

Enhancing Referral Relationships – A Case Study

By Allison McCarthy

In today's competitive health care marketplace, it takes more than a few rounds of golf to nail down a referral relationship. Cultivating and developing a steady stream of referrals involves sophisticated planning, an investment of time and energy, and a keen understanding of referring physicians' needs and priorities.

When Beth Israel Deaconess Medical Center (BIDMC) in Boston, MA expressed an interest in expanding the breadth of its surgical base, senior leadership turned to Corporate Health Group for assistance. CHG helped facilitate new long-term customer relationships with primary and specialty service referrals, relationships that are proving critical to the medical center's overall financial success.

Although specific for newly hired surgeons at BIDMC, CHG's steps for implementing an outreach plan can apply to any medical organization or private practice that wishes to enhance its referral partnerships.

Identify the target market. Working with department leadership, CHG researched and created a matrix, pinpointing by name the target groups, community hospitals and referring physicians that were important to the medical center and each specific surgeon — many of whom were high-end specialists new to the Boston area.

Move on from low-hanging fruit. CHG prioritized the list, choosing first to connect with physicians with whom BIDMC already had managed care contracting relationships or clinical affiliations. Then CHG enlarged the market, taking into consideration that many of the new tertiary specialists needed a very broad referral base throughout New England.

Determine the best vehicle. What's the best way to get as many surgeons in front of key referring audiences as quickly as possible? Working the phones, CHG booked surgeons — sometimes individually or in small groups — as CME presenters at area hospitals, guest lecturers at Grand Rounds, and dinner speakers at department meetings. In some cases, CHG had the surgeons prepare a one-page outline highlighting their backgrounds and areas of expertise.

Prepare supporting materials. The medical center created and updated a number of brochures and printed materials for the referring audience that called out the distinguishing services and unique capabilities in BIDMC's centers of excellence.

Share tips and strategies. At a one-time, custom-designed coaching session, CHG met with the new surgeons as a group to discuss ideas and strategies for boosting a referral base. The training program emphasized a solution-driven attitude, and the use of personal style and clinical expertise to proceed effectively and naturally through the referral development process. Throughout the discussion-based format, seasoned surgeons shared many of their own experiences with new specialists fresh out of fellowships.

Focus on the referring doctor's needs. In the group training session, CHG hammered home the guideline that conversation should always revolve around the needs of the prospective referring physician. What kinds of cases do they see? What resources do they need when presented with those patients? What do they want from specialists in terms of responsive and timely communication?

Getting the Conversation Started. How do you get your foot in the door when it comes to starting a first-time conversation with a potential referring physician?

Carolyn Merriman and Kriss Barlow at CHG encourage physicians to keep the “CERT” model in mind. These four categories of questions — **C**onfirmation, **E**xpansion, **R**esearch, and **F**it to a “**T**” — can help create a productive and continuing dialogue with the referring physician and secure a lasting buy-in.

When conversing with a potential referral source, either on the phone or in person, think in terms of directed questions, such as the one-liners and openers below:

Confirmation: “Is it true that you trained with many of my new colleagues here at the medical center?”

Expansion: “Help me to understand your view of an ideal referral relationship.”

Research: “Within your group, are you each independent in establishing referral patterns with specialists?”

Fit to a T: “What I hear you saying is that you’re looking for more timely and frequent communication.”

How effective has the strategy been? BIDMC administrators confess that the new specialty surgeons are now so busy, they have little time left to present at CME sessions or Grand Rounds. And that, says department leadership, is just the kind of problem they hoped to have.



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