

Marketing to Physicians: Bringing Doctors Back Into the Fold

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Author: Jeff Siegel, Featuring comments by Kriss Barlow, RN, MBA

The Desert Regional Medical Center in Palm Springs, California, could have gone in a number of different directions when it launched its marketing program for its transfusion-free surgical program, including – and especially – by selling the program directly to consumers.

But that's not what the Tenet-owned facility wanted to do.

"We knew we wanted to market this service to physicians," says Kathi Robinson, the Associate Administrator for Business Development at Desert Regional. "We incorporate them in our marketing as much as possible, and we have always tried not to overlook them. Any hospital that doesn't is missing out on the core of their marketing."

That approach, which might have seemed old-fashioned just a couple of years ago doesn't seem so quaint anymore. Many hospitals and healthcare systems, which pursued consumers with a single-minded vigor in the late 1990s and spent millions on ad campaigns to attract new business without physician referrals, have re-discovered doctors.

Talk to healthcare marketing officials across the country, and they'll say they've learned that successful marketing does not run on consumers alone – just as they learned that selling their services to physicians, to the exclusion of consumers, was not enough. The mix needs to include both groups, something that was too often overlooked in the rush to build market share a couple of years ago.



"Physicians and consumers should go hand in glove," says the Hudson, Wisconsin-based Kriss Barlow, a senior consultant for Corporate Health Group, which helps hospitals and healthcare systems set up physician marketing programs. "Both groups are customers, and you have to market to both groups to put people into beds."

The Pendulum Swings

The stories are ubiquitous, and they're probably even true, too – although getting people to talk about them directly is another matter. Hospitals and healthcare systems used two kinds of programs when they started to

aggressively market their products and services to consumers in the 1990s. The first was what some have termed the pregnancy approach, when they positioned themselves as the best choice for services like delivering babies. If these sorts of campaigns didn't directly include physicians, they didn't exclude them, either, and doctors were able to accept them (albeit with some grumbling).

"Some product lines or services, like pregnancies, are truly more consumer driven," says Jill Stratton, the Director of Business Development for OSF St. Francis Medical Center in Peoria, Illinois "It makes sense, if you want pregnancies, to advertise to new moms. But some services, like cardiology or neurology, higher level services, need to be marketed through physicians."

It was the second approach that often alienated physicians. This was directly marketing services that the hospitals wanted to sell, regardless of what their physicians thought of the service. Typically, this concerned equipment that the system purchased – and planned to use as a cash center – that underwhelmed its referring physicians. The hospital would then launch a campaign to convince consumers to ask for treatment involving the equipment, not only bypassing its doctors but sometimes going directly against the latter's diagnosis or professional advice.

And every hospital that did that made a huge mistake," argues Samuel DeMaio, MD, a partner in Texas Cardiovascular Consultants in Dallas, with practices throughout North Texas. "Patients, most patients, don't care what hospital they go to, as long as it's well-respected and it hasn't been in the paper for killing people. They'll go where the doctor asks them to go."

And that's not just a doctor complaining about hospitals. Stratton reports that her hospital's focus groups consistently show that more than 90 percent of patients will use the hospital that their physicians recommend (although similar physician focus groups say they send patients to the hospitals where patients want to go).

Says Ron Macaulay, the Senior Vice-president for Business Development at Lehigh Valley.

Hospital and Health Network in Allentown, Pennsylvania. "What we have found is that we thought we needed to do more consumer-focused marketing, and we have. But we have also discovered that we need to remain close to that physician core, to swing the pendulum back to the doctors."

Restoring the Balance

There are as many ways to do that as there are hospitals doing it. But the first step, regardless of size, location or any other approach, is to reestablish communications with anyone who might have felt left out over the past several years.

"There are two reasons why hospital-physician relations are at an all-time low," says Barlow. "The first is that, when hospitals bought practices, they thought physicians would love them, and never tried to define the relationship. The second is that physicians don't feel anyone at the hospital has time to talk to them. They don't see the administrators, who don't hang out with doctors the way they used to, because the administrators are busy running the hospital."

There are examples of this, says Barlow, almost anywhere anyone looks. When a healthcare system acquired new technology, did it make sure its physicians had an opportunity to learn about the technology to become as excited about it as hospital personnel? When budget decisions were made, were physicians consulted? Were their needs taken into account?

"Physicians and hospitals are caught," she says. "The consumer has more choices, and everyone else is going to have to do more with less. So the question becomes, how can hospitals do what they need to do without squeezing physicians? Hospitals need to look at physicians not as customers, but as partners. They have to convince them to be the hospital's partner."

Forming New Partnerships

That's an approach that Lyle Green, the Assistant Vice-president for Referral Development at MD Anderson in Houston, is exploring with great enthusiasm. "We still believe the physician to be very Important to us," he says. "We focus on the patient inside the building, and the physician outside. After all, if you upset one patient, you lose one patient. If you upset one physician, you might lose 10 or 20 patients."

The Anderson approach includes streamlining physician access to the hospital, especially for test results, scheduling, and insurance approvals. "Physicians say to us, 'Give me one person I can talk to, one person who will always call me back' and that's a big challenge for us," says Green. "We had to find a way to minimize the number of handoffs."

That meant decentralizing the system, so that instead of one phone center for the entire hospital system, Anderson-affiliated doctors will have 14 or 15, based on specialties and diseases. That way, they'll call their respective site, and have more immediate access to the information they need since they'll have fewer layers of bureaucracy to negotiate.

So far, the hospital has set up about half of the sites, and the results have been better than expected. Green says Anderson tracks physician complaints; before decentralization began 18 months, they were split evenly between referrals and follow-ups. Today, two-thirds of the complaints deal with referrals. This means, Green says, that the hospital is doing a better job

of getting follow-ups and reports to the doctors, or the percentage wouldn't have shifted so drastically.

Another popular method to treat physicians as partners is to establish dedicated physician relationship offices—and then staff them with employees who make nothing less than sales calls to the hospital's doctors. That has proved quite effective at Desert Region, says Robinson. A three-person staff is responsible for some 500 physicians.

"What we want to do is expose the physicians to what we're doing as much as possible," says Robinson. "We let them know that these are our products and services, and that we want them to know about it so it will increase referrals."

Macaulay's program at Lehigh Valley has taken that one step further. The system not only has a sales-driven physician liaison service, but a management services division. In the latter, the hospital works with doctors and practices to improve billing procedures and speed up insurance payments. The tab for two full-time employees and equipment comes to \$100,000 annually. This is especially important, he says, as Lehigh Valley moves to expand its operating area into two surrounding counties.

"Where we are, we see a lot of individual practices, as opposed to group practices, and there are a lot of doctors out there who just don't have the time or the money to keep up with that stuff," Macaulay explains. "As we get out of the immediate area, we needed to find a compelling reason for them to switch to us, to add value to the relationship. And this is one way to do it. The patients benefit, because their physician doesn't have to spend time on billing. The practices benefit, because they get paid more quickly. And the insurance providers will benefit because the practices' billing procedures will improve."

And the process doesn't have to stop there. OSF St. Francis, says Stratton, uses public information and continuing education programs to remind physicians how important they are to the hospital. Specialists, for example, are given opportunities to show the public their expertise through forums like community panels, while regular programs are staged to bring referring physicians into the hospital and affiliated facilities. That does two things: it gives specialists a chance to speak to the doctors as well as providing opportunities for those credits.

"What we want to do is to make it easier for them to practice," says Stratton. "We want to endear them to OSF St. Francis. Letting them toot their own horn is one way. Selling my guys to referring physicians is another."

That's something that Dr. DeMaio sees as a huge plus for hospitals in wooing physicians. He notes several Dallas-area hospitals support research efforts

by Texas Cardiovascular Consultants doctors, letting them use the hospital's newest machines and equipment. "That's a huge marketing advantage for us," he says, "because since we do research, patients know we use the newest procedures, and they'll come to us because of that. Then we can refer them to the hospitals where we do the research."

Discovering the Exceptions

One irony of this rush to re-embrace physicians is that there may be some health systems and hospitals who wonder if it's necessary, who wonder if the pendulum actually did swing so far in the other direction. This point of view seems to adhere to regional and size differences. Smaller hospitals in less urban areas don't seem to have had as many problems. As Green points out, a specialist who is affiliated with a first-tier hospital like Anderson is going to have a bigger practice and, most likely, more reasons to be unhappy than a primary care physician at a regional facility.

There also appears to be some differences, Stratton points out, depending on which programs and services are under discussion. The Midwest Heart Institute at OSF St. Francis, for example, was never marketed to anyone other than physicians, she says, because consumers almost never know ahead of time that they're going to need open-heart surgery. "So we have always been trying to sell that to referring physicians," she explains. "And then we want to make sure that the cardiologists are happy with the hospital."

That's a circle and a process that Robinson from Desert Regional well understands. "Physicians have not been overlooked here," Robinson says. "Marketing to them and working with them has always been a key."

When Desert Regional uses consumer marketing for other programs, like its cancer center, it pays considerable attention to its physicians. One important component of the transfusion-free program, for instance, has been establishing relationships with the cardiologists and orthopedists who would use it, so they could educate their referring colleagues, especially about how it benefited the patient.

"The physician controls where the patient goes," Robinson maintains. "It's easy to say that managed care mandates where they go, but it's also important to understand that most hospitals are in most managed care contracts. And that means it still comes down to patient and physician choice. And most patients still believe in their doctors."

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