

Building a Better Physician Relations Program

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With a renewed emphasis on physicians as customers, many hospitals are revamping existing physician relations programs or introducing new referral development or sales programs. To ensure that a new program delivers results, take the time to understand the basics of what makes a program work. Here are some tips:

1 Clarify your focus.

“Be clear about why you are implementing the program and what you expect from it,” says Kriss Barlow, Senior Consultant, Corporate Health Group, Hudson, WI. “Are you trying to grow business, retain business you already have, improve physician satisfaction, or address some major turmoil? Adopting a sales or liaison program because the hospital down the street has one won’t do; a clearly stated purpose is needed so that the right strategies, infrastructure, and organizational supports can be developed.” For instance, many organizations say they want to focus on both growth and retention, but the two require very different strategies. “Retention targets the hospital’s biggest admitters, the physicians you can’t afford to lose,” notes Barlow “But those physicians are not the ones who can give you growth, because they are already giving you all they can. A growth strategy goes deeper and wider, targeting splitters and new physicians, and exploring opportunities for encouraging them to send more business your way.”

2 Engage clinical and operational leaders.

The best programs start with administrative and medical leaders who are committed to the program—and who engage the support of others as well. “Our chief executive officer and chief medical officer, along with other key hospital and medical leaders, sit on a marketing advisory committee that meets monthly to review liaison activity and assist in the strategic direction for building relationships,” says Lynne Barber, Director of Marketing Communications, Medical University of South Carolina (MUSC), Charleston, SC. “Another committee, headed by the chief medical officer, focuses on streamlining and easing operational processes for referring physicians. Leadership involvement reinforces the value of the liaison program and sends the message that physician relations is everybody’s job.” Modeling appropriate leadership behaviors also is important. “Encourage clinical and operational leaders to speak directly with physicians about concerns or problems, and provide mentoring and training so that they know how to do so positively,” advises Barlow.

3 Develop a data-driven business plan.

“Although it may be painful to pull together,” says Barlow, “a good business plan provides a fabulous framework for understanding medical staff dynamics and has proven to be one of the best starting points for a physician relations strategy.” Barber and her team at MUSC combine physician-specific referral and revenue data, liaison-gathered intelligence about practices and the competitive nature of counties, and information about service availability within counties to develop a strategic business plan that spells out county-specific sales tactics. “We track data over a three year period to monitor trends such as who’s bringing in new admissions, whose volume is falling off, and whether there are discrepancies in a particular physician’s referrals,” Barber explains. “That helps us identify which physicians present the best opportunities for generating new business and which ones we can’t afford to lose.”

4 Track and report.

“Develop reliable systems and mechanisms for tracking activities and their outcomes and reporting very specifically on how the organization is advancing relationships and achieving stated objectives. “Tracking and reporting serves two purposes,” says Barlow. “First, information is centralized so that everyone in the organization knows what is being done and when, which allows a more efficient and coordinated approach to physician strategy across the board.” That means physicians won’t get a visit from the physician recruiter one day, and the physician liaison the next, both delivering the same message, or asking the same questions. Second, good tracking facilitates reporting back to leadership about medical staff concerns. “Physician relations staff are the eyes and ears of leadership when it comes to understanding medical staff needs,” notes Barlow. “A representative who tracks everything she hears from physicians and identifies which issues come up most often can confidently say to the CEO, ‘These are the top three initiatives our medical staff wants us to address.’ That’s exactly the kind of information leadership needs to drive physician strategy”



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