The quest for a magical approach to physician relations:
Overcome the four major barriers to a successful sales program

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by Kriss Barlow, RN, MBA

What makes some physician-relations programs so successful, whereas others seem to hit every bump in the road and constantly struggle? Unfortunately, there is no magic solution. A successful program comes from a combination of strategic focus, effort, ability to deliver, and measurement of impact.

Further, because no two medical staffs are alike, there is no perfect physician-relations model. Programs often struggle when one hospital borrows a concept from another hospital and fails to tailor it to its own facility.

It's sort of like trying to run a marathon in borrowed sneakers—even if they are nice shoes and the owner won a race in them, they won't necessarily produce the same results for you.

The right physician-relations program for your facility should reflect the unique aspects of your market, location, and medical staff, as well as the expectations of the organization.

It also should take into account your organization's fundamental referral patterns and your current referrals. For example, will your goal be to retain business from physicians who are already loyal to you? Or will you work to earn new referrals from physicians who may send your facility some business or who send no referrals but logically could?

Look before you leap

There are barriers to success. Those that seem to do the most damage generally result from a lack of understanding about how physician sales really works. Admittedly, the people who implement the program may understand these obstacles, although getting to a solution is often easier said than done.

There are four major barriers to a successful program:

1. **Lack of focus.** This is the biggest, most insidious, and most common barrier, usually found when the program is implemented with lots of enthusiasm, but not as much consideration for the infrastructure of selling--making sure that you can deliver on your sales promises. For example, or that you have mechanisms in place to support the
sale when issues come up.

Symptoms of a program that lacks focus include the following:

- Too many service lines or departments—whether clinical or strategic—compete to use sales to grow their referrals. A program that purports to be all things to all people generally fails to meet all expectations. Get strategic about what you want to sell and stay focused on it.

- For the sake of internal equity, the plan includes all service lines. Inpatient referrals do not change in a day, even if you have the best program in the nation and the finest representatives. Salespeople must give physicians multiple opportunities to reduce risk and create interest and a need to shift referrals. Rather than taking the all-service-lines approach, focus on a few key service lines and then build a model with good depth to create change.

- In an effort to maximize their time, sales representatives are charged with all things related to physicians, from organizing a golf outing to overseeing continuing medical education credits. The challenge, of course, is that they may not be good at all of these tasks. In addition, under this scenario, they spend too much time in-house, planning education events and the like, rather than in the field selling to physicians.

2. **The wrong hire.** Creating credibility and trust is a people-intensive job. Beyond the ability to build relationships, you want someone who can get a commitment from physicians. The right talent can be the best asset or the biggest detriment to a physician-relations program.

Consider the following when staffing a physician-relations program:

- Find someone who can advance the relationship, if the desire is to grow the program. People who love to fix what is broken are great at customer service, but they will tend to focus on process and solutions internally rather than new growth with prospective physicians.

- Avoid trying to fit a person into a job. You need someone who is right for the job, rather than the other way around. Attempting to shoe horn someone into the wrong job because he or she was good at something else or is going through a rough time will always come at a price to the success of the program.

- Work to minimize turnover and attrition. A significant amount of either one of these hampers the relationship between sales staff and physicians. The bottom line is that a candidate needs to clearly understand the job, the pay, and the expectations before he or she starts the job.

- Hire a salesperson who will be seen in a good light by the physicians to whom he or she is selling. Someone who feels or is perceived to be too far down the chain of command will struggle to feel like a valuable resource and won’t succeed at
physician sales.

3. Internal sabotage. Internal political challenges are not unique to the physician-relations effort. However, because the effect of physicians on a hospital is so high-profile, the politics can be more troublesome for a physician-relations program.

Although there are many ways to sabotage a program, both purposeful and unintentional, there are three that generally are not intentional but can cause chaos in the program.

Look out for the following potential problems:

- Decisions made without consideration of the needed people or processes. Decisions about what to sell are often based on the strategic plan, pressures from specialists, and revenue potential. This is fine, unless the program does not have the appropriate resources in place to support the growth.
- A lack of operational support. This generally means that the physician-relations manager can't work toward growth in physician referrals and physicians have no impetus to send new business. Many facilities sabotage themselves because of a "team approach" to fixing issues, which more often than not means that nobody really deals with the problems.
- Opposition to or unawareness about the need for a physician-relations program. Senior leaders sometimes think they are already doing physician relations and don't see the need for a formal program. That attitude undermines the role of the field representative. The best solution for this is to have leaders "own" the process of building relationships with the physicians who are currently the strongest referrers, and then have the representative focus on targets for new growth.

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4. No measurement. Although many individuals are absolutely well-intentioned when implementing their programs, they don't put tools in place to measure results. Measuring outcomes is the very best way to keep the focus on growth and effort in the field. Each salesperson needs to be accountable for a set number of appointments—not just quick, run-in visits—and measurable changes in referrals as a result of his or her efforts.

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because the admitting department does not capture referring physician data.

Measurement is an issue unto itself. The bottom line is that you need a system. Even if it is less than ideal, a system for measuring is a wonderful reminder of why the person is in the field and offers tangible results.

Most healthcare professionals understand what sales people do because they are familiar with the retail environment or have seen a pharmaceutical representative at work. However, the ability to grow referrals from physicians is a different type of sale. The program has to be created with an understanding of what you have and what you want. It requires an approach built around the nuances of your medical staff and marketplace.

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Kriss Barlow, Corporate Health Group, www.corporatehealthgroup.com, 1-888-334-2500