



## Marketing Questionnaire

This detailed questionnaire is designed to help you organize the vital information we will need to analyze your business and develop your custom marketing plan.

### Materials to Include with your completed questionnaire:

In addition to completing the questionnaire below, please provide copies of any current marketing materials you may use in your business, including but not limited to

- ☒ Website domain address www.huronobgyn.org
- ☒ Brochures, pamphlets or other printed business collateral
- ☒ Current/recent advertising in any medium (TV, radio, print, mallers, billboards, Yellow Pages, etc.)
- ☒ Business logo, business cards, letterhead
- ☐ Bio(s) of principals, partners or other key management personnel - if available
- ☐ Optional: websites, marketing or ads from major competitors www.nifamilymed.com
- ☐ Optional: anything else you think may help us to better understand your business www.huronclinic.com  
www.horizonhealthcare.org  
www.avera.org (OB/GYN in)

### Your questionnaire:

Please fill out this form as completely as possible. For all questions or assistance with completing your Marketing Questionnaire, please call (800) 858-0907 or email [info@healthcaresuccess.com](mailto:info@healthcaresuccess.com). Please return your completed questionnaire and materials at your earliest convenience. Mitchel & Aberde

Date: October 2016

Profession / Specialty: Ob/Gyn

Total Years that your business has been established: 5 years

Business Name: Women's Wellness Center

Principal(s)/Partners: Sara Castellanos, DO

Elyse Brock, MD

[Huron Regional Medical Center (HRMC)]

**SHORT-TERM OBJECTIVES (next 12 months)**

Please describe your short-term business goals, including financial targets, areas of focus and/or opportunity.

5% increase in Gyn surgery/service line  
maintain, ideally increase, % of OB marketshare  
(esp. pts. w/ commercial insurance)

↑ womens' awareness of purpose<sup>of</sup> and need for  
ob/gyn specialty care

recruit enough business to sustain a 2 ob/gyn practice

**LONG-TERM OBJECTIVES (3-5 years)**

Please describe your ideal business 3-5 years from now. What types and how many customers/clients, what products or services will you provide, how many locations, partners, etc.? What kind of reputation will you have? How much profit will the business generate annually, etc.?

maintain independent private practice and identity  
improve community perception of hospital service ~~main~~ line  
recruit additional provider for same-day (acute illness  
care) and pediatric services

reputation as gold standard in OB and womens' healthcare

**TARGET CUSTOMER/CLIENT**

Please list your highest priorities for customer/client types (by industry, profession, business category or other pertinent customer profile criteria for your business.

1. Gyn surgery (hysterectomy, prolapse repair, ablation)
2. OB
3. Gyn concerns (i.e. generating in-office procedures)
4. Well-woman care
5. Infertility

**PREFERRED PRODUCTS OR SERVICES**

Please list your highest priorities for products and/or services you want your customers to value and purchase.

1. Commercially insured patients
2. ~~main~~ reproductive age patients
3. high loyalty clientel
4. community leaders/stakeholders
5.



### Business SWOT (Strengths, Weaknesses, Opportunities, Threats) Self-Analysis

(Hint: Strengths & Weaknesses are internal to the business; Opportunities and Threats are external to the business.)

**Strengths** include unique products, services, capabilities, processes, facilities, credentials, experience, results, technology, innovation, customer experience, current successful marketing, etc.

Internal

"specialists in  
Gyn surgery, comprehensive ob/gyn", infertility  
tx and procedures, Centering pregnancy / group pregnancy  
care, all female staff, Spanish-speaking physician,  
urinary incontinence management (surgical and non),  
high-risk obstetrics

**Weaknesses** are the internal factors and limitations that make the business more vulnerable.

high staff turnover / RN shortage in the area  
wait times / clinic flow and efficiency  
no direct interface between CPSI @ HRMC and Athena  
employee "scripts" @ clinic

computer speed / internet interruptions

**Opportunities** include new products, services, programs or locations, untapped or under-cultivated niches, new target audiences, underserved population segments, new technologies, etc.

External

reading OB and Gyn ultrasounds, outreach clinics  
(colonies, incoming immigrants, Horizons contract),  
immediate post-partum LARC, expanded  
prenatal Emergency Medicaid

**Threats** include new competitors, increased or different marketing activities by competitors, industry changes, legislative or regulatory changes, demographic shifts, etc.

(new website, declining Peds if not OB provider)  
EP practicing full scope OB and limited scope Gyn,  
community lay-offs, current / established care  
patterns (i.e. people leaving Huron for care),  
Zika virus, shift towards more non-English speaking  
pts., local PCPs referring elsewhere



What we would most want to see as a positive result of a successful marketing program for our business is

- increased Gyn surgery numbers
- maintain, ideally increase, OB volume
- community awareness of purpose of and need for specialty ob/gyn care

What we are most concerned about in implementing a successful marketing program for our business is

- staffing readiness
- medical community "backlash"



## BUSINESS LOCATIONS & CONTACT INFORMATION

### PRIMARY LOCATION

Address: Women's Wellness Center

City: State: Zip: Huron, SD 57350

Office Phone: (605) 554-1020 After-Hours/Back Office Line: n/a

Fax: (605) 554-1021 Web Site: www.huronobgyn.org

Years Established for this Location: 5 (established 09/2011)

~~Primary Contact Home Phone:~~ (612) 578-4374 Primary Contact Cell Phone:

Primary Contact Email: sara.obg@gmail.com Primary Contact: Sara Castellanos

Secondary Contact: Elyse Brock Title: MD

Secondary Contact Phone: (605) 350-5709 Secondary Contact email: elyse.brock@gmail.com

OTHER LOCATION(S) IF APPLICABLE (list each location separately) Not applicable

~~Location #2 Address: \_\_\_\_\_~~

~~City: State: Zip: \_\_\_\_\_~~

~~Location #3 Address: \_\_\_\_\_~~

~~City: State: Zip: \_\_\_\_\_~~

~~Location #4 Address: \_\_\_\_\_~~

~~City: State: Zip: \_\_\_\_\_~~

~~Office Phone: \_\_\_\_\_ After-Hours/Back Office Line: \_\_\_\_\_~~

Add same information on separate sheet for other locations if more than 4

**LIST KEY PERSONNEL IN YOUR BUSINESS**

Name: Laura Morgan Title/Role: Billing/coding and credentialing

Partner: ☐ Yes ☒ No Years with this Business: 4 years

Name: Leslie Schock Wolff Title/Role: office manager

Partner: ☐ Yes ☒ No Years with this Business: < 1 year

Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Partner: ☐ Yes ☐ No Years with this Business: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Partner: ☐ Yes ☐ No Years with this Business: \_\_\_\_\_

**Add same information on separate sheet for other key personnel**

ZIP codes (by location) that account for 2/3 of your customer base:

= Huron, SD (#1 and only)

Location #1	Location #2	Location #3	Location #4
a. <u>57350 (14)</u>	a. _____	a. _____	a. _____
b. <u>57362 (58)</u>	b. _____	b. _____	b. _____
c. <u>57384 (49)</u>	c. _____	c. _____	c. _____
d. <u>57353 (41)</u>	d. _____	d. _____	d. _____
e. <u>57381 (28)</u>	e. _____	e. _____	e. _____
f. <u>57348 (27)</u>			

**Add same information below for other locations if more than 4**

g. 57312 (23)  
 h. 57324 (22)  
 i. 57385 (21)



**List primary geographic target area(s) for your products/services (national, regions, states, cities):**

1. Huron, SD / Beadle County
2. surrounding communities (Miller, DeSmet, Redfield,  
Wessington Springs)
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\* → Avg No. of New Customers/Clients per Month:

Current No. of Total Customers/Clients: 305 <sup>38 Brock</sup>  
(seen w/in past 18 months) <sup>667 Castellanos</sup>  
Avg. Customer/Client Life Cycle (months/years): \_\_\_\_\_

to eval.  
marketing  
success

\*→ Avg Annual Revenue Per Customer/Client (Total): \_\_\_\_\_

**Avg Annual Revenue Per Customer/Client (by Product or Service):**

[illegible]



Top 5 Most Financially Lucrative or Desirable Products/Services:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Bottom 5 Least Financially Lucrative or Desirable Products/Services (start with least lucrative/desirable as #1):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\* Last 5 years

Source of New Customers/Clients

(n = 2041)

Total No. of Clients

% of New Clients

Est. \$

- 787
- ☐ Referrals from Other Clients
  - ☐ Referrals from other Professionals
  - ☐ Web Site/Internet
  - ☐ Advertising
  - ☐ Other (Please specify):
  - ☒ Unknown Source

234

~~10/13/8~~ 308

45

89

(10/13/8)

~~10/13/8~~ 1254

\$  
\$  
\$  
\$  
\$  
\$

Other = (Women's Expo/Walk By or In / Insurance Co.)

Top Referring Clients/Professional Relationships (rank from most referrals)

Client/Business Name

# of Referrals in last 12 months

Huron Clinic (Sara Goral / Eric Simon)

Horizons Clinic

Tschetter Hohm Clinic

30% individual  
30% patient  
30% physician  
= ideal mix of new pt. sources





## CURRENT MARKETING (last 12 months)

Activity	Total Cost	Total Revenue	I see this as a...
<input type="checkbox"/> _____ Non-Issue	_____	_____	<input type="checkbox"/> Opportunity <input type="checkbox"/> Challenge <input type="checkbox"/>
<input type="checkbox"/> _____ Non-Issue	_____	_____	<input type="checkbox"/> Opportunity <input type="checkbox"/> Challenge <input type="checkbox"/>
<input type="checkbox"/> _____ Non-Issue	_____	_____	<input type="checkbox"/> Opportunity <input type="checkbox"/> Challenge <input type="checkbox"/>
<input type="checkbox"/> _____ Non-Issue	_____	_____	<input type="checkbox"/> Opportunity <input type="checkbox"/> Challenge <input type="checkbox"/>
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<input type="checkbox"/> _____ Non-Issue	_____	_____	<input type="checkbox"/> Opportunity <input type="checkbox"/> Challenge <input type="checkbox"/>
<input type="checkbox"/> _____ Non-Issue	_____	_____	<input type="checkbox"/> Opportunity <input type="checkbox"/> Challenge <input type="checkbox"/>
<input type="checkbox"/> _____ Non-Issue	_____	_____	<input type="checkbox"/> Opportunity <input type="checkbox"/> Challenge <input type="checkbox"/>



## COMPETITION

Please list your most significant competitors:

Name  
Relations, etc.)

How They Promote (Advertising, Practice Representatives, Public


Comments:




## TRENDS

1. What type of financial-growth trend has your business followed for the past two years?

☐ Strong Growth   ☐ Moderate Growth   ☐ Flat   ☐ Moderate Decline   ☐ Sharp Decline

2. Why is your business trending in the manner that it is?

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3. Given the trend you indicated (assuming no additional and/or new promotional efforts) what do you project your estimated collections would be over the next 12 months? (conservative estimate, please)

**COLLECTIONS TREND PROJECTION: \$**

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4. Considering personnel changes, desired growth, location limitations and managerial considerations, what do you want your gross collections to be over the next 12 months?

**12-MONTH COLLECTIONS GOAL: \$**

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5. Implementing a successful marketing plan requires a financial investment. What monthly budget would you like us to use for the first draft of your marketing plan? (We will discuss this live, and you can change your mind, but for now we are simply trying to get a sense of scale.)

**AVAILABLE FUNDING FOR MARKETING BUDGET (MONTHLY): \$**

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Please include additional information (challenges, opportunities, frustrations and aspirations) that may have been overlooked in this Questionnaire. A clear understanding of your business is critical to creating the most effective growth and marketing plan. We encourage you to include any information that would help us better understand your business and your vision.

**THANK YOU!**

### **WHERE TO SEND YOUR COMPLETED QUESTIONNAIRE AND MATERIALS:**

1. Electronic Option email to [Jamie@HealthcareSuccess.com](mailto:Jamie@HealthcareSuccess.com)

2. Fax Option: (949) 258-5355

3. **Hard Copy Option:** If it is too difficult to email or fax your materials, please send them by **OVERNIGHT MAIL** to ensure timely and trackable delivery. Mail to

Healthcare Success Strategies  
8961 Research Drive, Suite 200  
Irvine, CA 92618

**Please keep a COMPLETE copy of your Questionnaire and all materials sent to Healthcare Success Strategies for your personal records.**