over time. Obviously, there's some marketing components involved, but you'd be surprised if you're willing to invest in it the right way, no matter what specialty or what surgical focus you are, that there's patients that are out there that, especially more than ever as you know, with the rise of websites like CareDash that were maybe even so foreign 10 or 15 years ago, patients are their own health ambassadors now. So they wanna research, they wanna find their own health journey, they want people that are invested in finding the root of the problem. And so it creates a big opportunity I think for providers to take advantage of that.

30:27 TC: Exactly.

30:28 JK: So I've got... This wasn't in, I sent over a couple of questions before. This would be a little bit of a curveball, but I wanted it to...

30:35 TC: Oh no. Curveballs are great.

30:37 JK: [30:37] _____ as possible is, whether it's been influenced by COVID or not and maybe you did have one or not, I'd be curious, what is your word for your organization for 2020 and why? And whether you have one now or it's out of COVID has come, what do you think is your word or your focus for your organization or what you would like to say even be remembered in 2020 for?

31:03 TC: Yeah, I think our focus is always on transparency.

31:09 JK: I love it.

31:10 TC: But the biggest area we're working on, if I had to pick one word, is hospitals. So very quietly, we have become one of the leaders in hospital reviews, so we have some very big initiatives in that area that we're rolling out, that allow patients to see a different outcome and ranking metrics for hospitals. So that's a big push, that'll come out later this year.

31:39 JK: Well, that's fantastic.

31:41 TC: Yeah. And no, I think the other piece we really try to be is we wanna be a leader in having healthcare, in the front door of healthcare via an open ecosystem. Part of that is, we'll work with anybody who wants to give us data, we collaborate with everybody and take data from everywhere, we don't make it use a specific scheduling system, we're working on some integrations, but we're not gonna say, "To set your appointments, you have to use our booking software."

32:01 JK: Yeah. Yeah.

32:19 TC: So I think those are big parts of continuing the vision of having healthcare be more open and transparent. I'll stop there.

32:29 JK: That's great. I think that's been what patients have been asking for, for years and years, and I think it's great. The consumer-facing softwares or products like yourself are really driving that healthcare transparency that we've been long looking for and wanting on the patient end is to be able to figure out who providers really are or what practices are really all about, and getting quicker access to care or those kind of things. And I think CareDash has been one of those, obviously the leaders over these years, as y'all have grown and creating as much transparency as possible, and I think that's really big for patients.

33:04 TC: Yeah, one of my favorite things I see is we know that some of our competitors are watching very closely, so we'll see that... We'll do a press release on something and then we'll see them roll out the same feature a quarter later. We love that. That's...

33:24 JK: You're onto something, if they weren't chasing you, then there may not be a market for it. I think that's always a really... That's a good, positive.

33:31 TC: This is [33:31] ____ better, right? Not everything has to be purely a win for yourself. There's enough for all this. I do think, healthcare, the search that we compete in, is a little bit of a zero-sum game, there's enough dying, old companies, the websites are barely maintained, like RateMDs that we could take traffic from together, and we can make the patient experience better in the long run. So, if Healthgrades wants to copy, if WebMD wants to copy, go for it. Let's all make the patient experience better.

34:13 JK: Yeah. I couldn't agree more. We had a long conversation. We've grown a really close relationship with another healthcare marketing agency and that's what we did a podcast on is just, in the spaces that you're in, there's room for everyone and the more that those type of innovations are being developed across the board, the better it is really for, like you said, the end user, in this case, the patient experience is if y'all are creating something innovative and it's rolled out on another platform, it can be beneficial for patients across the board. And obviously it's a reaffirmation that what you're doing is you're being a leader and an innovator in the space and that there's viability to what you're doing if you've got other large organizations trying to replicate what you're doing as fast as possible. If you look at LinkedIn, for instance, they've obviously been looking at what Facebook is doing and trying to adapt it as best as they can, and that's only made LinkedIn more valuable over time as they've rolled out LinkedIn Live and some of the other features.

35:15 TC: Yeah, no, totally. And I think it's one of these things where patients are savvy, it's like with travel or restaurants, you've got a spidey sense when it comes to sites like, is this a real review?

This restaurant just opened and it has 25 five-star reviews, right? I have some concerns about the GMB product, whether people making decisions off that is a good idea or not.

35:47 JK: Yeah, it's always just like what happened with Yelp and they've been, especially in the healthcare space, on the downhill slide, I think it's always dangerous when a search-based product like Yelp and now GMB, since they've made the shift into really controlling the localized search environment, when it becomes that important and that relevant, it's always gonna get skewed with scaminess, because it's just a way to make a quick buck. And so it's always a dangerous game when you have something that creates that much influence over a search environment or advertising environment, whatever environment it is, there's always bad apples out there.

36:27 TC: Yeah, one of the things I observe is... So we built our hospital review set through patient surveys and we found the average review is something like a 4.2 out of 5. And if you look at the GMBs for hospitals, they're ones and twos, a lot of systems don't bother managing them, but everybody's, even just for directions, they're Googling and seeing that low GMB rating. And I think it sets a bad mindset going into care, right? If you work with hospitals and health systems, like I talk to them and you talk to them, and there's a lot of people who really care and they're really passionate about their job, there's not... The American healthcare system's not perfect by any stretch, but I think that sort of 4.2 out of 5.0 or 8 and a half out of 10 patients being happy with their care, feels about right to me.

37:38 JK: Yeah.

37:39 TC: But with GMB, there's so much complain or bias... With Yelp. Yelp is the same for hospitals and health systems.

37:52 JK: I can imagine too, that, the economic, especially a larger healthcare system like you just mentioned, what the potential economic impact of that is, because you think of the swath of patients that they have when they reach that, having, like you mentioned if it is internal, from a scoring perspective, 4.2 on average, but then you've got these GMBs that are doing ones and twos, the amount of patient care impact that that is having on an annual basis, both economically as well as just pure patient care. It could be turning away tens of thousands of patients annually.

38:17 TC: Yeah, I think it could be the case, although in general, I think their local competitors are not doing that much better.

38:17 JK: Yeah, it is very weighted across the board, for sure, when you do a search. It seems like as patient volumes increase, even large orthopaedics that we work with, and stuff that it seems to be a sliding scale of the worst, the reviews get the larger of the organizations, and I just feel like... You mentioned that it's not necessarily the correlation at all because we work with some incredible organizations that it just seems like that's a stretch to me.

38:17 TC: Yeah. So the complainer bias is crazy, right? So it's really easy to leave a GMB review now that everybody has a Gmail account.

39:16 JK: Yeah. Right.

39:17 TC: And we see our organic arrivals leave... The review average is something like a 3.1 or a

3.2, and that's true across practices. And it's like, you saved my life or you ruined my life.

39:35 JK: Yeah. [chuckle]

39:36 TC: And hospitals, hospitals get even worse because they... I'd say that hospitals do struggle with things like billing and communicating billing, and you see tons of complaints around that. So, that's always gonna be an area where somebody is mad about getting overcharged or not getting some service that they needed and they're paying... Or they're gonna leave a negative review, and the first place to do it, it's GMB, right?

40:11 JK: And that's where we see it all too often is the the billing side of things, which there's only so much you can do getting ahead of the curb. And it's obviously much more of a beast on the hospital level when you're dealing with it. And the private practice sector deals with it a lot too, it's just... No matter what you can do with price transparency and getting ahead of it, and communicating billing to your patients and all that, that's like numero uno negative reviews, for sure, is either a lack of understanding with what's covered with your insurance or getting a bill that you feel is unfair, no matter really what the practice can do on the front-end to try to cut that off before the issue can arise. Because they don't have incentive either to do point-of-care that you then get a bill that you refuse to pay. It's like, well, they're gonna lose out on money as well, so it creates a tough environment, for sure. And that's what practices are always like, "Well, I don't wanna deal with reviews because it just gonna be a bunch of pissed off patients that are mad about their bills."

41:08 TC: Right. Yeah, and we... One of the interesting things is we do see... We have a reply function to reviews, and I think it's something like 15 or 20%, especially the billing-oriented ones. They get... The negative reviews get revised upwards after a reply. They either get to leave it or revised.

41:34 JK: So, it's patients wanting to be heard. That's interesting.

41:37 TC: Yeah. Well, it is incredibly incoherent way I've just said, [chuckle] but 15 to 20% of negative reviews that get replied to results in that negative review getting removed or improved.

41:53 JK: Wow, that's really good to know. Another reason to handle, obviously, you have to be HIPAA aware when you're doing so, but again that's another good thing to keep in mind. What y'all are seeing is, if you handle it with kid gloves and you handle it so the patient feels heard, there's a good... There's a pretty decent chance that you could have it elevated or removed. That's a really good thing to keep in mind.

42:15 TC: Yeah, I think there's a few reasons for that. One is being heard, two is... Well, I just think the doctor [42:22] ____ runs totally their stuff, right?

42:23 JK: Yeah. [chuckle]

42:25 TC: But three, it just gets resolved. It's when people... The reasons people write negative reviews, they want something resolved, and once it's resolved, they don't really want... They don't necessarily want a record of their care up there. Sometimes you have to ask. I imagine sometimes you have to actually ask but yeah. And timeliness matters. So, if you see the review right away, it's within a day of the appointment, you can get it resolved quickly. If it's too... If the review is up the

day of the appointment and you don't reply for two, three, four weeks, then it's just... It's been festering and the person might not be paying attention anymore and it might be there forever.

43:07 JK: Yeah. Yep, I agree. Yeah, timeliness matters a lot when it comes to review response, for sure. I couldn't agree more. So wrapping up, tell the listeners how they can get connected with, A, you personally, but also we've obviously talked a lot about provider reviews and the [43:24] _____ coordinates of it, CareDash. So how they can claim their profile, but also how they can get connected with you on LinkedIn or anything, so they... We can make sure that... And we'll also have that in the show notes too, following up.

43:35 TC: Yeah, no, totally. So I'm ted@caredash.com and I answer email very quickly typically. On Twitter, I'm @upwardmobility and I'm easy to find on LinkedIn, so any of those channels, easy to reach me and I love to connect.

43:50 JK: Yeah, absolutely. Well, thank you again Ted, for the time and congratulations on the success that y'all have had and the continued success, we wish y'all as you roll out the, what sounds like some really cool features, especially on the hospital level. Thanks again for taking the time and look forward to hopefully having a follow-up and learning a little bit more as y'all roll out the hospital stuff on the coming months. So thank you again.

44:14 TC: Oh, great. Great to be on. Really appreciate the opportunity.

44:17 Kelsey Knott: 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 healthcare marketing information or just to engage, check us out at intrepy.com.

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