

## Physician Rounding Gives New Meaning to "R&R"

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Is physician R&R at the top of your priority list? And, no, this isn't about rest and relaxation. Instead, we need to place strong emphasis on the second "R" in physician recruitment and retention—retaining physicians as customers.

Much time and energy goes toward getting the physician in the door with recruitment as the sale, the positioning of the brand and the hook to bring the physician in to grow the business.

Yet, when they cross the threshold, that attention fizzles, and often the promise isn't delivered. Suddenly, the physician is threatening to take their business, and your patients, elsewhere. That's why retention must be a concurrent strategy with growth and recruitment.

In a 2006 Physician Retention Survey by the American Medical Group Association (AMGA) and Cejka Search, 40 percent of respondents said they have a "designated physician retention program." Yet, only one in five reported the program as a "written plan with identified goals and strategies."

Among those with a program, turnover was 6 percent, compared with a little over 7 percent for those without a program. Group practices with a designated retention program were somewhat more likely to keep physicians for at least 10 years. Groups with a program saw 73 percent of physicians leave within 10 years, compared with 79 percent in groups without a designated program.

### **Figuring the Costs of Physician Retention**

Improving physician retention can have a significant impact on hospital and health system finances and employee and patient satisfaction. The total cost for replacing one physician in family practice, internal medicine or pediatrics is approximately \$250,000, according to 2005 Press Ganey data. Cejka Search estimates an average cost of \$3,000 per physician candidate and spouse—just in interview expenses alone.

Neither of these estimates include the "soft" costs of a physician vacancy such as disrupted work processes, lost staff productivity, low employee morale, gaps in patient care, lost referrals, the cost of the interview team's lost time, or the impact on the organization's ability to recruit and retain other physicians.

The statistics clearly present a new definition of loyalty among physicians. They care enough to tell you what's wrong before they leave, but they still leave. The mandate for healthcare leaders is to proactively build relationships with these loyalists before anything goes awry so that the issues never fester to the point of physician frustration and ultimately departure.

### **Targeting the Physician as a Key Customer**

With an increasingly competitive market, the dynamics of physician retention are changing. Most hospitals have customer service and patient satisfaction programs. Most focus on the inpatient experience, although some more aggressive ones also include outpatient services.

Yet, similar to written physician retention plans, only a handful of organizations identify physicians as a key target in a formal customer service program. Most seem content to wait on involving the physicians, or they only see the physician as someone who needs to partner with the organization instead of working to win the physician's trust as a customer first.

Physicians are known for giving feedback whether we want it or not. How we handle this feedback is important in a physician retention strategy.

Take tracking, for example. Is your tracking process for physician feedback a dog-eared legal pad with items crossed off as they are "fixed?" Does the same problem surface month after month, with a different resolution each time, or worse yet, no resolution at all?

Answer these questions for your organization.

- If a physician complains to a leader in your hospital about parking, where does the complaint go?
- What is the process for assigning the issue, resolving it and reporting back to the customer?
- If a physician complains to a staff member on the floor, does your staff know how to respond?
- Do staff follow-up to let the complaining physician know what they did with the information?
- Do staff know your expectations regarding follow-up on physician-related issues?

By focusing on the physician as a key customer and implementing a process for servicing this critical audience, you can capture, quantify and resolve problems only once. The physician knows what has happened, the problem goes away and the physician's loyalty is enhanced. This organized approach proves to physicians that you take them seriously and that their issues do matter. It shows you've treated them as a customer first.

Identifying the physician as a customer is a cornerstone of a strong physician retention strategy. After all, if we lose the physician, how can we deliver the service? Managers and administrators don't admit patients or refer business. In essence, we need the physicians much more than they need us.

### **Developing a Physician Rounding Strategy**

When we identify the physician as a key customer, we make the commitment to have a sincere, honest and open dialogue with them on an ongoing basis. Then, we can

understand their world and their issues and anticipate any concerns. We use a consultative approach to listen and learn rather than tell and sell. One way to gain this input is through physician rounding.

Not unlike a physician rounding on his customers (patients), this rounding brings hospital leaders face-to-face with their active and loyal customers (physicians). A rounding process for retention heightens the need for the issue resolution process, so the two go very much hand-in-hand. Issues are uncovered during rounding, as well as through other venues, and now have a home for resolution.

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An effective physician rounding program helps a hospital keep and grow business they can't afford to lose by keeping physicians engaged and involved. The focus on proactively retaining the physicians already on board is just as important as recruiting physicians and growing business.

Consider these five steps outlined below in establishing a physician rounding strategy. You'll have the potential for a big return on investment, including happier physicians and staff, more positive relationships between the hospital and the physicians, more effective issue resolution and an intense loyalty from the audience your hospital needs the most. You'll also see an increased ability to differentiate your organization as the preferred hospital of choice in a cluttered marketplace.

You, in essence, become the easiest place with which to do business. With quality being perceived as equal among institutions in a community, the ease of working with your hospital and the resulting relationship become key differentiating factors.

### **Step 1: Define the Skill Set**

Who has the unique skill set required to effectively interact with physicians? Start with a core team of leaders who are confident in their ability to proactively seek out and act upon physician feedback. They'll function as a type of investigative reporting group, actively building a trusting dialogue and proactively managing problems before issues surface.

These champions need stamina, charisma and thick skin so that they can win over the unhappy physician, accept the criticism, build the trust and anticipate future needs. To ensure accountability, make this role part of each leader's performance measures and, ultimately, their compensation. Long term, the leadership team involved in rounding should be expanded to support the targeted service line goals and key physicians.

### **Step 2: Develop a Dialogue**

Consider which physicians to target for rounding. Evaluate those who fall into the 80/20 category—the physicians who are sending 80 percent of your business. These are the ones you can't afford to lose.

Then, look at the next tier: those with the potential to increase their loyalty, become more engaged in hospital plans and strengthen their referral patterns. Be sure to focus on both private practice and employed physicians.

Prioritize interactions based on whether physicians need to be kept up-to-date on a regular basis with monthly visits, or if they only need an audience once or twice a year. Assign physicians and visit schedules based on this need and the leader's available time, as well as the physician's desire for interaction.

For example, one leader may be assigned five physicians to meet with four times a year. Another leader who runs a clinical service line may have 30 physicians who feed the service line. Managing the higher number should be easy for this leader since there should already be frequent interaction occurring.

The challenge is planning a proactive interaction rather than allowing it to be a spontaneous hallway chat.

Don't get caught in the trap of responding only to the squeaky-wheel physician. Instead, look at which physicians you need to make happier and develop a constant, meaningful dialogue with them.

### **Step 3: Make a Connection**

Where do you seek out the physicians? Instead of an impromptu cafeteria conversation, develop a plan to interact with physicians on a regular basis, on their turf and on their schedule. When the leader knows the physicians and vice versa, when they feel someone is listening and learning and when they see their input making a difference, their loyalty to your organization is enhanced.

Develop an agenda of what you want to accomplish and the information you want to gather in the meeting. Make a connection beyond the problem they experienced in the operating room last week by asking about them and their practice instead of simply focusing on their complaint.

Consider always asking, "Did you have what you needed to do your job here with us today?" If the answer is no, you've opened a great door of opportunity.

Create profiles of your physicians with market intelligence gathered during physician rounding and share these among the physician rounding team. Detail each visit, identify follow-up, assign an accountable person and note any special needs.

This profile allows you to monitor the relationship and proactively focus on the needs of each customer. You also may be able to use the information to help educate or avoid issues with other physicians.

This strategy helps ensure you'll be in a better position to circumvent any future problems long before they escalate into a screaming match on the floor.

### **Step 4: Train to Listen**

How do you provide training so leaders understand this proactive approach? Leaders who are selected for the physician rounding role must realize that it's much more involved and planned than a random conversation.

Rather, this part of the process includes asking good questions focused on the physician and their practice, anticipating their needs, listening to their feedback, resolving the issues and following-up in a timely manner. The process must be used

from setting up appointments and planning what to accomplish in the meeting to talking strategically about new programs.

Leaders must learn to listen intently and objectively to physician feedback without getting defensive or irritated. Physicians don't want to hear excuses or history. They want resolution and action. They want to know someone is listening to their concern, addressing it and ensuring it doesn't happen again. The leader needs to speak in terms of action and a timeline, gaining physician agreement on the follow-up and process.

Develop scripts to ensure a consistent approach to resolving issues. Consider using our "6-As Approach" which includes:

- Acknowledging—admit what you heard from them as the issue.
- Apologizing—don't sabotage but do state that this isn't the standard and say you're sorry.
- Asking—request input and advice on what the right resolution might be.
- Acting—tell them what action you could take and in what timeline.
- Accepting—gauge if they will accept the resolution. • Advising—tell them of the solution, process and timeline.

Role playing among physician rounding leaders is an easy way to learn how these six steps can guide future conversations. Discuss how issues were handled during the physician rounding team's regular meetings. Critique what went well and where improvements can be made.

Finally, don't wait to have the perfect answer before responding. Work to keep the physician in the loop and communicate process. They understand that some issues aren't resolved overnight and may take budget, committee work or other process improvements of existing systems.

Too often we don't communicate because we don't have it "done" yet, and the physician is left to fill in the blanks. You don't want them filling in the blanks. Update the rounding team on the status of issues that may take longer to resolve. Then everyone is providing the same information to the physician.

Issues management and resolution is a big part of physician rounding but it isn't everything. For effective ongoing dialogue with your physicians, think from the "outside in." What do you want to better understand about their practice, patient population and clinical/hospital support needs?

Move from a sell-and-tell approach to a listen-and-learn strategy. Develop a list of probing questions on issues of importance to both the physician and the organization. Ask for ideas on developing new programs or strengthening existing ones.

Ensure that every rounding leader uses this technique and focuses on key organizational strategies, learns from the gathered market intelligence and compares answers.

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## **Step 5: Track the Trail**

How do you identify and use results? A tracking plan must be in place to capture not only visits completed, but also anecdotal market intelligence, market shifts or practice volumes.

Tracking captures more than just statistics. Include physician satisfaction measures, too. As the physician rounding team shares answers and insight, they can identify trends and opportunities for proactive communication with all physicians.

With proactive tracking, issue resolution, follow-up and communication by the physician rounding team, the number of issues will start to shrink. The team will know when a practice is considering a joint partnership or a physician is interested in being employed, and they will be able to respond immediately.

The organization will be in a better position to track results, manage leakage, cross-sell product lines, grow business and build physician loyalty.

In the end, physician "R&R" really means rounding and retention. It also means enhanced physician loyalty, improved patient care, heightened employee morale, better use of limited financial resources and fewer complaints.

Perhaps William Leaver, CEO of Trinity Regional Health System, said it best: "Physicians go where they are welcomed, remain where they are respected, and grow where they are nurtured."



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