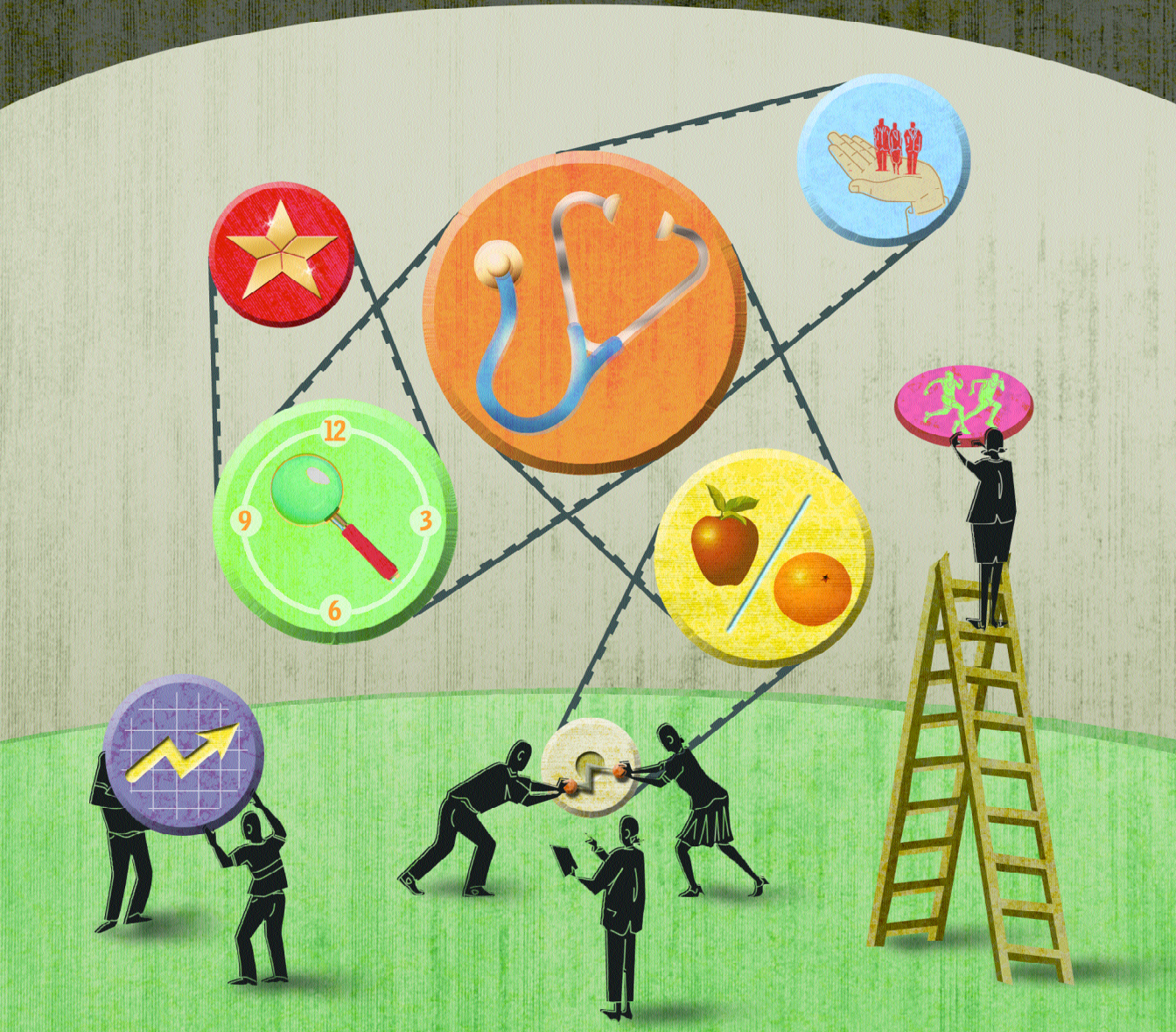
A MARKETER'S GUIDE TO PHYSICIAN RELATIONS

BEST PRACTICES FOR SUCCESSFUL SALES PROGRAMS



KRISS BARLOW

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CHAPTER 1

Focus

Focus on goals, roles, and expectations

The best physician relations programs generally start with a clear sense of direction. When a hospital or health system begins a program with clear goals and expectations, it is easier to maintain focus as the years go by. Here's the thing: Nobody ever intentionally takes a program off course. The most difficult aspect of focus (and the reason it earns the number-one slot among all eight best practices) is that it is lost in bits and pieces. A must-attend meeting or a series of meetings robs us of an hour here and an hour there. We launch one little project that we swear will last only a week or two. We agree to help out with the board president's pet project just this one time. The next thing you know, we're bogged down in the quagmire of hours and details and tasks that each of these small distractions require. The meetings and the extra projects might seem like a good use of our time at the moment we start them, but cumulatively, they have a way of pulling the physician relations program off course.

Maintaining focus is like sticking to a diet. You don't gain 10 pounds by eating one candy bar. Rather, it's having just a little bite of chocolate after supper each night, going out to dinner and splurging just that one time, and eating a piece of birthday cake and some ice cream to celebrate a special occasion. It's insidious. Successful dieters—and successful physician relations program leaders—know that they must recognize those areas where they are vulnerable, create mechanisms for accountability, and make certain that everyone is on the same page. Otherwise, your diet—or your physician relations program—will slip.

"The bottom line for keeping people focused is not getting caught up in specialty projects, trends, or trying to be all things to all people," says Mike Riley, vice president (VP) of sales for HCA Continental Division in Denver. "It's easy to get caught up in that, but what we have learned is that the more we stick to what we were hired to do—looking at who we are targeting, assessing their potential financial contribution, and making sure we focus on spending time with them—the more we deliver real results to the organization."

For best-practice organizations, focus is evident in all four key areas:

1. Program goals
2. The role of the field representative
3. Marketplace challenges and opportunities
4. Long-range vision and goals

> *"It's a big circle, and you've got to have all the balls balanced at one time."*
>
> — Don Fischer, director of business development, *Southeast Missouri Hospital*

Focus on program goals

The enthusiasm and energy exhibited by teams as they embark on a focused physician relationship strategy is awesome. Internal stakeholders, especially those who have worked hard to get a physician relations representative on board, have high expectations for the new representative. When I talk to leadership and operational teams that are in the process of developing a physician relations program, I often ask about their expectations for the program. Everyone recognizes that the representative's job is to grow referrals. But when it comes to setting priorities and taking action to actually make this happen, the conversation quickly turns to what the representative is going to do for each individual and his or her service area. And guess what? Everyone has a different expectation. Each person sees the sales effort from his or her own perspective. Everyone has great ideas about how the program will help grow business. But no one has really talked much about this internally because each person assumes that everyone else is on the same page.

Create an internal communications plan

So how do you manage these varied expectations and ensure consistent focus? First, you have to put it into the right perspective. "When you look at a referral strategy, the whole thing is a game of inches," says Michael Thomas,

VP of strategic planning and marketing at East Texas Medical Center Regional Healthcare System in Tyler. "We can't just describe a vision and hope that it happens. We have to develop a tactical approach that will deliver results and ensure that everyone is on board."

The best approach is to create a formal physician strategy plan that details who will deal with each segment of the medical staff. This not only aligns the objectives and manages the overlap but also provides a visual depiction of the activity level for each segment.

Here are some steps you can take to improve internal communications and help maintain focus for the program:

- Meet with internal stakeholders to agree on the focus of the program. Summarize the discussion in writing, and distribute this document to the entire team to get final consensus. The group may decide on a focus for the first three to six months of the program, after which the team can be reconvened to assess results and determine whether changes should be made.

- Design the tactics and targets based on the agreed-upon focus. Again, this should be shared in a document with the team so that any specific service deliverables or physician targets that team members have in mind are documented.

- Provide regular reports on tactical accomplishments and feedback on results to the team. These could consist of weekly e-mail briefs and/or monthly activity reports with market intelligence and summaries of referral barriers. The sales staff will want to provide the team with planned actions as a result of these findings so they're aware of how the team plans to integrate these findings into their referral growth strategy.

- Conduct evaluation meetings with the team on a regular basis (e.g., every 90 days) to review the original objectives, field findings, and new business outcomes. Adjust the plan as appropriate, making sure to get consensus from the team at each interval.

You're probably thinking this can be done informally. I recommend against this, however. Although an informal approach might work at the onset, even the most dedicated people find it hard to do all they should (and keep doing it) if there is no formal system of accountability. Also, over time, as changes occur in staffing and priorities, the internal communication plan is an excellent way to keep your physician strategy front and center for those who need to implement it. That's what makes it a best practice.

Explain sales to internal stakeholders

To set a clear direction for your physician relations program, you must also have an understanding about what sales is versus what it is not. Understand what it is *supposed* to accomplish versus what it *could* do. And share this information with your internal stakeholders. The best plan in the world won't improve the focus of your program if your internal audience doesn't

understand the sales process—and what it takes to get new business from physicians.

To keep a program on task, internal stakeholders must understand the process of earning new referrals. I am not suggesting that every leader in the organization must understand every nuance of sales or even that they must completely embrace the concept. What I am saying, however, is that people who have oversight for the physician relations program must regularly remind leaders of the need to keep the sales representatives focused on their tasks. You must understand the typical hospital leader's perception of sales and help him or her to understand what it really takes out in the field to grow the organization's business.

Many internal stakeholders do not really understand growth. They may think the physician sales representative's role is to learn what the physicians feel is wrong with the organization or to increase satisfaction among loyal physicians. They are not aware that there is a difference between taking care of those who already send you referrals and increasing referrals from doctors who have little or no loyalty to your facility. The latter, of course, is key to growth. If a physician raises a concern, the organization must listen and respond to it.

Fixing that issue, by the way, does not ensure referral growth. Rather, it provides the chance to keep referrals we otherwise may have lost and continue earning the business we already have. This approach can earn the representative favor in the eyes of the physician. The ability to listen and

respond is a key element of the role, but the focus of a growth strategy is finding ways to get new business by using positive messages to engage in a dialogue about their needs and then offering the organization's services to meet those needs. This is the understanding that must be established for sales in order to maintain focus.

One of the jobs of the physician relations representative is to respond to physicians' needs. The doctor says something must be fixed, and the representative deals with it. Many incorrectly perceive that as sales. In fact, selling is more about *discovering* physicians' needs. The representative wants the doctor to change his or her referral patterns. The physician is resistant to change. This type of relationship building requires attentiveness to the unique nuances of how each physician practices and an ability to listen for those nuggets of information that provide the salesperson with an opening to convince the physician to change his or her referral pattern. Although making operational changes encourages those who are on the medical staff to feel listened to and appreciated, tangible actions (e.g., ordering a new piece of equipment, changing a rule, or adapting a schedule) are also necessary to keep the business you already receive. That's not sales—it's maintenance.

Contrast this with a situation wherein the physician has no relationship or a limited relationship with your facility. Although your loyal physicians may see a certain service or benefit as a given or as a value-added option, a physician who does not currently make referrals to your facility may see the service or benefit as a new opportunity. In the world of sales, we call that a *gift*. Why? Because most healthcare facilities aren't that different from one another. For

the most part, they share pretty much the same features. It is the subtle differences—the quality of the person delivering the service, the way in which the service is delivered, or the way in which clinical outcomes are reported—that can convince a physician to change his or her referral patterns.

The sales representative must uncover these nuances. The sales rep must probe to see whether the facility offers something that is truly different from the competition and then encourage the physician to try it out and determine whether the experience warrants a change. The challenge is to keep the sales effort focused on activities that truly bring in new business. Anything that distracts or dilutes your efforts can make you lose focus. A key to successful relationship-selling with long-term value is the ability to be consistent. A consistent message, approach, style, and regularity of meetings all make the difference.

Columbus (OH) Children's Hospital has had a physician relations program in place for nearly 10 years. It is led by Donna Teach, VP of market development and promotion. Her approach is to look at the objectives for a specific target audience and then create strategies and tactics around how the target audience wants to build a relationship with the hospital. "We have our programs built with an outside-in look. Our focus is predicated on the needs of our referring physicians and how they want to have a relationship with the institution, versus the other way around," she says. Once her team has developed the strategy and determined the tactical approach, they streamline the communication channels so that the entire organization is focused on consistent messages.

Focus on the role of the field representative

To maintain a focused physician relations program, a proactive field effort must be the focal point of the program. That means the representative goes to the practices of those physicians who have the potential to bring more business your way. At the heart of the interaction is shared communication and dialogue with the physician. Best-practice programs detail the number of visits and other relationship-enhancing activities that they expect the sales representative to accomplish. They focus on specific services that are ready for growth, target physicians who are likely to refer patients to those services, and make certain that the representative understands the areas in which they have true market differentiation. Finally, they train the representative to create the right dialogue to uncover the right referral opportunities. To keep the representative focused on creating referral opportunities in the field, consider the following:

- Despite the pace and demand of field visits, many organizations expect their salespeople to develop a business strategy and create business plans. Although it's true that most salespeople are also capable of sales planning, almost none have the right background to create a comprehensive physician business plan. If you want a solid and efficiently prepared plan, then get someone who knows hospital data to support the plan development, use data to finalize the target lists, and then let the salespeople work on it.

- Successful organizations create a solid strategy for service lines that the organization has targeted for increased business. Ensure that these services are ready for new business and that service line leaders are ready to support the sales team, as needed, with messaging, physician-friendly service, and time in the field.

- It's also a good idea to create an internal mechanism for issue resolution so that the representative can easily forward physician concerns to those with operational responsibility and be assured that they will manage the resolution and communicate the outcome with both the physician and the representative.

- The representatives could be great helpers for countless other activities, but that's the not the real reason you hired them. Authentic commitment to growing referrals means a single-mindedness and concentration in the field. The vulnerability is that since they are "can-do" people, there's a tremendous temptation to use them for other tasks that they can do well but for which they were not hired.

You might be wondering why it's so important to differentiate between fieldwork and other work of the physician relations program. If you are thinking about assigning additional tasks to representatives, first make sure you can answer "yes" to the following questions:

- Is the task related to the physicians the representative is targeted to visit?

- Will the relationship between the representative and the physician advance as a result of the activity?

- Can we expect to gain new referrals as a result of the effort?

Resist the temptation to answer the questions with a qualified yes, even if it seems like the task might help accomplish the goals indirectly. Time after time, I have seen programs that started with a very clear field focus falter because of a little thing here and a little thing there. Next thing you know, the representatives aren't doing all of that crucial fieldwork you hoped for when you hired them in the first place.

Keep field representatives in the field

Best-practice organizations are cognizant of internal workflow. Other health-care workers can multitask. They work on many different projects, they perform many different tasks, and their schedules are flexible. Further, they can easily stop what they're doing to attend a meeting and then pick up right where they left off when it's done. Field-focused representatives, however, simply cannot work this way. Every time they are called into the office, they lose valuable field time. If there is a meeting on campus at 1 p.m., for example, the representative likely loses at least two appointments that day because of the time needed to travel to campus, attend the meeting, and then travel back into the field again.

Focusing first and foremost on sales means that we create an environment that requires and allows the representative to be in the field. At a practical

level, this means making choices about which meetings are critical for representatives to attend.

Representatives are usually asked to contribute to meetings beginning at about the three-month mark. This is good news and bad news. The good news is that leaders and other stakeholders are showing an interest in the success of the program. They want to know what the representative is hearing and learning in the field. There is a level of excitement and anticipation as new physicians appear in the hall and the departments and services start seeing increased referrals. Representatives are invited to share what they've learned at service-line meetings, with the marketing and business development staff, and at medical staff and section meetings. When you think about all the possible meetings in one week at your organization, however, you discover the bad news. If the representative is in meetings, he or she is not in the field. Best-practice organizations manage this dilemma in several ways:

- They decide which meetings really count and encourage representatives to attend when they feel it is necessary
- They use quality reports and outcomes to demonstrate the program's impact, instead of having representatives report to internal stakeholders during a presentation
- They appoint a sales team leader as the liaison for internal meetings

- They schedule meetings on Monday mornings or Friday afternoons, when field productivity tends to drop

Foster a culture that supports growth

Best-practice organizations are focused on generating new business. In fact, they often have one or more representatives who are focused solely on generating new business. But these organizations also recognize that one or two people can't do it all by themselves. Everyone in the organization must pull together to help position services to earn new referrals.

The culture of these best-practice organizations is oriented to growth. Of course, culture is deeply ingrained at most healthcare facilities. It can't be changed overnight. But there are real benchmarks that indicate a strong orientation toward the physician's role in bringing referrals to the facility and the representative's role in making that happen. A growth- or sales-oriented culture is one in which the internal stakeholders recognize and value the contributions of those customers—especially physicians—who bring business in the door. Best-practice organizations have a culture that embodies the value of sales. For example:

- They value the role of each physician who brings patients to the facility for care.

- They understand the impact of hospitalist admissions and that the ease of maintaining primary care relationships with the primary care physicians (PCP) is gone. Finding new ways to connect and relate with PCPs is essential.

- They consistently deliver on basic expectations. Physician relations programs are obligated to promise only what the organization can actually deliver. The internal clinical and operational staff must fulfill those basic promises.

- They realize that communication among clinicians, representatives, referring physicians, and leaders is crucial. This is true whether the news is good or bad, whether standards are not met, or when there are victories to celebrate. The representative and the internal stakeholders work hard to communicate changes, so there is real-time knowledge of happenings.

Organizations with a growth or sales culture also recognize that once the internal strategic decision is made to grow a service line, there must be consistent ability to meet that need. We can't ask a representative to grow business at a certain number per day or only on certain days when volumes are down. When an organization decides to grow a service line and asks referring physicians to send the organization new business, the organization had better be able to accommodate those patients. If you ask for new business, you have an obligation to do everything in your power to accept it.

For some organizations, this means they must reassess their payer strategy so that those practices targeted for more referrals can send all patients to the same referral source. For others, they must create access lines to streamline the transport. Still others have created additional triage functions to support the referring physician (this has been expedited with the augmented use of

hospitalists). Organizations with a focused sales culture encourage, embrace, and welcome new business.

Focus on marketplace challenges and opportunities

No discussion of focus can be complete without highlighting the positive impact of a program that is focused on growing the right business. At Memorial Health University Medical Center, Inc., in Savannah, GA, Don E. Tomberlin, Sr. VP of regional development and sales, has fine-tuned in such a way that he can succinctly and consistently describe his focus and the reasons for it as often as is needed to keep focused on the right targets.

"We've identified three categories of the medical staff," he says. "Those we consider loyal are those who are giving 80% or more of their business to us. Those who are splitters are those who give us between 20% and 79% of their inpatient business. We have determined that we can change maybe 30%–40% of that splitter business when they start at that level. But those physicians who send us any less than 20% at the outset of our efforts we have determined we cannot change and do not justify the additional expense."

Best-practice organizations target the right services and the right physicians to grow their referrals.

Gain internal agreement on the approach

Most programs have, in response to the needs of the referring physician, worked to provide a single contact to act as a central resource on acute care

services within the organization. He or she is the central resource for the target physician on all the organization's services. This tactic positions that person to communicate on behalf of the entire organization and to reach out to the appropriate clinical expert when the need arises, rather than sending out multiple people to pitch one product each. What a wise thing to do! The challenge, however, is determining which services to highlight. This is where focus really comes into play. Every service wants to have its attributes front and center. And this is complicated by the fact that they do not clearly understand how sales works and that bringing in new referrals takes more than making a onetime pitch.

The first step is to make a list of the service lines that are key to your facility's growth strategy. The following questions will help narrow the list to the top three or four spotlight services:

1. **Is there good upside potential?** The right service is one that has solid revenue and volume potential. Time with physicians is precious, and the face-to-face approach to earning business is expensive. At the end of the day, the physician relations program has an obligation to ensure profitability. "We identify the service lines we believe we want to focus on and then identify the current referral patterns," explains Sue Pietrafeso, director of outreach programs at Sunrise Health Systems in Las Vegas. "We then determine what the natural growth is for that clinical area and what we believe we can redirect from competitors. We then project what we think we can move, and if we don't believe we can move enough to make it worthwhile, then we remove that service area from

our targets. But if we believe there is potential, we forecast the actual growth we expect we can achieve and then keep track of what is actually happening so we can then measure the effectiveness of the strategy."

2. **Do you have capacity?** Internal capacity includes not only the number of beds but also the capability of support services or other departments that are critical for throughput. For example, is there room in the surgery schedule? Can you get MRIs done in a timely fashion? Capacity means that you have the clinical, nursing, and technical staff to ensure that all patients can be treated if new referrals are generated. Capacity also refers to specialists. You must have an adequate number of specialists who are interested in increasing their patient base. As you evaluate this aspect of capacity, make sure that you have access to specialists who accept the type of patients that you anticipate attracting. Pay attention to the payer expectations or the level of workup required. Growing "select referrals" can be done, but it requires a very different model and method. Specialist capacity also means that the specialists will value the new business and treat the referring physicians in a way that encourages them to use your specialists rather than the competition's. Keep politics in mind if you have several specialty groups all vying for these new referrals. Again, it is about preplanning, strong internal communication, and, of course, focus.

3. **Can you differentiate?** Another area to evaluate when you are determining which areas to position for growth is your ability to differentiate your service from the one that the referring physician currently uses. In

today's environment, the referrals you want are generally already being served by another provider. If you are going to ask a physician to shift his or her referrals, the representative had better be able to draw a clear distinction between you and your competitors. We'll discuss differentiation later in the book.

4. **Is there market appeal?** The right services are also those that have appeal in the marketplace. Often, the motivation for selecting services is driven exclusively by margins. But this isn't always the best approach. Recently, I was talking to a hospital leader about his targeted areas for growth. "We're very interested in growing our outpatient radiology business," he said. "We have all the equipment, and the margins are excellent." This made great sense to me, until I had a conversation with another member of the leadership team. "The margins *are* great," he told me with a laugh. "But there are three freestanding facilities within half a mile of our campus. They are lovely, accommodating, and have physician investors. Our facility is in the basement, has no streamlined access for outpatients, and is only open from 8 a.m. to 5 p.m." Remember: You can sell only what someone wants to buy.

Target the right physicians

Assuming you know what to position, your next area is to determine which physicians can send that type of referral your way. If your focus is on retaining business, you have it easy—you simply target those who are currently sending you the bulk of their referrals. But what if you want to grow business? There are several criteria to help you identify the right targets for referral growth:

1. **Opportunity.** Target physicians who have a practice mix that allows them to send more referrals your way. When creating the business plan, determine which physicians split their referrals among facilities.

2. **Ability.** Make sure that there are no precluding circumstances (e.g., payer mix or patient preference) that would have an impact on your ability to encourage the physician to send more of those referrals to you.

3. **Specialty.** Include both specialists and PCPs in the targeted group. If you want to grow certain clinical areas, you must assess the type of specialist who would refer for that service and evaluate how patients end up at that specialist (e.g., through referrals from their PCP).

4. **Fit.** Explore the type of business that the referring physician can and will shift to your facility. This can be as simple as getting additional MRIs from an orthopedic surgeon or understanding the PCP's need to send cardiac patients directly to a specialized type of cardiologist for a workup on their arrhythmia.

5. **Outcomes.** Encourage more referrals from physicians who represent the level of quality your organization wants to achieve. The organization will benefit from objectifying the facets of quality that come into play (e.g., length of stay, readmissions, infection rates, and peer assessments). This is relatively easy when a physician splits between your facility and others but becomes more difficult when they have not referred to your facility in the past. In that case, organizations must rely on word of

mouth and the traditional credentialing background tools. If you are in an academic medical center, part of the process must include evaluation of credentials. The other part of this is accepting all referrals and working with the referring physician to let them know when it is appropriate to make future referrals.

6. **Relationships.** Carefully consider who is encouraged to join or become more active in the ranks of the medical staff. The number-one challenge in this regard is the role of leadership in managing internal politics and relationships. The community hospital, with all private-practice physicians, is often forced to take a position that is counter to the desires of the existing specialists. There are times when it is absolutely the right thing to do to increase the number of specialists. Best-practice organizations are able to step back and clearly think through the impact. Generally, they also communicate with the current specialty group in a proactive way if they opt to encourage more business from another group. Another element of relationships is the prospective target's ability to get along with others. The bottom line is that if you are going to spend the resources to encourage new referrals, it makes sense to make sure they are good citizens within the medical staff. Watch for signs of trouble: past bad behavior in the operating room, jumping from practice to practice, or moving from facility to facility, for example. Again, this is much easier to assess if the physician is already sending you some referrals. Otherwise, use good judgment, and proceed with caution.

7. **Motivation.** Consider the need of referring physicians to grow their own business, too. There has to be some gain for them; otherwise, they are not going to be interested in changing their referral patterns. Some factors that motivate referring physicians include the following:

    - Access to new insurance plans or the need to shore up the payer mix within the practice
    - Prestige and recognition
    - Technology and innovation
    - A move for personal or business reasons
    - New patients and more primary care referrals to grow their practice (for specialists)
    - Specialists with better outcomes, clinical communication, and personal or social connections (for PCPs)
    - Better support for PCPs, including hospitalist coverage, transport, or triage experts

One group that is often overlooked is physicians in your geographic market who are new to practice. Physicians in your service area—assuming that they are competent and will fit with your organization—who have been in practice

for less than two years are the "right target," whether their practice is affiliated with you or not. Also, there may be new physicians in the market who joined groups that have not historically used your facility. It's a mistake to presume that they will follow the practice patterns of their existing practice. Although the initial tendency is to follow those patterns, often new physicians are interested in creating their own referral relationships. Let them know that you are available and what you have to offer. Clearly, there's more to targeting the right physician than just picking a few doctors from a list. The organizations that have done an exceptional job of growing their referrals have taken the time to decide objectively who to include in their targeted lists.

Focus on your long-range vision and goals

Best-practice organizations maintain focus over time. When a program begins, there is a wonderful air of enthusiasm. The focal point of the program is a field-focused effort to enhance relationships and gain referrals. Although not everyone agrees—ever—about what to promote or who to promote it to, everyone shares the belief that the representative should be in the field meeting with physicians. Outcomes-focused programs often have key benchmarks to be achieved (e.g., a certain number of physician visits per week), making the program's path feel well established. With the key vulnerability typically including keeping field people in the field and creating a culture of referral readiness, the other enemy of focus happens over time: It is the lack of motivation to reexamine the plan and the approach.

Although the original targets and target list were painstakingly developed, subsequent lists are built by give-and-take, year after year. Those programs that have been able to maintain their focus commit to a fresh look at the data. Although there is tremendous value to long-term relationships, additions to and deletions from the list will be necessary. New physicians move in while others move to levels within the organization that demand the attention of leadership instead of the physician relations program. Markets change, and so do strategic priorities. Focus is about looking again at the reason for the program and then assessing which physicians to target and by whom, how the physician should be targeted, and when to meet the goal.

Beth Israel Deaconess Medical Center in Boston regularly reassesses its physician relations strategy. Elaine Monico, director of network development, says that Beth Israel looks at its strategy and approach about every six months. "From a market standpoint, how to achieve volume growth is really challenging in a market that is essentially flat," she says. "The last two or three years we have only seen in the range of 0.05% to 1% market growth. So we continuously have to look at what we offer and how we differentiate ourselves, given how formidable our competitors are, to achieve volume results."

The final enemy of focus is the temptation of incorporating too many good things into the program. There is a tendency to get very enthusiastic about the program and then add new elements to the program, including more things that can be done with and for doctors. Pretty soon, the consistency is replaced by a whole series of other, different, and special events. Sue Pietrafeso, director of outreach programs at Sunrise Health Systems in Las Vegas, calls this the

magpie syndrome. You start out with the right idea but get distracted by shiny things. Focus eludes the magpie.

Take the time to formally assess your program every couple years. Look at the original goals of the program compared with the current goals. Have they changed? Look at the structure. Is it meeting the current needs? Do the representatives have the visibility and influence necessary to perform in their roles? Are they spending the right proportion of time in the field versus the office? Assess the strategic targets and the effect on referrals and volumes. Evaluate your internal communication plan, and see whether it is time to formalize it a bit. Best-practice facilities take the assessment seriously and do it right. Program focus requires that you take the time to learn what is in place to meet your goals, create a plan and process to meet the goals, and then build a message to attract others to the cause.

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