

## Our Business is Keeping Physicians in the Loop

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The buzzing new business concept for many healthcare executives these days is managing change. An industry that has been slow to change – even viewed as bureaucratic and reluctant to adapt – wants to create a new image. Organizations are working to become more nimble adaptors and paying careful attention to “where their cheese is located on any given day” (motivated by the best-selling management book, *Who Moved My Cheese?* by Spencer Johnson, M.D.)

Change means that people and departments are in a state of flux. New plans are emerging and leaders are striving to predict what their future stance will be. In fact, executives are shifting their focus almost daily, from developing new payer strategies, to managing the labor shortage to weighing the feasibility of adding an additional ambulatory center – to name but a few needs.

“What is all of this change doing to the customer side of the business?” Because all the energy is focused inward – inside the organization – communication to patients, employees, employers and physicians is being compromised and fragmented. Messages and relationships become secondary because the desire to innovate, offer ROI strategies or reduce costs takes center stage.

### How Did We Get So Far Out of the Loop?

For the medical staff, the “change environment” comes at a time when hospital trust is already shaky. Practice buyouts did not work out as most had hoped. In addition, many physicians believe that hospitals lack understanding of and support for their issues; some are making less money while working harder than ever.

That physicians and hospitals get along well is widely assumed by the public – and broadly denied by insiders. Although a new model of relationship strategy is unlikely to transform decades of erroneous assumptions on both sides; new models must be sought. Many organizations have seen their relationships with medical staff hit an all-time low.

In most markets, physicians guide much of the referral business. It is the physician who keeps the hospital inpatient and outpatient services full. Hospitals need to proactively develop a plan to regain trust and ensure strong working relationships. The hospital and physician together can then focus on

what is good for medicine, and what is good for the patient. Without a doubt, keeping physicians involved and supportive of the organization is the right thing to do. So, what needs be in place to ensure a working relationship with the key source for referrals, i.e., physicians?

### **Develop a Physician Strategy**

Health system leaders assume their employees understand that because physicians bring in referrals and are necessary for the organization's financial survival, the team – doctors and staff – should work together. It cannot be assumed that everyone believes that nurturing, maintaining or developing physician relationships is part of their job. A physician strategy must be developed. Following are the steps involved in creating such a strategy.

- Examine the current physician strategy. Evaluate physician relationships, methods of communicating, methods of involvement, measures of effectiveness and the skill sets of the responsible staff.
- The next step, an analysis of referral data, will delineate the level of dependence on a specific physician or group. Research the percentage of hospital revenue by specialty and by individual. For many organizations, these numbers are often sobering; a few physicians are responsible for a very large percentage of the hospital's revenue.

If your analysis indicates a need to re-tool, then the time is right to move forward.

- Assess the data, the current process, competitive vulnerabilities and market opportunities. The action portion of the plan is then developed with activities, accountabilities and outcome measures.
- The traditional business planning process provides an excellent framework. Use the process and people in the planning and business development functions to evaluate where market opportunity exists. Assess internal and external market forces and how they affect the medical staff. Use trends and satisfaction indicators to develop the target market, expectations and desired outcomes.

### **Communication with the Medical Staff**

The assumption is that because physicians are “in the building” every day, they understand and have their finger on the pulse of the inner works of the organization. Even more troubling is the belief that if updates and information are printed in physician communications materials, the medical staff will remember the details and respond appropriately.

Communication seems to be a chronic problem in today's health care systems. People are distracted and often do not hear important messages. Communication is an issue for everyone, not just marketing or the CEO, but all

system members across the continuum. Set physician communication as a priority and measure the impact.

There is no single perfect approach for getting your message to physicians; a mix of communication strategies must be employed to ensure a consistent flow of information.

### **Some Tips to Get Communication Rolling**

1. Get people talking. Beyond the usual approach of telling the physicians what the hospital has to offer, communication should include opportunities for dialogue.

- Get physicians involved by soliciting their input and then showing them how their input is used.
- Ask physician representatives to share targeted messages and solicit feedback as a part of their regular visits.

2. Determine regular checkpoints for soliciting feedback – not just from the chief or department directors, but also from a variety of members of the medical staff.

- Again, the physician representative can be an ally. Every physician who receives a face-to-face visit can be asked the same question. Over time, trends will become apparent. The advantage is that every targeted physician responds rather than just those who can be reached by traditional survey methods.
- Make an effort to call other physicians who might be impacted by your initiative. Offer information, tell them how you will use their opinions and make sure to give them a first look.

3. Conduct small task force meetings – six physicians attending two to three meetings can be a very effective format for soliciting feedback and input. The task force meetings should have a very focused structure – their job is not to develop copy or determine how customer service issues should be addressed, but to identify the areas where their understanding, buy-in and communication with colleagues is beneficial.

4. See things from physicians' perspective. Consider how physicians would respond if they are not made aware of changes. Listen carefully in the dialogue-based meetings. There will be good indicators of physician red flags, issues that are priorities for them and their main concerns when communicating with others.

5. Provide a conduit for information and messages regarding hospital happenings, educational opportunities, referral source follow-up, and appointment challenges, all prime areas for hospital-physician dialogue.

## **Growing the Relationship and Growing the Business**

There is renewed interest in using face-to-face relationship sales calls to communicate with the medical staff. The old physician liaison role has changed to reflect the current marketplace. The framework, including targeted physicians, strategy, message and methodology, is derived from the physician strategy plan.

Rather than focusing on problems that never really gained new business, today's model focuses on using the physician relations representative as a resource for targeted medical staff. The representative becomes a single point of contact for needs, updates, and education as well as for facilitating the physician-to-physician referral process. While problems will still surface and need to be managed by the team, gone are the assumptive days when we believed that just because we fixed their oncology problem, for example, they would naturally send us all of their cardiac referrals.

Physician relations representatives should have a specific scope of responsibilities and be evaluated for their ability to increase revenue and volume, enhance satisfaction, provide market intelligence or whatever else the organization defines as the need.

## **The Time is Right**

While internal challenges and efficiencies do demand attention, it should not be at the expense of strategic growth and attention to customers. Successful businesses, like successful healthcare organizations, look for ways to enhance and improve their offerings and to grow. Physicians are generally the entry points for accessing healthcare. Hospitals need to make sure that physicians know what services are offered if additional care is required. The referral relationships, communication and a sound strategy will ensure a collaborative relationship with the medical staff. Change is affirming and the rewards are many when the outcomes validate the process.



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