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Graft 2001; 4; 416

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Doctors Marketing Excellence:

The Duke Experience in Transplantation

R. Randal Bollinger

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As managed care based on business models swept through American medicine in the 1990s, Duke University created large business units for the purposes of contracting and marketing. Today the marketing department has been eliminated. Yet, the Duke lung transplant program has grown to be the largest in the world, the heart transplant and living related donor kidney transplant programs have doubled in size, and every other solid organ transplant program at Duke is growing. If traditional marketing is outdated, how has this remarkable increase in transplant volume been achieved? The answer lies in creating excellence, then marketing that excellence personally to managed care contractors, referring physicians and patients.

Creating Excellence

Duke University Medical Center is well-known regionally and recognized nationally as a research medical center. For several years, the Duke Department of Surgery has had more National Institutes of Health research dollars than any other department of surgery in the United States. Duke transplantation programs performed the first kidney, heart, and liver transplants in the Carolinas, and have the most experience in solid organ transplantation in this region. New transplant surgeons have been added to the faculty each of the past 3 years. New inpatient and outpatient facilities have been created over the past 2 decades and include an entirely new transplant clinic that opened 2 years ago. Excellent contracting has ensured a large number of potential patients, whereas judicious expansion of the Duke Health System has ensured a place for Duke transplantation in most contract negotiations.

Marketing Excellence in Transplantation

The field of transplantation has several fundamental differences that distinguish it from most medical services. Cadaver donor transplantation is severely restricted by the availability of organs. Specific medical criteria defined by the U.S. Organ Procurement and Transplant Network determine the selection of recipients, not market forces. On the other hand, living donor transplantation is not so donor limited. The total number of patients waiting on a particular center's list is an important determinant of transplant volume. Furthermore, centers willing to transplant organs refused by other centers may effectively increase the size of their cadaver organ pool, increase the number of transplants performed, and decrease the waiting period of their recipients. Marketing the excellence of Duke Medical Center began with the slogan "Brilliant Medicine, Thoughtful Care" that was repeated over and over in print and electronic media. Although the marketing group has been disbanded, the message continues to be repeated often. Patients who enter the Duke clinics are reminded that they have come to a place widely recognized for *excellence*. The large poster advertisement that greets patients when they enter Duke Hospital states

Thank you, Duke University Medical Center Team...you've made us the "best of best". Once again Duke University Medical Center has been ranked by U.S. News & World Report as one of the best hospitals in America. Indeed for the 11th year in a row, Duke was ranked among the "best of the best" the only one so ranked in the Southeast.

The Duke Health System has effectively marketed its message of excellence to the public without incurring significant marketing expenses (see

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Table 1 | **RECENT UNPAID PUBLICITY THAT EFFECTIVELY MARKETED DUKE UNIVERSITY MEDICAL CENTER TO THE GENERAL PUBLIC**

SOURCE	PUBLICITY
<i>U.S. News & World Report</i>	America's Best Graduate Schools (Duke Medical #3)
<i>Time</i>	A Week in the Life of a Hospital (Issue focused on Duke Hospital)
Discovery Channel	13 -Part Hospital Series (Filmed in Duke Hospital)
<i>U.S. News & World Report</i>	Best Hospitals in America (Duke Hospital #6)
Consumer Choice Awards	Duke Hospital named Best in the Triangle (Raleigh-Durham-Chapel Hill)

Traditional marketing implores us to have available the product that customers need and want now. What our patients need and want are new organs, but we often cannot provide them “now.”

Table 1). The transplant program in turn markets its excellence to insurance carriers, referring physicians, and patients. Transplantation marketing is done best through personal, face-to-face contact—a philosophy espoused by Dr. Paul Kuo, chief of Surgical Transplantation at Duke. The clinical transplant programs are organized together as a clinical business unit (CBU) under the administration of Mrs. Syvil Burke who maintains a transplant Web site and sends organ-specific report cards with outcomes data to each referring physician annually. Dr. Betsy Tuttle notes that she and her colleagues “have made a significant effort to keep in personal contact with referring physicians. This includes letters and phone calls...we try to make it easy for referrals as transfers to the Medical Center.” Because Duke Hospital is often full, transferring patients from outside hospitals can be a challenge, and this assistance is appreciated by referring physicians.

The increase in clinical volume and outcomes of the Duke lung transplantation program (directed by Dr. Duane Davis) illustrate the impact of an individual surgeon on the growth and development of a transplant program. Dr. Victor F. Tapson, our first transplant pulmonologist, notes “When Duane took over, things really blossomed, largely because of his aggressiveness with harvesting as well as his aggressive and dedicated approach to the entire program...marketing never seemed to be a major issue but the business office seems to have been very good about insurance company contacts and being certain we were known by all. Because our program has always had the reputation to others as being the ‘last stop,’ i.e., least likely to turn down a reasonable candidate, Duke has stayed busy.” Institutional excellence creates a safe environment to judiciously extend the limits of clinical practice in transplantation. This in turn facilitates expansion of the donor pool and recipient list that leads directly to larger transplant volumes, more clinical

trials, and new research opportunities. The importance of excellent leadership from the surgeons and physicians in essential positions cannot be overstated.

Traditional marketing implores us to have available the product that customers need and want now. What our patients need and want are new organs, but we often cannot provide them “now.” When we do not have cadaver donor organs, we can give them living donor alternatives, the latest laparoscopic donor techniques, and state-of-the-art therapies. By analogy to the marketing imperative “love the customer, not the product,” we should strive to love the patient not the transplant and endeavor to provide excellent patient care even when no organ is available.

In the recent past, contracting proved important but traditional marketing did not and was therefore abandoned. For the near future, clinical and research excellence will remain important and the Duke Health System will continue to market them. The Duke Transplant CBU ensures that excellence extends to the transplant program. By personal contact, we let our patients and their referring physicians know they will receive superb care. Aggressive, personal marketing of excellence by the transplant team is one formula for success.