Creative Marketing Strategies: Keeping It Legal

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Agenda

- Overview of current legal requirements for physician and patient marketing.
- Presentation of creative marketing ideas – some legal, some need "adjusting".
- Q & A.

Today's Legal Discussion

- The laws:
 - Federal Anti-Kickback Statute.
 - Guidance from pharmaceutical industry.
 - Stark Law.
 - Limited repayment mechanism.
 - Period of disallowance.
 - Antitrust.
 - HIPAA.
 - State laws.
 - Miscellaneous.
 - IDTF standards.

Today's Legal Discussion (cont'd)

- What's generally permissible?
- What's generally impermissible?
- What's in the "gray area" of legal compliance?
- Guiding principles gleaned from legal scrutiny of health care businesses.
- Questions and answers.



- Provider marketing to payors.
- Provider marketing to hospitals.

Common Physician Marketing Strategies/Tactics

- Person-to-person marketing.
- Gifts and "leave behinds."
- Entertainment.
- Education.
- Research, publications and presentations.
- Advertisements.
- Free/discounted diagnostic imaging services.
- Quality and service.

Marketing Strategies/Tactics: Person-to-Person Marketing

- Deployment of professional marketing staff.
 - Convey the value proposition.
 - Apprise about new technologies/new uses for existing technologies.
 - Communicate your qualifications, especially ones that are unique.
 - Demonstrate:
 - The available images and their utility.
 - Picture, archiving and communication system ("PACS").
 - Referral and report process.
 - Leave behind clinical information, article reprints, brochures, scheduling request/order forms, pens, etc.

Marketing Strategies/Tactics: Person-to-Person Marketing (cont.)

- Radiologist contact with customers.
- Direct to patient marketing.

Marketing Strategies/Tactics: Gifts and "Leave Behinds"

- Holiday-related gifts.
 - E.g., a New Years gift
- Scheduling request/order forms.
- Post-its.
- Cups.
- Pens.
- Brochures.

Marketing Strategies/Tactics: Entertainment

- "Night at the game" for physicians and their staff.
- Physician(s) entertainment of referring physician(s).
- Lunch for the staff at physicians' offices.
- Ski trip to Aspen.

Marketing Strategies/Tactics: Education

- Programs on new technology/new uses for existing technology.
- Programs on ordering the right procedure.
- Continuing medical education ("CME").
 - Get yourself accredited to provide CME.
 - Co-sponsor programs with someone else, such as a hospital, that is already accredited.
 - Co-sponsor with manufacturers.
- Tumor boards at the hospital.
- Focus groups.
- Patient education and outreach.

Marketing Strategies/Tactics: Research, Publications and Presentations

- Involvement in research:
 - Local, national, manufacturer-sponsored, etc.
- Publication:
 - Peer-reviewed clinical research papers.
 - Business topic discussions.
 - Patient-friendly articles in local throwaways.

Marketing Strategies/Tactics: Research, Publications and Presentations (cont.)

- Presentations:
 - Radiology Business Management Association.
 - American College of Radiology.
 - Radiology Society of North America.
 - Medical Group Management Association.
 - Other organizations, particularly local medical societies.

Marketing Strategies/Tactics: Advertisements

- Newspapers, magazines and other throwaways.
- Journals.
- Radio, television and internet commercials.
- Billboards.
- Mailings.
- Brochures.
- Reprints of articles and presentations.

Marketing Strategies/Tactics: Free/Discounted Services

- Professional courtesy.
- Free calcium screening or screening mammograms for non-Medicare beneficiaries.

Marketing Strategies/Tactics: Quality and Service

- Doing a good job.
- For professional component:
 - Read the films accurately.
 - Minimize equivocation.
 - Turnaround reports in a timely fashion.
 - Call back quickly, if not immediately, for positive cases.
 - Sub-specialize.
- For technical component:
 - Render high quality images.
 - Be well-located, and maintain attractive and calming atmosphere within imaging center.
 - Think like a hotel.

Clinical/Operational Arrangements that Potentially Have Marketing Consequences

- Provide computers and related infrastructure for accessing PACS.
- Assist with pre-certification.
- Enter into fair market value block time or per click lease or infrastructure arrangements.
- Maintain other legally compliant relationships with referring physicians.

Federal Anti-Kickback Statute Prohibited Activity

- The Federal Anti-Kickback Statute is an intentbased statute which prohibits the offering, paying, soliciting or receiving of any remuneration in return for:
 - business for which payment may be made under a federal health care program or
 - inducing purchases, leases, orders or arranging for any good or service or item paid for by a federal health care program.

Federal Anti-Kickback Statute Prohibited Activity (cont'd)

- "Remuneration" includes kickbacks, bribes and rebates, cash or in kind, direct or indirect, covert or overt.
- Only one purpose: the statute has been interpreted to cover any arrangement where only one purpose of the remuneration was to obtain money for the referral of services or to induce referrals.
- After the Patient Protection and Affordable Care Act, "[a] person need not have actual knowledge of [the statute] or specific intent to commit a violation of [the statute]" for there to have been a violation.

Federal Anti-Kickback Statute Penalties

- The statute ascribes criminal liability to both sides of an impermissible "kickback" transaction.
- Violations of the statute are punishable by
 - \$25,000 fine per offense,
 - Imprisonment of up to five years,
 - Treble damages, and
 - Possible exclusion from all Federallyfunded health care programs.

Federal Anti-Kickback Statute Statutory Exceptions

- Discounts.
- Employees.

Federal Anti-Kickback Statute Safe Harbors

- Personal services and management contracts.
- Referral services.
- Specialty services.
- ERx and EHR services

Federal Anti-Kickback Statute Significance of Safe Harbor

 Satisfy Safe Harbor: If an arrangement meets one of the applicable safe harbors, it is fully protected from both criminal and civil liabilities imposed by the Anti-Kickback Statute.

Federal Anti-Kickback Statute Significance of Safe Harbor (cont'd)

 Failure to Satisfy Safe Harbor: Failure to comply with safe harbor does not mean the conduct is per se illegal. Instead, the OIG will look at the facts and circumstances surrounding the arrangement to determine whether the arrangement was intended to generate referrals and poses a risk of program abuse.

Federal Anti-Kickback Statute Significance of Safe Harbor (cont'd)

- Factors the OIG considers include:
 - identity of the party and party's relationship with its audience, such as whether the seller is billing a Federal program directly,
 - nature of the marketing (intrusiveness, potential for abuse, etc.),
 - the item or service being promoted (e.g., is the marketing for very specific items and has there been a history of overutilization), and
 - target audience (referral sources, Medicaid beneficiaries, the elderly, etc.).

Gifts to Beneficiaries

 Be aware of Federal pronouncements on "gifts" and other benefits to Medicare beneficiaries.

Guidance from Pharmaceutical Industry

- Effective January 2009, the Pharmaceutical Research and Manufacturers of America updated its PhRMA Code on Interactions with Healthcare Professionals.
- In April 2003, the OIG issued Compliance Program Guidance for Pharmaceutical Manufacturers.

Guidance from Pharmaceutical Industry (cont'd)

- Although not perfectly on point, these items offer some insight into the marketing strategies and tactics that are considered OK and ones that present risks, and they highlight the importance of having policies and procedures and an effective compliance program.
 - It is noteworthy that some approaches that historically have been used by pharmaceutical manufacturers are similar to ones used by diagnostic imaging providers.

Guidance from Medical Technology Industry

 Effective July 2009, the Advanced Medical Technology Association ("AdvaMed") issued its Code of Ethics on Interactions with Health Care Professionals. Guidance from Medical Technology Industry (cont'd)

 Again, although not perfectly on point, the code is another good resource for examples of the types of steps that can be taken to avoid regulatory problems.

Stark Law Prohibited Activity

 "If a physician (or an immediate family member of such physician) has a financial relationship with an entity . . . then the physician may not make a referral to the entity for the furnishing of designated health services ("DHS") for which payment otherwise may be made" under Medicare (and to some extent Medicaid) UNLESS AN EXCEPTION APPLIES.

Stark Law Penalties

- Denial of payment.
- Disgorgement.
- Fine of up to \$15,000 for each service a person "knows or should have known" was provided in violation of Stark.
- Fine of up to \$100,000 for attempting to circumvent Stark for each such circumvention or scheme.
- Exclusion from all federally-funded health care programs.

Stark Law Important Definitions

 Financial Relationship: Defined to include any type of ownership or investment interest and any compensation arrangement, i.e., any arrangement involving any remuneration between a physician and an entity, directly or indirectly, overtly or covertly, in cash or in kind.

Stark Law Important Definitions (cont'd)

- Remuneration: Defined to include any payment or other benefit made directly or indirectly, overtly or covertly, in cash or in kind, subject to certain limited exceptions.
 - Includes the provision of free fax or computer equipment, unless it can be demonstrated that the equipment is integral to and used exclusively for performing work for the entity that supplied the equipment (e.g., such as computer terminal provided by a lab for the sole purpose of ordering lab tests).
 - But see new exceptions for ERx and EHR.

Stark Law Important Definitions (cont'd)

 Designated Health Services: It includes in its definition "radiology and certain other imaging services."

Stark Law Important Definitions (cont'd)

- Referral: Defined more broadly than merely recommending a vendor of DHS to a patient; instead, it is defined as "the request by a physician for the item or service" or the "establishment of a plan of care by a physician which includes the provision of the designated health service."
 - Excluded from the term "referral" is a request by a radiologist for diagnostic radiology services, subject to certain requirements.

Stark Law Miscellaneous Exceptions

- Payments to employees.
- Payments by a physician.
- Fair market value compensation.
- Professional courtesy.
- ERx and EHR.

Stark Law Exception for Non-Monetary Compensation

- This exception applies to compensation from an entity in the form of items or services (not including cash or cash equivalents) that does not exceed an aggregate of \$300 per year if certain conditions are satisfied.
 - Amount is indexed to increase with the Consumer Price Index-Urban All Items (see <u>http://www.cms.gov/PhysicianSelfReferral/50_CPI-</u> <u>U_Updates.asp#TopOfPage</u> (the "CY \$\$\$ Limit").
 - The CY \$\$\$ Limit for calendar year 2011 is \$359.
 - The CY \$\$\$ Limit for calendar year 2012 is \$373.
- CMS has clarified that the dollar limitation is to be calculated on a calendar year basis.

Stark Law Exception for Non-Monetary Compensation (cont'd)

- All of the following conditions must be satisfied:
 - the compensation is not determined in any manner that takes into account the volume or value of referrals or other business generated by the referring physician,
 - the compensation may not be solicited by the physician or the physician's practice (including employees and staff members), and
 - the compensation arrangement does not violate the anti-kickback statute.

Stark Law Exception for Non-Monetary Compensation (cont'd)

- The exception now has a limited repayment mechanism to preserve compliance.
- Where an entity has inadvertently provided nonmonetary compensation to a physician in excess of the dollar limit for that year, such compensation is deemed to be within the limit if:
 - the value of the excess nonmonetary compensation is no more than 50 percent of the limit, and
 - the physician returns to the entity the excess nonmonetary compensation (or an amount equal to the value of the nonmonetary compensation) by the end of the calendar year in which the nonmonetary compensation was received or within 180 consecutive calendar days following the date the excess nonmonetary compensation was received by the physician, whichever is earlier.
- This repayment mechanism may be used by an entity only once every 3 years with respect to the same referring physician.

Period of Disallowance

- Begins (in all cases) at the time the financial relationship fails to satisfy the requirements of an applicable exception.
- Ends <u>no later than</u>:
 - Where the noncompliance is unrelated to compensation, the date that the financial relationship satisfies all of the requirements of an applicable exception.
 - Where the noncompliance is due to the payment of excess compensation, the date on which all excess compensation is returned by the party that received it to the party that paid it and the financial relationship satisfies all of the requirements of an applicable exception.
 - Where the noncompliance is due to the payment of compensation that is of an amount insufficient to satisfy the requirements of an applicable exception, the date on which all additional required compensation is paid by the party that owes it to the party to which it is owed and the financial relationship satisfies all of the requirements of an applicable exception.

Period of Disallowance (cont'd)

- Key considerations:
 - Was effective: October 1, 2008.
 - The rule creates something similar to a "safe harbor."
 - But it only places an outside limit on the period of disallowance in the three specified circumstances.
 - And other than what was set forth above, CMS provided no clear guidelines for determining when the end of the period of disallowance has occurred.
 - Parties will have to continue to make the determination on a case-by-case basis.
 - It's a facts and circumstances analysis.
 - Likewise, the beginning and end of a financial relationship will not coincide necessarily with the beginning and end of a written agreement.
 - Finally, be aware that CMS provided no guidance on when noncompliance is never corrected or excess or required compensation is not repaid/paid.

Burden of Proof

- Was effective: October 1, 2008 (but existing policy).
- Burden of proof (burden of persuasion) at each level of appeal is on the entity submitting the claim for payment.
 - Must establish that the service was not furnished pursuant to a prohibited referral.
- Burden of production on each issue at each level of appeal is initially on the claimant, but may shift to CMS or its contractors (and may shift back).
- Codification of existing policy.

Differences Between Anti-Kickback Statute and Stark Law

- Violation of the Anti-Kickback Statute is a Federal felony whereas violation of the Stark Law has only civil ramifications.
- The Anti-Kickback Statute requires a mens rea (i.e., an "intent" element) whereas the Stark Law is a strict liability law.
- The Stark Law applies to financial relationships between physicians and providers of DHS whereas the reach of the Anti-Kickback Statute is broader.

Differences Between Anti-Kickback Statute and Stark Law (cont'd)

- The Anti-Kickback Statute has "safe harbors":
 - An arrangement is not necessarily illegal just because you cannot satisfy the elements of a safe harbor.
- The Stark Law has "exceptions":
 - A physician cannot under any circumstances refer to a provider of designated health services unless the physician's financial relationship with the provider fits within an exception.

Antitrust Exposure May Be Triggered by Advertising and Marketing Strategies

- Agreements with competitors to limit advertising spending.
- Trade association advertising restraints.
- Discounts of drugs and other commodities.
- Marketing joint ventures.

Potential Unfair Trade Practices

- False or misleading statements.
- Unsubstantiated claims.
- Competitor disparagement.

HIPAA Issues

- HIPAA regulates a "covered entity's" use and disclosure of an individual's "protected health information."
- Marketing is defined as communications about a product or service, a purpose of which is to encourage recipients of the communication to purchase or use the product or service.

HIPAA Issues (cont'd)

- Exceptions: these communications not "marketing" for HIPAA purposes:
 - Describing a health-related product or service provided by the entity or included in benefit plan.
 - Made as part of treatment and to further treatment.
 - Part of managing treatment or providing alternatives.

HIPAA Issues (cont'd)

- HiTECH narrowed the marketing exceptions.
- Under HiTECH, if the covered entity receives financial remuneration for making the communication, the communication <u>is</u> "marketing" (subject to certain limited exceptions).

Authorization Requirements

- Under HIPAA, most marketing uses and disclosures (e.g., sale of a patient list to a marketing company) require patient authorization.
- No authorization needed for the following marketing activities:
 - Face-to-face encounter with individual.
 - Concerns products or services of nominal value.

State Laws

- Most states have analogues to the Federal Anti-Kickback Statute and the Stark Law.
 - Such laws are usually "all payor" in scope.
 - May be broader or more narrow than Federal law.
 - The intent behind the arrangement is often important.
- State enforcement initiatives.
- Tort liability related to standard of care.

State Laws (cont'd)

- Some state licensing laws include:
 - Prohibitions on claims of superiority (some states bar only unsubstantiated claims of superiority).
 - Prohibitions on use of testimonials.
 - Bans on false, misleading and deceptive advertising.
 - Prohibitions on guarantees of success.
 - Bars against advertising of fee comparisons.
 - Prohibitions on statements that play upon vanity or fears of the public.
 - Limitations on advertising content.

IDTF Performance Standard Prohibiting Direct Patient Solicitation

- 42 CFR § 410.33(g)(7), which was effective January 1, 2007, requires that each IDTF must "[a]gree not to directly solicit patients, which include, but is not limited to, a prohibition on telephone, computer, or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending physician, who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem."
- In its November 2006 response to comments, CMS stated that "we are not attempting to prohibit public advertising.... Clearly, an IDTF can use public advertisement, including advertising on television, radio, internet, direct mailing, billboards, or newspapers."

Miscellaneous Legal Issues

- Intellectual property rights.
- Tax exempt laws.
- Federal and state telemarketing laws.

What's Generally Permissible: A Working Assumption

• All persons involved in marketing-related functions have at least a basic familiarity with the applicable laws.

What's Generally Permissible?

- Radiologist contact with referring physicians and patients.
- Deployment of professional marketing staff.
 - Be careful if they are not employees of the provider, and if not, then be careful how they are compensated.
- Gifts and leave behinds.
 - Remember the CY \$\$\$ Limit under the Stark Law.
 - Be careful about any link between the relative value of the gift and the importance of the recipient as a referral source.



What's Generally Permissible?

- Provider/staff education.
 - New technology/new uses for existing technology.
 - Ordering the right procedure.
 - Food can be offered, but safer to stay within the nonmonetary compensation CY \$\$\$ Limit under the Stark Law.
 - Tumor boards.
- Patient education.
 - Be careful to comply with HIPAA.
 - If using telemarketing, be careful to comply with Federal and state telemarketing laws (and new IDTF standard).



- Sponsorship or co-sponsorship of CME.
 - Be careful to charge fair market value for the CME if, but for receiving the CME from you, the participant would have to pay someone to obtain the CME.
 - Be careful to structure relationships with cosponsors in compliance with applicable laws.
- Focus groups.
 - Compensation can be paid to participants, but if referral sources are involved, be careful to fit within the fair market value compensation exception under the Stark Law.



What's Generally Permissible?

- Research, publications and presentations.
- Advertisements.
 - Be careful to use reasonable, fact-based statements and avoid hyperbole.
 - Remember state laws and related ethics pronouncements.
- Quality and service.
 - Again, be careful to use reasonable, factbased statements and avoid hyperbole.

What's Generally Impermissible?

- Anything that involves an express or implied quid pro quo, i.e., we will give you this if you will refer to us.
- Paying compensation that looks like commission to a marketing firm or independent sales rep.

What's Generally Impermissible? (cont'd)

- Any non-monetary compensation that exceeds the CY \$\$\$ Limit under the Stark Law.
 - Be particularly careful about entertainment that is not part of (and included in the cost of) CME or other education, e.g., the trip to Hawaii that one of the radiologists wants to purchase for a major referring physician.
- Any other exchanges of items or services for more or less than fair market value.

What's Generally Impermissible? (cont'd)

- Efforts focused primarily on major referral sources.
- Efforts targeting exclusively Medicare beneficiaries.
- Multiple financial arrangements with referring physicians.
- "Sham deals."

What's Generally Impermissible?

- Over-selling capabilities.
- Advertising that:
 - Is false or misleading.
 - Makes unsubstantiated claims.
 - Disparages competitors.
 - Guarantees success.
 - Has the potential effect, as a matter of tort law, of imposing a higher standard of care than is generally required under applicable caselaw.

What's In the "Gray Area" of Legal Compliance?

- Radiologists' entertainment of, and gifts to, their friends who happen to also be referring physicians.
- Entertainment, such as lunch for the staff at a referring physician's practice, when provided as part of a strictly educational program.
- Efforts that, although not on their face focused primarily on major referral sources, have the effect of reaching out primarily to major referrers.

What's In the "Gray Area" of Legal Compliance? (cont'd)

- Free/discounted services.
 - Although a Stark Law exception is available, be particularly careful about extending professional courtesy.
- Use of third-party marketing firms.
 - Focus on roles they play and how they get compensated.
 - Independent sales representatives are "suspect" regardless of how they are compensated.
- Clinical/operational arrangements that potentially have marketing consequences.

Guiding Principles

- Be wary of all cash payments.
- Any whiff of a quid pro quo arrangement, whether express or implied, evidenced orally or in writing, is a big problem.
- Anything that appears to be based upon the volume or value of referrals or other business generated, or the importance of a referral source, is also a problem.

- The legal risks grow almost exponentially with the size of any benefit conveyed.
 - Remember the non-monetary compensation CY \$\$\$ Limit under the Stark Law, especially for entertainment.
 - But also remember the limited repayment mechanism to preserve compliance.
 - And the rules describing the period of disallowance.
 - Ask whether a commercially reasonable fair market value exchange is occurring.

- Risks are lower, and "optics" are better, if marketing to:
 - All patients, not just to Medicare beneficiaries.
 - All referring physicians, not just heavy referrers.
- Independent sales representatives are suspect, regardless of how they are compensated.

- Use of third-party marketing firms can be OK, but be particularly careful about the role they play and how you pay them.
 - Health care is unlike most industries: you can't pay compensation that is or looks like commissions.
- On the other hand, you have much greater flexibility with how you pay your own employees.
 - Be sure they are the employees of the provider that benefits from their marketing efforts.

- Education: GOOD!
- Education with too much entertainment: BAD!
- You can almost never get into trouble marketing based on clinical considerations, quality and/or service.
- Use reasonable, fact-based statements and avoid hyperbole.

- Develop, implement, distribute, live by, enforce and continually revisit and refine written marketing policies and procedures and a corporate compliance program (with a designated Compliance Officer and Compliance Committee).
- Track all contacts made and benefits conveyed, if any, as part of your marketing and compliance programs.
 - Monitor Stark Law non-monetary compensation CY \$\$\$ Limit.
 - Remember the limited repayment mechanism now available under this exception to preserve compliance.
 - And the new rules describing the period of disallowance.

Guiding Principles (cont'd)

- Conduct training and education.
- Develop effective lines of communication.
- Use audits and/or other risk evaluation techniques to monitor compliance, identify problem areas, and assist in the elimination of identified problems.
- Enforce standards through well-publicized disciplinary guidelines.



Marketing Ideas

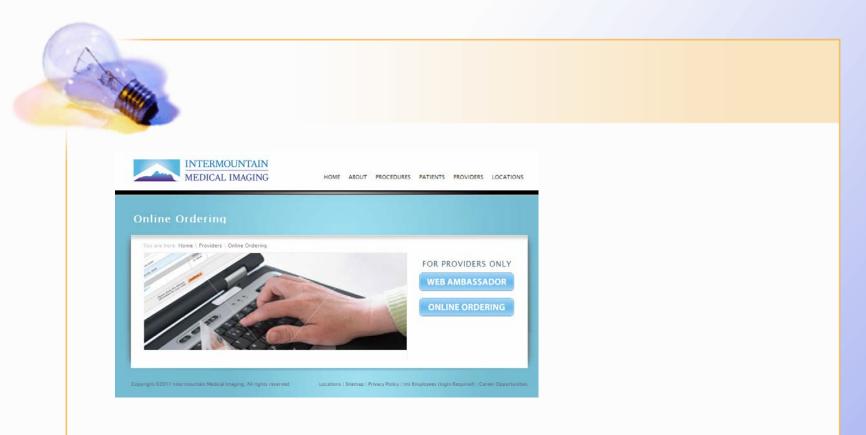
Presentation and Discussion

- Online ordering for referring physician offices.
 - Looks identical to order pad.
 - Has user names and passwords for security.

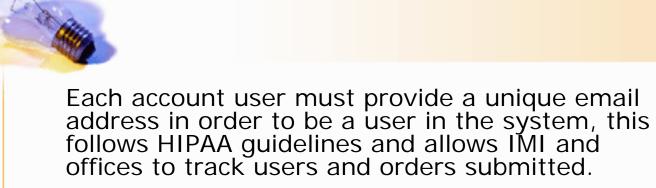


Idea from Intermountain Medical Imaging Boise, Idaho





Providers and staff access the IMI online ordering system through the IMI website. This adds additional traffic to the IMI website and a clear path for users.



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Fax Number		(mmy ddr yyyy)								
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MR Thoracic Spine Screening		AP/Lateral Complete		US Abdomen	Electronic Signature 3	/15/2011 1:50:30 PM;Verified/Revi	eved By:Dallas Peck MD		Wet Read To	0
MR Lumbar Spine Screening		Flex/Extension	Thoracic Spine							
MR Pelvis	CT Chest/Abdomen/Pelvis	Cervical Spine	Neuro	US Abdominal Aorta		MRI		ст		RADIOGRAPHY
MR Abdomen	Chest	Thoradic Spine	RL	US Pelvis v/transvaginal		3D reformats	📃 Brain; Head	3D reformats	with Brace or t	
MR Shoulder R L	Abdomen/Pelvis	Lumbar Spine	Facet Injection	Transvaginal Only	Brain; MS		CTA Intracrania		Chesty PA & L	
MR Elbov R L	Abdomen Only	Deluis, AD	Epidural Injection	V Without Transvaginal	Brain; seizure		CTV Intracrania		Spine: cervica	
MR Wrist R	Pelvis Only	Extremities	Nerve Block Therapeutic	Hysterosonogram	Intracranial MRA		CTA Extracrania		Spine; cervica	
MRHIP RL	Renal Stone	RL	Nerve Block-Diagnostic	US Renal	Extraxranial MRA			AND Extracranial (Carotoid/C.O.W.)	flex/ext	fle
MR Knee R L		Body Part	Level	US Complete OB (>14 weeks)	IAC		Facial Bones		Spine: cervica	
MR Ankle R L	CT Enterography		Vertebroplasty Level	US Early OB (<14 weeks)	IAC & Head) routine Soft tissue neck		AC/temporial b	one	flex/ext	🔲 fia
MR Angio Head (intercranial)	CT Spine		Lumbar Puncture	US Venous	Spine: screening		Sinuses		Spine; thorad	.c complete
MR Angio Neck (extraoranial)	Cervical Spine v 3-D Formats	UROLOGY	With Opening Pressure	Upper	cervical thoradic	Jumbar	Soft Tissue Ned		RADIOGRAPH	Y-Not Listed
MR Angie	Thoracic Spine	KUB	Other	Lover	Spine; cervical		Spine; cervical			
MRI-NOT LISTED	Lumbar Spine	Cystogram Voiding	PICC	8ilateral Unilateral	Spine: thoradic		Spine: thoracic			
MR		IVP	Hysterosalpingogram	Ultrasound-Not Listed	Spine: lumbar		Spine; lumbar			
	IV Contrast Required	Head and Neck	Facet Injection		Special attention to:		Special attentio	n to:		SPINAL PROCEDUR
	Head (Intracranial)	Sinus	Biopsy						Cervical	Thoracic 📃 Lumb
	Neck (Extracranial)	Neck, Soft Tissue	Aspiration						Epidural Injed	tion Nerve I
	Chest (Pulmonary)	Nasal Bones	Joint Injection, Joint		MRI-Not Listed		CT-Not Lister	1	Facet Injection	
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	CT Extremity	KUB-	Kenalog MG						*Myelo; low d	
		Supine Supine and Upright	Other		UL	TRASOUND		Laboratory	•Myelo: full d	
	Joint	Esophagram	LABS	OTHER REQUESTS	Thyroid	Salivary Glands	BUN	INR, PT, PTT	with flex/ext	
ARTHROGRAM	With 3D Fermats	Upper GI	CBC/Diff		FNA, If indicated	FNA or Biopsy, If indicat	ed CBC	T4/TSH		
MRI CT NR	CT-Not Listed	Small Bovel	INR.PT.PTT						SPINAL PRO	OCEDURES-Not List
R L		Barium Enema	Basic Metabolic Panel				CBC/DIff	Basic Metabolic Panel		
Joint		Radiography-Not Listed	Comp Metabolic Panel		Roft Nach Ticana	Castrid	Creatinine	Comp. Metabolic Panel		
SEDATION	()		Lipid Profile		Soft Neck Tissue	Cartoid	ESR		-	ATURS BEAUEAT
	Submit an	d Send • - Indicates P	tequired Field							
				Patient 🔄 This is a corrected order 🔝 A	ot Data/Time Schedulad					
	INTERMOENTAIN OF	der#: 15177	even to schedule U sider für Walk-in	vacence I mus is a connected order. I V	the event time coversited					

Submit and Se	end - Indicates Re	quired Field						
INTERMOLINDAIN Order	#: 15177 📃 Call Pa	ient to Schedule 📃 ·	Order for Walk-in Patient 🛛 This i	is a corrected	Forder 📃	Appt Date/Tir	ne Scheduled	
Schedu		me:	1	Date:			03/15/2011	
367-75	*Patient Da	te of Birthi	(mm/dd/9999)	*Provider	Namei		Dallas Peck	
MEDICAL 247-2		one Øi		Provider C	Contact #1		Rachel Bergmanni (208) 384-9Df
	*Sexi		۴	*Email:			rbergmann@gemstatera	ed.com
Tax ID#: 02-0514422								
Precert#/Authorization#	*Indication	, HX, 10D-9:						
Translator Needed	(language)							
*Electronic Signature	3/15/2011 1:52:43 PM;Verified/Review	ed By:Dallas Peck.MD			Wet Read	To	0	
M	IAMMOGRAPHY		DEXA			U	TRASOUND	
Please check the approp		Please any and all i	ndications that apply				Chest	
Screening Digital Man		Post Menopause				uis w/transvagi		
Diagnostic Digital Mar		Post Surgical Menopause				nzvaginal Only		
(& Breast Ultrasound if		Premature Menopauze				thout Transvag	inal	
	all indications that apply:	Long Term Thyroid Treatment			US Breast US Breast Biopsy			
Breast Pain	inversion/retraction or thickening	Rheumatoid Arthritis Contraindication for Estrogen Therapy			US Complete OB (> 14 yeeks)			
Conturion to the I		Estrogen Deficie				ly OB (<14 wea		
Gynecomartia/Enl		Long Term Ster					IS-Not Listed	
6 Months F/U			or Calcium Intake		us [10 100 00 000	
Dreast Mass	RT 🔲 LT	Anti-convulsant						
Other		Loss of Height (or Family History)		_			_
Breast Ultrasound (If	indicated)	Vertebral Abnon	malities				MRI	
Please indicate area of		Follow-up Treatm	ent for prevention/monitoring of osteopo	roziz	MRI D		MRI Breast Biopsy	
		Other				reast (implant i eluis (Uterus)	assessment)	
11	()	Date of last DEXA		1		eluis (ovaries)		
			Location of last DEXA				RI-Not Listed	
6 6		History/Indications			m MB [
2 (0) / (0) /							
Right	Left							
Date of last memmogram	n 🗾							
Location of last mammo	pram					OTH	IER REQUESTS	
History/Indications		PATIENT INSTRUCT	1055					
			ns, minerals and caldium					
_			a day of your bone densitometry (DI	EXA) exem.				
PATIENT INSTRUCTIONS		*EDA Labeling for el	icone implants states that a woman sh	cold have				
	or powder. Also, if you develop a	her first mri three ye	arz after her initial implant zurgery and	then every				
	e in for your appointment, you must pet a diagnostic order. Please call us to		to azzazz for implant rupture. If impli					
	t to a diagnostic mammogram.	is detected on an MR and/or replacement.	I, consideration should be given to imp	VANC MERIOVAL				
	eening mammograms be scheduled at least							
THE (I year + I day) days	from the last mammonoraro	The seat of Arts from		and the second second				

Submit and Send

* - Indicates Required Field

Examples of the IMI online order forms – they are identical to the paper orders the offices are used to using. One important difference, areas in RED must be provided prior to submitting.

S Aller		ORDER INFORMATION
	Suc	ccess New Order Information Order Number: 15172 IMI Authorized User: Rachel Bergmann Order Type: General Imaging
	Patient Name rachel bergmann Patient DOB 5/2/1974	Practice GSR Provider DallasPeck
	Patient Contact 200-859-8222 Patient Sex [Provider E-Mail dpck@gemstaterad.com
	Indications test patient RBMA PPT	Download Jpeg Order Form Download PDF Order Form
	Order Information	Appointment Information
	Order Status: New	Appt Location: Not Assigned Appt Date:

Top: confirms immediately that the order was submitted successfully.

Bottom: Email that the user gets to confirm order was placed. User can opt for email, fax, or both. Offices can also download the order in either a jpeg or PDF to save in the file or import to their EMR.

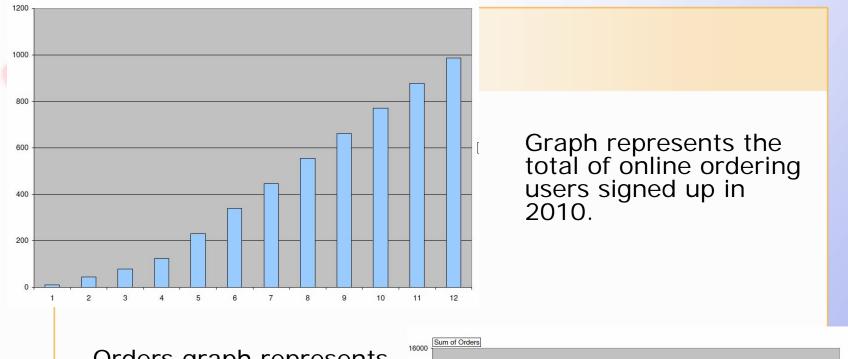




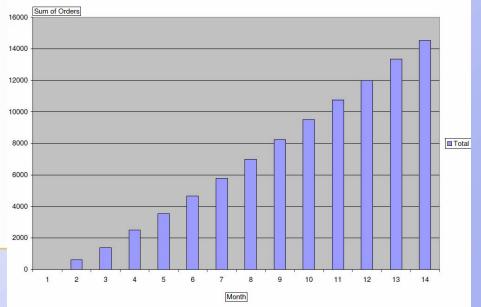
Example of the IMI online order list, here users can search for orders placed. A positive for those offices that use float staff, and or have multiple docs they are ordering for. No more looking in each and every patient chart for a copy of the order.

Select Search Criteria
User Bergmann, Rachel Start Date Sort By: Status Any Status End Date Order Date Orders I Placed Preset No Dates Selected User Name

Users Added

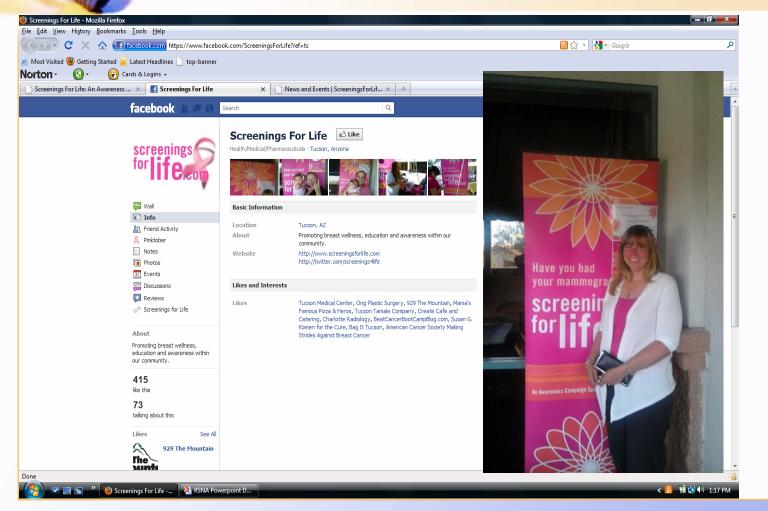


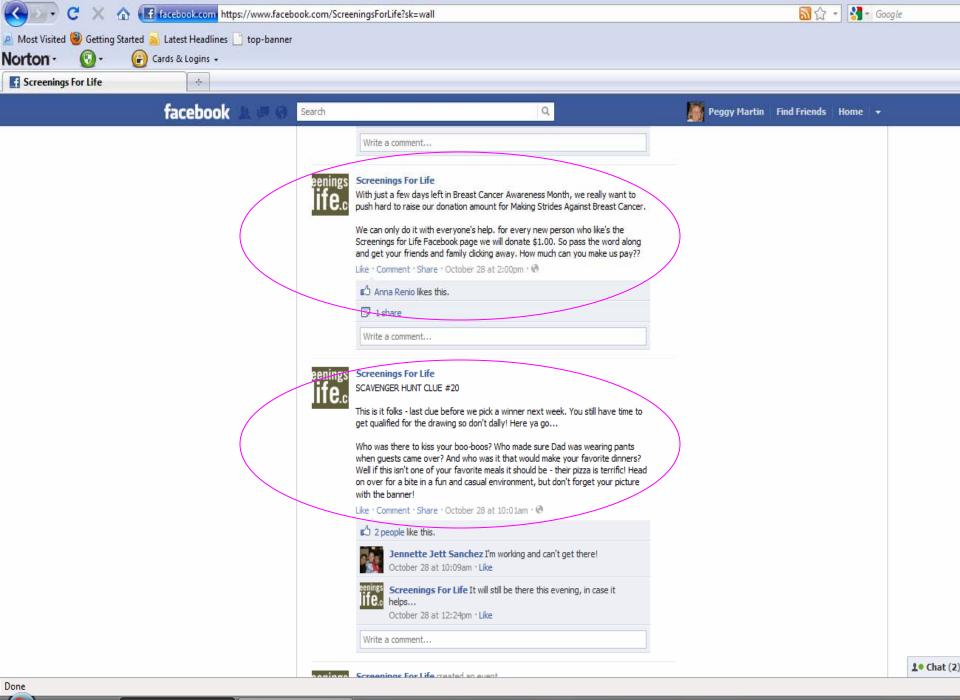
Orders graph represents a 14 month running total of usage. A milestone was quickly reached when the number of online orders surpassed faxed orders into the system.

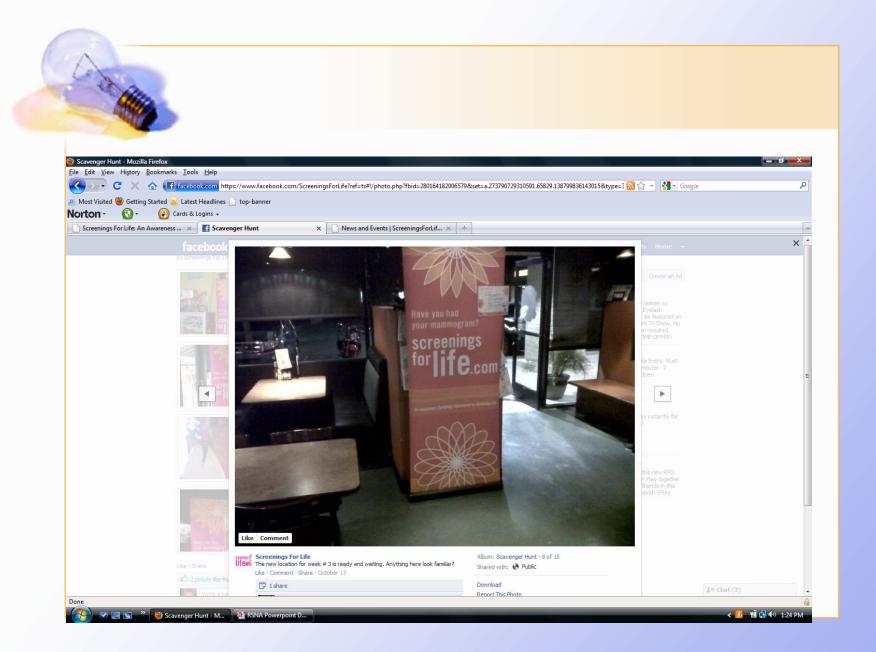


- Facebook Scavenger Hunt.
 - Partner with local restaurants.
 - Friend on facebook.
 - Find banner at restaurant.
 - Post picture with banner.
 - Win prizes.

I dea from Radiology Ltd. Tuscon, Arizona

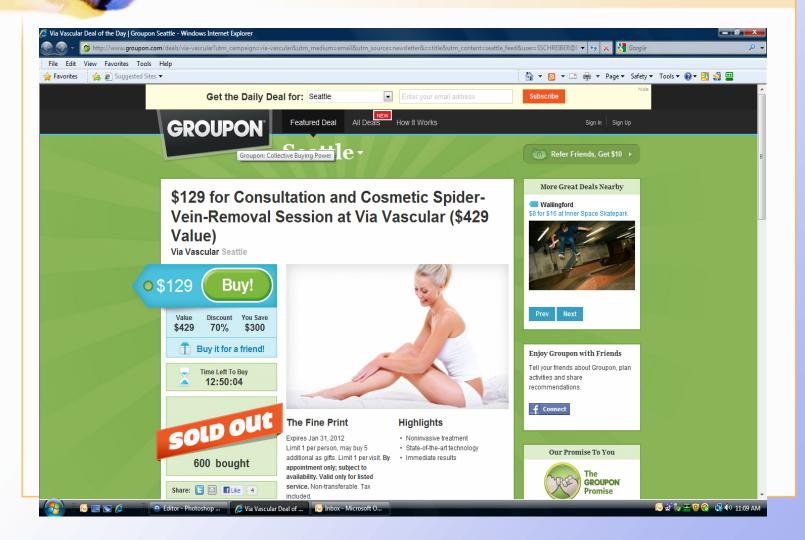


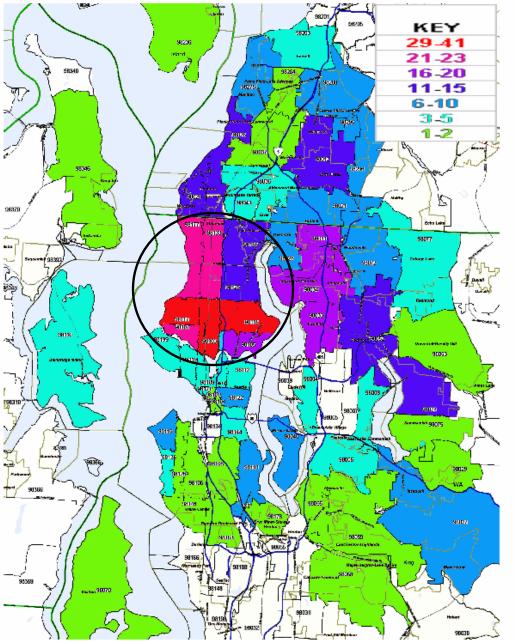




- Groupon Advertising.
 - Advertise for Sclerotherapy.
 - Low cost for procedure.
 - Groupon features and sells.
 - Groupon takes 50% of sales price.

Idea from Via Radiology (Via Vascular) Seattle, Washington





Targeted Follow up:

- Direct Mail Campaign.
- •Val Pak.
- •Newspaper ads.

Pamper Me Pink

Mammography Parties.Host/no-Host.



Pamper Me Pink

- Co-hosted Mammography Parties.
 - Market to local companies and various groups.
 - Company/participants provide refreshments and give-aways.
 - Breast Center provides location/education/atmosphere.

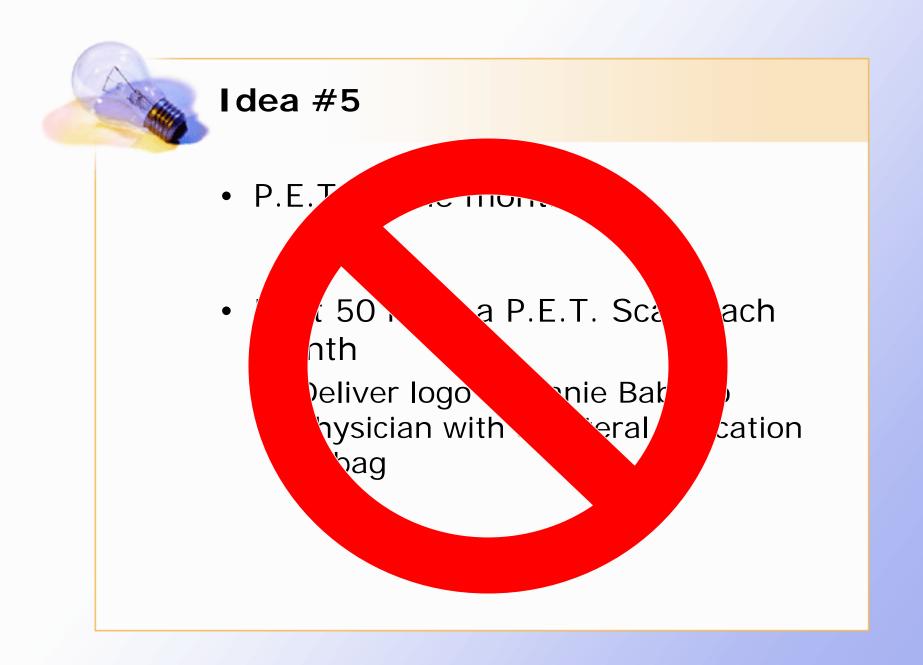


- Hosted Mammography Parties.
 - Schedule during regular evening/weekend hours.
 - Light snacks.
 - Heavy marketing/press coverage during annual pink time.



- P.E.T. of the month.
- First 50 to refer a P.E.T. Scan each month.
 - Deliver logo'd Beanie Baby to physician with collateral education in bag.



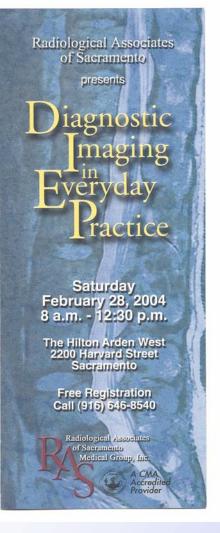


- CME Symposium.
 - 4 hour educational event.
 - Offer CME's.
 - Presentations by Radiologists and local physicians.
 - Provide food.

CME Symposium

- Charge or no charge?
- How to value?
- Document in CRM value.

From Radiological Associates of Sacramento Sacramento, California



Practice CME accredited

- Increase of attendance
 - •First symposium 78 Physicians and NPs
 - Annual event

- Staff Education.
 - Education lunches.
 - Hosted at their office.
 - Hosted at your office.
 - Hosted at local hotel/restaurant.
 - Host educational webinars.
 - Provide own material.
 - Radiologist/staff presentations.
 - Record for distribution.
 - Provide useful collateral.
 - Authorization Guides.
 - CPT Man.
 - Basic Radiology ordering guides.



I dea from Radiology Ltd. Tuscon, Arizona



Radiology Ltd. invites you to a Mad Science experience!

Come learn about the newest MRI technology and advancements In Imaging procedures. Discuss concerns specific to your practice and patients.

These gatherings are for physicians and their staff to investigate new services, and to exchange information.

Demonstrations will include:

Magnets In Motion Light Concepts and New Technologies Affecting Your Patients

To assure we accommodate Tucson's vast medical community, the Mad Science Fairs will be held in several convenient locations. Space is limited to 3 people per office per fair. Breakfast or lunch is included, as well as information on new services. We look forward to meeting you!

> Green Valley Science Fair Wednesday, August 5, 2009 12:00 -1:30 PM Los Pavo Reales Restaurant, 111 S. La Canada Dr., Green Valley, 85614

Westside Science Fair Wednesday,August 12,2009 12:00 – 1:30 PM Manning House,450 W/ Paseo Redondo,Tucson,AZ 85701 Sierra Vista Science Fair Thursday,August 13,2009 12:00 - 1:30 PM Holiday Inn Express, 1902 S. Highway 92, Sierra Vista,AZ 85635

Northwest Science Fair Wednesday,August 19, 2009 12:00 -1:30 PM Tohono Chul Park, 7366 N. Paseo del Norte,Tucson,AZ 85704

Eastside Science Fair I Thursday,August 20, 2009 12:00 -1:30 PM Radisson Hotel, 6555 E. Speedway Bivd., Tucson, AZ 85710

Eastside Science Fair II Wednesday,August 26,2009 7:30 - 9:00 AM Radisson Hotel, 6555 E. Speedway Bivd., Tucson,AZ 85710

Please RSVP by Friday, July 24, 2009 to Professional Relations at 520-901-6775 or pr@raditd.com



- Bi-Directional EMR Feed.
 - Orders come on HL7 interface from EMR.
 - Reports are sent in return.

- Health fairs.
 - Complimentary Osteoporosis screening.

Health Fairs

- Sponsorships.
- Purchase booth.
- Provide Radiologist speaker
- Screening ideas:
 - Ultrasound heel screening.
 - Blood pressure.





• Print Advertising.

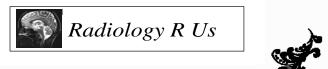


We all love using *Radiology R Us* They are the best in town!



- Appointments within days not weeks
- Lowest cost diagnostic imaging
- Experienced & specialized staff
- Low dose radiation equipment

Schedule your appointment today. 1-800-555-1212



Advertising – Check your state medical board for guidelines

Texas Administrative Code TITLE 22 EXAMINING BOARDS

PHYSICIAN ADVERTISING RULE §164.3 Misleading or Deceptive Advertising

No physician shall disseminate or cause the dissemination of any advertisement that is in any way false, deceptive, or misleading. Any advertisement shall be deemed by the board to be false, deceptive, or misleading if it:

- (1) contains material false claims or misrepresentations of material facts which cannot be substantiated;
- (2) contains material implied false claims or implied misrepresentations of material fact;
- (3) omits material facts;
- (4) makes a representation likely to create an unjustified expectation about the results of a health care service or procedure;
- (5) advertises or assures a permanent cure for an incurable disease;
- (6) compares a health care professional's services with another health care professional's services unless the comparison can be factually substantiated;
- (7) advertises professional superiority or the performance of professional service in a superior manner if the advertising is not subject to verification;
- (8) contains a testimonial that includes false, deceptive, or misleading statements, or fails to include disclaimers or warnings as to the credentials of the person making the testimonial;
- (9) includes photographs or other representations of models or actors without explicitly identifying them as models and not actual patients;
- (10) causes confusion or misunderstanding as to the credentials, education, or licensure of a health care professional;
- (11) represents that health care insurance deductibles or copayments may be waived or are not applicable to health care services to be provided if the deductibles or copayments are required;
- (12) represents that the benefits of a health benefit plan will be accepted as full payment when deductibles or copayments are required;
- (13) states that a service is free when it is not, or contains untruthful or deceptive claims regarding costs and fees. If other costs are frequently incurred when the advertised service is obtained then this should be disclosed. Offers of free service must indeed be free. To state that a service is free but a third party is billed is deceptive and subject to disciplinary action;
- (14) makes a representation that is designed to take advantage of the fears or emotions of a particularly susceptible type of patient;
- (15) advertises or represents in the use of a professional name, a title or professional identification that is expressly or commonly reserved to or used by another profession or professional;
- (16) claims that a physician has a unique or exclusive skill without substantiation of such claim;
- (17) involves uninvited solicitation such as "drumming" patients or conduct considered an offense under Texas Occupations Code §102.001(a) relating to the solicitation of patients; or
- (18) fails to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement, article, or infomercial, unless the nature, format or medium of such advertisement makes the fact of compensation apparent.

Source Note: The provisions of this §164.3 adopted to be effective May 21, 2000, 25 TexReg 4348; amended to be effective September 19, 2002, 27 TexReg 8769; amended to be effective May 12, 2008, 33 TexReg 3741

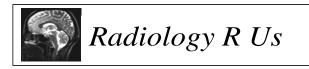


We all love using *Radiology R Us* They are the best in town!



- Appointments within days not weeks like Radiology Associates
- Lowest cost diagnostic imaging
- Experienced & specialized staff
- The most accurate Radiologists in the State

Schedule your appointment today: 1-800-555-1212





Can you prove you are the best?

Are all these people models or actual patients?

False claims? Comparing yourself to competitor?

- Public Relations & Sponsorships.
 - Komen, Making Strides, health related causes that your referring staff support.
 - Think beyond the pink.
 - Collaboration on Rock n Docs Concerts.
 - Host thank you luncheon for ACS and other group volunteers.
 - Donate your time and talents make sure you let the public know.

Event/ Sponsorship	Cost	Approx # Attendees (name recognition)	Visits to Booth (pick up give away)	# Interested Info/ Education (received info or asked ?)	Cost per Educated	Notes
Women in Business	\$550	1200	750	750	\$0.73	Fundraiser for Breast Cancer
Woman's Day Conference	\$950	4000	2500	1000	\$0.95	All day conference women paid \$95 to attend
Best of the Best Party	\$6500	3500	1000	100	\$65.00	\$5000 of fee direct to March of Dimes
Komen-Race for the Cure	\$10000	18,000	1500	50	\$200	Komen Foundation local fundraiser

- Physician office staff appreciation.
 - BBQ's.
 - Morning Coffee/Open House.



Lunch time BBQ for referring physicians, their staff and our staff at that site.

Usual turn out =

250 – 700 people!

What is the cost?

- Table & Chair
 Rentals
 \$350
- Decorations \$100
- Bulk food from Costco type store
 \$650
- Condiments
 \$300
 - = \$1400(average \$3.50 per person)



Unique Open House

- Morning Coffee and Muffins.
 - Great for MOB.
 - Catch physicians and staff on way into office.



Thank you!

Questions.....

Contact Info:

W. Kenneth Davis, Jr. phone (312) 902-5573 ken.davis@kattenlaw.com

Peggy Martin, CRA phone (916) 784-7959 peggy_martin@rocketmail.com

