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Balancing Consumer and Physician Influence:  
Finding the “Sweet Spot” in Healthcare Marketing

“A sweet spot is a place, often numerical as opposed to physical, where a combination of factors suggest a particularly suitable solution.” 
— Wikipedia

Introduction

Since the introduction of hospital marketing in the early 80’s, the consumer channel has been the dominant focus of marketing and communication. This spotlight on the consumer continues today as reflected by the percent of marketing and communications budgets allocated to mass and targeted consumer marketing.

Positioning and differentiating hospitals, service lines, and even affiliated physicians depends largely on consumer marketing. Direct-to-consumer advertising has proven to be an effective tool in raising top of mind awareness and perception, but often requires a longer-term return-on-investment. For both hospitals and physicians, an effective complement to direct-to-consumer marketing is physician-to-physician marketing.

Physician-to-physician marketing concentrates on supporting practices in marketing their capabilities to referring physicians. Unlike consumer marketing, physician-to-physician marketing can have an immediate impact on practice and hospital volume. This may suggest the need to reposition certain hospital marketing activities and related budgets to achieve a synergy between consumer and physician channel marketing.

Industry Emphasis on Consumer Marketing

The 80’s and 90’s were a robust period for the hospital industry. For-profit hospital companies were rapidly emerging as a significant market-changing force in the hospital landscape. The prevailing notion was that the introduction of competition in the hospital industry would result in improved access to care, a broader range of services, and lower cost of care. At the same time, health insurance organizations were consolidating to increase market share and retain advantage in hospital reimbursement negotiations.
Hospitals began to position themselves for this new market-driven environment. This led to the rapid introduction of the marketing discipline into the hospital industry. Health care marketers, newly recruited from consumer industries, brought with them a powerful focus on the consumer as the primary target.

One barometer for measuring the emphasis hospitals place on consumer marketing is the percent of the hospital marketing/communications budgets spent on advertising. According to the American Hospital Association's Society for Healthcare Strategy and Market Development, in a survey of members in 2007, the average reported marketing/communications budget was $1.194 million. The survey also estimated the average hospital advertising budget was in the range of $432,000.1

Advertising has proven successful in helping hospitals create brand identity. Brand identity helps differentiate one hospital from another in the consumer’s mind; one is known for technology while another may deliver the “healing touch”. Advertising further establishes a mindset that the hospital or health system has standing and permanence in the community. Beyond generating business, brand is important in attracting team members and physicians, enhancing image among managed care organizations, and in generating interest from the community to serve on hospital boards and committees or to offer philanthropic support.

Hospital image and service line marketing differentiates the hospital and, therefore, the affiliated physicians, eventually helping consumers connect with physicians. Consumer logic is simple: good doctors work at good hospitals, and good hospitals have good doctors. Sometimes, hospital advertising has a “call to action” to encourage consumers to call the hospital help line to request service information, schedule to attend an educational program, or request a physician appointment.

**Physician and Hospital Environment**

To understand the relationship between physicians and hospitals, consider a distributor model, such as independent insurance agents and insurance companies. The independent agents align with two or three insurance companies so they can provide their clients with a choice of products. In turn, the insurance companies differentiate themselves and their products with the agents through a variety of relationship strategies – range of products, prompt policy processing, competitive rates, marketing support, to name a few. Each party is dependent on the other, and neither benefit from alienating the other. However, the agents have an important advantage: choice.

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Hospitals and physicians function in a similar model. Physicians are independent and tend to affiliate with more than one hospital and outpatient facility. Hospitals seek to differentiate themselves and their service lines with physicians using a variety of strategies – range of specialties, support staff and nursing, state-of-the-art facilities and technology, locations and convenience, insurance network participation, patient experience, and practice support services. Hospitals that enjoy a healthy relationship with their physicians understand that physicians, like the independent agents that they are, have choices.

Traditionally, physicians relied on hospitals to provide the capability and capacity to care for their patients while hospitals relied on physicians for admissions. With the emergence of physicians as both hospital business partners and competitors comes a new relationship dynamic to which hospitals have been slow to adapt. Investments by physicians to improve the economics of their practice, such as adding competitive technology to capture technical fees and investing in outpatient facilities, have brought them into conflict with the hospital. In fact, physicians’ actions to improve their economics are often viewed as “disloyal,” leading to relationship barriers. In reality, the economic instinct that drives physicians is the same that drives the behavior of hospitals – the need to survive and prosper.

**Physician as Patient Influencer**

In 2005, the Advisory Board framed the issue of physician influence on consumer selection of a hospital with the release of a study entitled *Next - Generation Physician Marketing: Increasing Health System Leverage Across the Referral Chain*. In the study, the Advisory Board makes the following statement: “While there is good reason to include prospective patients in hospital marketing efforts, the degree to which the industry has been focused on this segment of the customer base is, arguably, inappropriate.” They go on to say that “while consumer assertiveness does, of course, vary across service lines and patient demographics, all indications are that physicians are the ones who (by a wide margin) typically determine where a patient ends up receiving hospital treatment.”

A VHA study, entitled “Physician Affiliation Biggest Factor in Consumers’ Choice of Hospital,” looked at the factors influencing hospital selection. The results were as follows: primary physician affiliated with the hospital (35%); hospital provides specialized services (31%); advice and referral from physician (31%); and hospital is up to date with medical advances (21%). The research determined that physicians influence 65% to 70% of where a patient ends up receiving hospital services.

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Research from McKinsey and Company appearing in November 2007 issue of *The McKinsey Quarterly* provided additional insight. Patients responded to the question, “Have you ever requested a specific hospital from your physician?” Of the more than 2,000 patients surveyed, 30% “never requested” a specific hospital, 28% “discussed but did not make a request,” and 42% “requested a specific hospital.” The McKinsey research reinforces the significance of physicians as consumer influencers in hospital selection.

Recognizing the role of the physician as a key consumer influencer in no way diminishes the emergence of a potentially significant trend — the empowered health care consumer. The Deloitte Center for Health Solutions 2008 Survey of Health Care Consumers reveals that only 20% of consumers are content to let their doctor make decisions for them. They choose, instead, to view their doctor as a coach or consultant, and less as the director of their care decisions. This current survey reveals that health care consumerism is alive and well and clearly shows that marketers should not abandon their investments in consumer marketing.

These studies are consistent in recognizing the importance of the patient-physician relationship and the influence physicians have in directing the care of their patients. What these studies suggest is the need to balance marketing budgets and activities to reflect the influence physicians have on guiding consumer selection of a hospital.

**Physician Ecosystem and Value Chain**

The foundation to any successful healthcare market is the relationship between primary care physicians and specialists. In the hospital setting, it is often difficult for marketers to determine referral patterns and understand the exact relationship between primary and specialty practices.

Developing physician channel marketing opportunities begins with an understanding of the “physician ecosystem,” and how physicians interact to create value for the participants. Helping consumers connect with a primary care physician is the beginning of a value chain with multiple transaction points and decision drivers that culminate in an inpatient or outpatient experience.

An illustrative model of a physician ecosystem using oncology as an example is shown in Figure 1. The scenario begins when a consumer has a medical concern and visits his or her primary care physician. The primary care physician conducts a variety of tests, detects cancer symptoms, and refers the patient to a medical oncologist for further

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evaluation. The medical oncologist confirms the cancer diagnosis and develops a treatment plan. A percentage of patients will require surgery and radiation oncology as part of their treatment plan.

Within the ecosystem, there are transaction points and decision drivers (see Figure 2). For example, several influencers are at play when a consumer seeks out a primary care physician. Perhaps they received a recommendation from a family member or friend, saw an advertisement for a hospital physician helpline, searched a physician directory online or were influenced by a combination of factors.
Once the primary care physician recommends a medical specialist to the patient, a different set of influencers are at work. Hospital affiliation, specialty physician relationships, health insurance coverage and provider networks, and patient needs and preferences are important considerations.

When the physician specialist recommends a surgical specialist, then hospital affiliation, clinical staff support, technology, reputation, facility convenience and physician preference rise in significance.

The role various physician groups play in the value chain relative to each other and the hospital is an important dynamic. In an article entitled “Executive Focus: Key Trends in Hospital/Physician Issues,” ECG Management Consultants, identify physician groups and their relative importance to the hospital (see Figure 3). For the “referral drivers” — primary care physicians and other office-based specialists who typically comprise 42-44% of the medical staff — the importance of the hospital is low. Increasingly, these referral drivers stay in their offices where they are most productive and allow hospitalists to coordinate the care of their patients.

<table>
<thead>
<tr>
<th>Importance of the hospital to the Physicians</th>
<th>Relationship Drivers</th>
<th>Efficiency Drivers</th>
<th>Revenue Drivers</th>
<th>Referral Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Hospitalists, Anesthesiologists, ED Physicians, Neonatologists</td>
<td>CV Surgeons, Invasive Cardiologists, Neurosurgeons, Radiologists, Pathologists</td>
<td>Medical Subspecialists, Obstetricians, and Surgeons who predominantly work in the outpatient environment</td>
<td>Primary Care Physicians and other office-based Specialists</td>
</tr>
<tr>
<td>6 - 8%</td>
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<tr>
<td>14 - 16%</td>
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<tr>
<td>32 - 37%</td>
<td></td>
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<tr>
<td>42 - 44%</td>
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</table>

Figure 3. Physician roles in the value chain. From relationship drivers to revenue drivers, physicians have different roles in the value chain relative to hospitals.
At the opposite end of the spectrum are the “relationship drivers”—hospitalists, anesthesiologists, emergency department physicians, and neonatologists who typically comprise 6-8% of the medical staff. Hospital importance is very high among this group. In between are the key “revenue drivers” who make up 32-37% of the medical staff (medical subspecialists, obstetricians, and surgeons) and “efficiency drivers” who make up 14-16% (cardiovascular surgeons, invasive cardiologists, neurosurgeons, radiologists, and pathologists).6

Each of these physician groups present a unique revenue potential for the hospital. For example, the Advisory Board estimates that 100 primary care physicians (referral drivers) can refer over 13,000 patients a year to a variety of specialists and surgeons (revenue drivers).7 A study published in 2007 by Merritt, Hawkins and Associates estimated the average annual patient/outpatient revenue generated by various types of physicians for their affiliated hospitals (see Figure 4). Not surprisingly, at the top of the list are invasive cardiologists, orthopedic surgeons and non-invasive cardiologists.8

![Figure 4. Value to the hospital of top 10 revenue drivers. Average annual inpatient and outpatient revenue generated per specialty physician for their affiliated hospital.](figure4.png)

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6 ECG Management Consultants, Page 3.
Practice Challenges and Marketing Support

Physicians face significant challenges in maintaining a viable practice while balancing the stresses of their personal and professional life. On the one hand, they must manage practice demands — work hours, time pressures and complex patients — and on the other hand, they desire time to focus on practice efficiency and productivity. Maintaining practice income in an environment of little, if any, pricing elasticity translates into seeing more patients and working longer hours — a scenario that encroaches on the life-work balance they desire.

Many hospitals and health systems have implemented innovative physician liaison programs. The goal is to identify opportunities to support current referring physicians while cultivating new physician referral relationships. A hospital representative is assigned a territory or group of doctors to target. The primary measure of success is the increase in referrals for inpatient and outpatient services.

Physician liaison programs have led to the development of a range of practice support services, from full practice management to a-la-carte services. These solutions, while welcomed and valued, often fall short, failing to recognize the discipline of marketing to address practice productivity through development of revenue growth and diversification opportunities. Physicians often view physician liaisons as a one-way revenue driver for the hospitals.

In a 2005 study of the usefulness of value-added services reported by the Medical Practice Center, 59% of specialists surveyed indicated an interest in developing marketing skills. In a separate physician study conducted in 2007 by Meridian Health in New Jersey to evaluate value-added services, three of the top six service areas identified as “very to extremely useful” involved marketing support opportunities (see Figure 5). Together, these references indicate the potential receptivity of physicians to practice marketing support.

*The Advisory Board, page 11.*
Physician-to-Physician Marketing Program

Developing a patient relationship using consumer-marketing strategies has proven to be an effective approach, but the conversion from prospect to patient tends to be a longer-term yield. For example, The Beryl Institute in their ROI Toolkit, “The Hospital Marketer’s Guide to Measuring Credible Return on Marketing Investments,” cites a recent four-year study of hospital call centers by Solucient. The study findings indicate one in four callers to a hospital call center will result in an inpatient or outpatient visit within the next twelve months. In contrast, a physician-to-physician marketing program can produce immediate practice referrals that transfer into timely admissions and favorable patient mix for the hospital.

The marketing challenge lies in developing a physician-to-physician marketing program that physicians can easily rationalize and project the value into their practice. Practices tend not to have formal programs to support referral growth. They lack the resources,

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Figure 5. Usefulness of value-added services. Summary of top-line results from Meridian Health’s physician survey to evaluate usefulness of value-added services.
marketing expertise, or time to develop and manage a consistent physician relationship program to cultivate referrals. At the same time, practices with the capacity for more patient visits easily recognize that incremental volume can be very profitable.

In 2006, the marketing and communications team at Meridian Health took on the challenge of developing and implementing a physician-to-physician program. The program development objectives included the following:

- Help practices improve productivity by increasing referral volume.
- Develop an easy-to-use Internet-based tool to manage practice-marketing activities.
- Populate the tool with a comprehensive database of affiliated and unaffiliated physicians.
- Analyze referral data and provide the practice with a marketing analysis.
- Develop practice marketing plans and materials.
- Track performance by evaluating program effectiveness at increasing referrals.

The product development team began by studying the practice environment, understanding how practice mail is filtered, reviewing the types of information that are relevant to physician interests, and looking at design characteristics that make content easily scanned by the reader. They confirmed that physicians receive a lot of direct mail and are more likely to open a letter from a colleague. They created a communications platform that was practice-to-practice, highly personalized — no “Dear Doctor” letters — mailed first class using practice letterhead and standard envelope sizes. Finally, they decided that content would be tailored to differentiate referring and non-referring physicians.

Developing the product required the support of legal counsel to determine the implications of the “Physician-Self-Referral Act” (Stark law) on the development, marketing and implementation of the product. This Act limits conflicts of interest that steer referrals or over utilize services based on financial relationships. It also requires that all relationships with physicians meet a “fair market value test.” Legal counsel assisted in the development of the physician agreement, which must be in writing, for a defined period and not dependent on referral volume or value.

The resulting product is *Meridian PartnerPlus*, an Internet-based marketing tool that facilitates a rapid and efficient approach to
physician-to-physician communications. The product was a joint development venture with a market leader in interactive Web-based advertising, marketing and communication technology whose client list includes Bank of America, General Motors, Dell Computer, P&G, Microsoft and other industry leaders.

The primary product functions include marketing campaign management, digital asset storage and retrieval, and history of marketing activity. The core of the product is a “pristine” database of all market area physicians, both affiliated and non-affiliated. The data can be sorted in a variety of ways, such as health system affiliation, hospital specific affiliation, physician specialties, geographic area, and practice referring and non-referring physicians.

Eight specialty practices completed a successful pilot of Meridian PartnerPlus in 2006-07. As the program is expanded, specialty practices with favorable economics for the hospital are targeted for account development. Practices pay an annual license fee to access Meridian PartnerPlus and pay fair market value for any creative services, and direct cost of printing, postage and processing fees. The practice launch process begins with the analysis of the practice referral data, identification of market growth opportunities, and development of a 12-month marketing plan and marketing materials. The process can include development of the practice branding strategy and logo (See Figure 6).

Figure 6. Meridian PartnerPlus practice launch process. The product installation and launch is a detailed, systematic process.
Meridian PartnerPlus has proven to be a successful marketing tool for practices. Participating practices use the tool to facilitate a wide variety of physician-to-physician marketing and communication opportunities — initial practice introductory mailing, introduction of new procedures and services, new physician introductions, new facility announcement, distribution of research papers, clinical trial announcement, even holiday greeting cards.

The basis for evaluating the performance of the Meridian PartnerPlus program is growth in referral activity. Periodically, the baseline referral data is compared to the current referral data to identify physicians who have increased their referral volume, and new physician referral activity. The value of incremental practice referrals is the basis for the return-on-investment to the practice.

Analysis of the practice referral data is a revealing, even surprising process for the practice. For many, it is their first exposure to this level of market data and analysis. Historically, a practice database is used as a billing system, not a marketing tool. The data analysis provides the practice with invaluable market area insight. They are able to identify areas of referral strength and weakness, gain insight into key referring specialties, and identify specific practices to target for relationship development (see Figure 7).

Figure 7. Identifying key referring physicians. Analysis of the practice database provides insight into performance and identifies growth opportunities.
Practice Case Study Summaries

The first case study involves an orthopedic practice with new business development objectives. This practice was comprised of 11 physicians with three practice locations. The practice-marketing plan consisted of nine mailings over a 12-month period. The campaign included an introductory practice brochure, new physician announcements, a review of kyphoplasty services, a new office announcement, procedure fact sheets, and the promotion of a Little League sports injury clinic, etc. Over the 12-month period, the practice recruited 191 new referring physicians; 108 physicians, or 57% of new referring physicians, were directly attributable to the Meridian PartnerPlus campaign. Physicians referring for the first time who received mailings generated 45% more patient referrals than first-time referring physicians who did not receive mailings.

A second case study involves a cardiovascular practice with a business development and maintenance goal. The practice is comprised of four cardiac surgeons in one practice location. The practice-marketing plan consisted of five mailings over a 12-month period. The campaign included an introductory practice brochure, endoscopic vein harvesting procedure datasheet, minimally invasive mitral value replacement datasheet, atrial fibrillation procedure datasheet, and a holiday greeting card. Over the 12-month period, the practice recruited 10 new referring physicians — a 3.5% increase in the practice referral database. The practice experienced a 2% increase in cardiac procedures while the market area experienced a 20% decline.

In addition to physician-to-physician marketing, Meridian Health marketing managers use Meridian PartnerPlus for hospital and service line marketing to physicians. The system enables communication with a wide combination of physician audiences — all market area physicians, health system affiliated physicians, or hospital-specific physicians or specialties. Some examples of hospital-to-physician marketing and communication topics include hospital service lines, outpatient services, physician staff appointments, technology announcements, operational changes, clinical trial announcements, distribution of professional papers, medical staff policies and procedures, and physician/hospital events and recognitions.
Marketing and Customer Experience

When providing marketing outreach, having an effective customer relationship and service program for both consumers and physicians is imperative. Although both groups are equally important – the strategies to support them are very different. The focus of customer service for consumers tends to be the hospital experience – things the patient can see, feel, touch and smell. Most patient satisfaction measures tend to relate to things like responsiveness of nursing care, physician communication, pain management, quality of the food, cleanliness of the facility, noise level, etc.

The importance of managing the customer experience is heightened with the introduction of the Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) survey by the Centers for Medicare and Medicaid Services (CMS). For the first time in the history of the hospital industry, patient satisfaction data will be comparative and publicly available. The intent of the survey is to provide a standardized instrument and methodology for measuring patients’ perspectives on hospital care. In doing so, it creates the first national standard for measuring the customer experience.

On the other hand, the focus of physician satisfaction tends to revolve around practice throughput issues. Hospital service becomes an issue when performance interferes with the physician's schedule and practice process. Satisfaction or dissatisfaction with the hospital is impacted by issues that affect patient throughput and therefore practice efficiency – getting test results (i.e. lab, x-ray) back in a timely manner, ease of admitting patients to the hospital, availability of hospitalist and supporting specialists, waiting times in the emergency room, availability of surgical times, feedback on the patient's condition, and so on.
Summary

Hospitals have two primary customer groups – consumers and physicians. Consumers tend to be retail customers – entering the hospital one at a time. Contrast this with physician customers who are wholesalers who directly and indirectly influence admissions of multiple patients to the hospital.

In addition, while the influence of the “patient experience” in consumer’s selection of hospitals is growing, the yield from consumer channel marketing opportunities tends to be longer-term. Industry professionals intuitively recognize the importance and potential of physician channel marketing to provide an immediate return. Many healthcare organizations have implemented physician liaison programs and identified opportunities to help practices improve their efficiency and productivity through practice support programs.

Research indicates a majority of physicians would highly value marketing support and, if it delivers value, are willing to pay for the service. Most importantly, physicians recognize that incremental patient volume can be very profitable.

To be successful these marketing programs must:

- Set goals for the marketing program, i.e. acquire new referral sources, new patients, etc.
- Provide turnkey solutions for physicians to use when marketing to other physicians.
- Be personalized from one physician to another.
- Stay clearly within the limits of Stark laws.
- Measure, analyze and report results and on a routine basis to physicians.

An effective physician outreach and physician-to-physician marketing program can produce immediate shifts in physician referral patterns that translate into timely hospital admissions and a favorable patient mix. This creates a strong argument for re-evaluating hospital marketing and communications strategies and budget to ensure that in this world of consumer driven marketing they do not neglect physicians. The tangential benefit of economic alignment of hospitals and physicians through practice marketing support can be a more positive set of professional and business partner relationships.
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Alvis R. Swinney is senior vice president of marketing and communications for Meridian Health, located in Neptune, New Jersey. Anchored by Jersey Shore University Medical Center, Meridian Health is New Jersey’s premier integrated health system with over 70 clinical locations, including the region’s leading community hospitals — Ocean Medical Center, Riverview Medical Center, and K. Hovnanian Children’s Hospital.

The largest employer in the service area, Meridian Health has been recognized as one of the 10 “Best Places to Work in New Jersey” by NJBiz Magazine; “Outstanding Employer of the Year” by the New Jersey Business & Industry Association; and, top 100 “Most Wired” health systems by Hospitals & Health Networks. Most recently, Jersey Shore University Medical Center and Ocean Medical Center were recognized by HealthGrades with the “Distinguished Hospital Award for Patient Safety” — among only 249 hospitals in the nation to receive the designation in 2008.

Mr. Swinney has over 30 years of marketing, communications and business development experience, with over 20 years concentrated in the not-for-profit and for-profit sectors of the health care industry. During his career, Mr. Swinney has served as vice president of marketing for US Oncology, Houston, Texas; vice chancellor of marketing and planning for Duke University Health System, Durham, North Carolina; senior vice president and chief marketing officer for the Baylor Health Care System, Dallas, Texas; vice president of corporate marketing for Republic Health Corporation, Dallas, Texas; vice president of sales and marketing for Lifemark Corporation, Houston, Texas; and national sales and marketing manager for Control Data Corporation, Minneapolis, Minnesota.

Mr. Swinney is a frequent speaker on health care marketing trends and consults on health care marketing and communications, as well as service sales and marketing issues.
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Christine A. Scott is the director of corporate communications and marketing for Meridian Health, the third largest health system in New Jersey. She serves as the primary communications executive for an organization consisting of nearly 8,000 team members, 1,500 physicians, four hospitals, and a full continuum of health care services spanning 70 locations across a two-county region. A 23-year veteran of the industry, Chrisie’s responsibilities include oversight of brand management, marketing, crisis communications, media relations, web site development, internal and physician communications, marketing communications, and market research.

Prior to the formation of Meridian Health, Chrisie served as director of corporate communications for Jersey Shore University Medical Center. During her 12 years at Jersey Shore, she handled all communications and media relations for the academic medical center including the launch of the area’s first regional trauma center and the introduction of the area’s first open-heart surgery center. In recent years, Chrisie has directed public relations and marketing for the state’s first satellite emergency care facility; the designation the area’s first “university” medical center and the area’s first children’s hospital; and the promotion of the largest health care construction project in New Jersey.

Chrisie holds an MBA in marketing from Fairleigh Dickinson University and a bachelor’s degree in public relations from Rowan University where she has been named a Distinguished Alumni. She is a member of the Society for Healthcare Strategy and Market Development and currently serving on its Products and Business Development Committee. Chrisie is a member of the Public Relations Society of America, the International Association of Business Communicators, and the Jersey Shore Public Relations and Advertising Association (JSPRAA) of which she is a past president. In 2006, she received the Woman of Influence in Communications Award from the Women’s Fund of New Jersey.