IGNITE MEDTECH

THE PHYSICIAN PEER NETWORK PLAYBOOK

How MedTech Founders Build Word-of-Mouth Networks That Sell, Scale, and Defend Against Commoditization

What's Inside This Playbook

Phase 1: How to identify your 3 True Believers
Phase 2: How to build a clinical community container
Phase 3: How to run your first Campfire Event
Phase 4: How to create the referral loop
Ready-to-use outreach scripts and email templates
90-Day Activation Timeline
Measurement Framework

Why This Playbook Exists

There's a conversation happening right now about your device.

It's not in your inbox, your CRM, or your trade show pipeline. It's happening in the scrub room, the break room, and the specialty-specific group text that three surgeons share. And if you're like most MedTech founders, you have absolutely no visibility into what's being said.

That's the whisper network. It's the most powerful and most neglected sales channel in medical device commercialization.

This playbook gives you a step-by-step framework to build that network intentionally: to architect the peer conversations, position yourself as the trusted convener, and create full visibility into a community that drives referrals, shapes perceptions, and compounds over time.

Who This Is For

MedTech founders and commercial leaders with at least 3-5 existing physician customers
Companies preparing for or in early commercial launch
Teams who want to reduce dependency on traditional sales rep channels
Any brand looking to build defensible market position in a commoditizing space

PHASE 1

Find Your 3 True Believers

Before you build a network, you need a nucleus. This is not about finding your highest-volume users. It's about finding the right three physicians who can anchor the community and make others want to join.

The True Believer Profile

Look for physicians who match all three of these criteria:

- **Has used your device and achieved a result they're proud of — something they'd naturally want to talk about.** Clinical outcome:
- **Naturally communicative, respected among peers, active at conferences or on specialty listservs.** Communication style:
- **Has some desire to be seen as an innovator, early adopter, or thought leader in their field.** Professional ambition:

You likely already know who these people are. They're the ones who ask good questions, give unsolicited feedback, and mention your device to colleagues without being asked.

How to Approach Them

Do not invite them to a sales event, a product demo, or a "user feedback session." Those framings position you as the seller and them as the audience.

Instead, invite them to co-create something. Here are three outreach scripts that work:

Script 1 — The Advisory Ask

Subject: Quick question — your clinical perspective

Dr. [Name],

We're forming a small clinical advisory council to shape our next product iteration, and I've been thinking about who should be in that room.

Given your experience with [device/procedure], I'd love your perspective before we finalize anything. This would be a 30-minute call — no agenda, just an honest conversation about what's working and what could be better.

Would you be open to it?

[Your name]

Script 2 — The Community Founder Ask

Subject: Building something I think you'd want to be part of

Dr. [Name],

I'm pulling together a small group of [specialty] physicians who are thinking differently about [clinical challenge]. The goal is a private community where cases, outcomes, and questions can be shared peer-to-peer — not a sales channel, just a clinical conversation.

You're one of the first people I thought of. Would you be interested in being one of the founding members?

[Your name]

Script 3 — The Case Study Ask (Lowest Barrier)

Subject: Your [procedure] case — would you be willing to share it?

Dr. [Name],

The outcome you achieved with [case detail] has come up in a few conversations with other physicians who are asking how you approached it.

Would you be open to presenting that case on a short virtual call with 3-4 colleagues? I'd handle all the logistics — you'd just walk them through your approach and answer questions.

[Your name]

Phase 1 Checklist

- ☐ Identify 3 physicians from your current customer base who match the True Believer profile
- ☐ Research each physician's conference activity, publications, or online presence
- ☐ Personalize your outreach — reference a specific case or outcome, not a generic ask
- ☐ Send from the founder or CMO, not a sales rep or automated system
- ☐ Follow up once after 5 business days if no response

- [ ] Set up initial 30-minute calls with each confirmed participant

PHASE 2

Build the Community Container

Your community needs a home — a defined space where members gather, share, and build relationships with each other (and with you as the facilitator).

The most important design principle: build the container around their identity, not your brand.

Naming the Community

Examples

✓ "Minimally Invasive Spine Innovators" (specialty-first, brand-neutral)

✓ "Advanced Orthopedic Techniques Forum" (outcome-focused)

✗ "XYZ Device Users Group" (brand-centric, limits appeal)

✗ "ABC MedTech Clinical Community" (feels corporate, not clinical)

Platform Options

Choose based on where your physicians already spend time. Simpler is better — the best platform is the one they'll actually use.

Platform	Best For	Watch Out For
Private LinkedIn Group	Physicians already on LinkedIn; organic discovery	*Low engagement if not facilitated actively*
Slack Workspace	Async communication; easy channels by topic	*App fatigue; requires onboarding effort*
Quarterly Zoom Call	High-value touchpoints; strong relationship building	*Lower frequency means slower momentum*
Private Email List	Lowest friction; works for less tech-forward physicians	*Limited peer-to-peer interaction*
Circle or Mighty Networks	Robust community features; discussions + events	*Another new platform to learn*

What to Put Inside the Community

Content should serve the members first. Your visibility is a byproduct, not the goal.

- De-identified case discussions — members share outcomes, ask technique questions, compare approaches

- Early data access — share your clinical data with members before it's published anywhere else
- Peer polls — short questions about technique, protocol, or workflow challenges in their specialty
- Outside voices — bring in researchers, coders, hospital administrators for short Q&As
- Monthly digest — summarize the best discussions for members who missed activity

Phase 2 Checklist

- ☐ Choose a platform that matches your physicians' existing behavior
- ☐ Name the community around the clinical specialty, not your brand
- ☐ Write a brief community charter (purpose, norms, what it is and isn't)
- ☐ Seed the community with 2-3 discussion prompts before inviting members
- ☐ Assign an internal community manager (can be part-time)
- ☐ Create an onboarding sequence for new members (welcome message + first prompt)
- ☐ Set a cadence for your own participation (minimum 2x per week)

PHASE 3

Run Your First Campfire Event

Networks need shared experiences to bond. Your first event — virtual or in-person — is what transforms a group of individuals into a community. It's the moment members feel like insiders together.

The format that works best early on: a virtual case review.

The 90-Minute Virtual Case Review Format

Event Structure

0:00 – 0:10 Welcome and introductions (you facilitate, keep it brief)
0:10 – 0:30 Case 1: Physician presents their case and outcome (15 min) + Q&A (5 min)
0:30 – 0:50 Case 2: Second physician presents + Q&A
0:50 – 1:10 Case 3: Third physician presents + Q&A
1:10 – 1:30 Open discussion: What would you do differently? What are you seeing in your practice?

How to Get Physicians to Show Up

Three levers, in order of effectiveness:

1. **"Dr. Chen from Mayo and Dr. Patel from Emory are both joining" moves people faster than any incentive.** Social proof of who else is on the call.
2. **Compensate presenting physicians for their time. $500–$1,000 per presenter is standard and appropriate.** Honorarium.
3. **If you can partner with a medical education company to offer CME, attendance friction drops significantly.** CME credit.

Recording and Content Strategy

With physician permission, this event becomes your most credible marketing asset:

- Clip 60-90 second highlights for LinkedIn (de-identified or with permission)
- Quote the clinical language physicians use — it's more persuasive than anything marketing writes
- Summarize key takeaways in a follow-up email to all attendees
- Use the transcript to identify content gaps and future newsletter topics

Permission Language to Use During the Event

"With everyone's consent, we're recording this session for internal use and may share de-identified highlights with the broader [community name] network. Does anyone have any objections?"

For individual quotes: "Dr. [Name], would you be comfortable with us sharing that insight in our newsletter or on LinkedIn with attribution?"

Phase 3 Checklist

- ☐ Identify 3 presenting physicians from your True Believer group
- ☐ Confirm cases to be presented 2 weeks in advance
- ☐ Draft and send calendar invites with agenda 3 weeks out
- ☐ Confirm honorarium logistics before the event
- ☐ Pursue CME accreditation if time allows (typically 8-12 weeks lead time)
- ☐ Prepare 3-5 discussion questions in case conversation stalls
- ☐ Send recording consent notice in the invite and verbally confirm at start
- ☐ Send follow-up summary email within 48 hours of the event
- ☐ Schedule the next event during the first event's closing

PHASE 4

Wire in the Referral Loop

Once the community has warmth, you activate the referral mechanism. This is how the network grows itself — and how you convert peer conversations into pipeline.

The One-Question Referral Ask

Timing: immediately after a physician reports a strong outcome, at case review follow-ups, or at your quarterly check-in calls.

> **The Referral Ask**
>
> "That's a great result — thank you for sharing it. Is there a colleague you think would benefit from seeing this outcome? I'd love to make an introduction and I'll handle all the logistics."

You're not asking them to sell. You're asking them to share something useful. That's a much easier yes. And when you make the introduction, the referring physician's credibility transfers directly to your device.

Building a Tiered KOL Program

As the community matures, create defined lanes for different levels of engagement. This gives physicians a path to grow their involvement while giving you more visibility and advocacy:

Tier	Involvement	Recognition
Community Member	Participates in discussions, attends events, refers colleagues	Community access, early data, event invitations
Case Presenter	Presents cases at virtual events, contributes to white papers	Honorarium, speaker credit, conference introductions
Advisory Council	Shapes product roadmap, provides strategic input, presents at national conferences	Formal advisory agreement, equity or significant retainer

Phase 4 Checklist

- ☐ Build the one-question referral ask into your post-case follow-up protocol

- [ ] Track all referral sources in your CRM with a "physician referral" tag
- [ ] Create a tiered KOL document outlining roles, benefits, and expectations
- [ ] Draft a simple advisory agreement template for council members
- [ ] Set up a referral tracking dashboard (even a simple spreadsheet works to start)
- [ ] Identify your first 2-3 Case Presenter candidates from the community
- [ ] Plan a path from Case Presenter to Advisory Council for top advocates

90-Day Activation Timeline

Use this timeline to sequence your actions. Don't try to run all four phases simultaneously — build momentum in order.

Timeframe	Focus and Key Actions
Week 1–2	Identify your 3 True Believers. Research their background. Draft personalized outreach.
Week 3–4	Send outreach. Schedule initial calls. Begin listening for what they care about.
Week 5–6	Choose your platform. Name the community. Write the community charter. Seed 2-3 discussion prompts.
Week 7–8	Invite True Believers to the community. Facilitate early discussions actively. Identify first Campfire Event presenters.
Week 9–10	Plan and promote the first virtual case review. Confirm presenters, agenda, and logistics.
Week 11	Run the Campfire Event. Record with permission. Send follow-up summary within 48 hours.
Week 12	Begin referral asks. Review community activity. Plan Month 4 content calendar. Schedule next event.

Measurement Framework

You can't manage what you can't see. These are the metrics that tell you whether your network is building momentum — and where to focus.

Monthly Metrics to Track

Metric	What It Tells You	Green Flag
Community active members	Engagement health	60%+ of members post or comment monthly
New member additions	Network growth rate	2-4 new qualified physicians per month
Referral introductions made	Advocacy activation	At least 1 referral per active True Believer per quarter
Pipeline from referrals	Commercial impact	10-20% of new opportunities tagged to network
Event attendance rate	Community value perception	70%+ of invitees attending each event
Recurring attendees	Retention and loyalty	80%+ of first-time attendees return for a second event

The Long Game

This takes 6–12 months to build real momentum. The companies that abandon it after 60 days of slow early engagement are leaving the most valuable long-term asset in MedTech marketing on the table.

The whisper network compounds. Slowly, then suddenly.

And the brands that build it intentionally don't just grow faster — they become genuinely hard to displace. Because when surgeons are recommending you to each other in the scrub room, no competitor's sales rep, trade show booth, or pricing concession can touch that.

> **The Goal**
>
> Not viral. Not trending. Not a big launch moment.
>
> Just this: being the device that surgeons mention by name when a colleague asks what they're using.
>
> That's the whisper network. Build it.

Ready to build your network? Let's talk.

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