

Possibilities in Physician Relations

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Developing an Effective Physician Liaison Program *****

How should a physician relations program be structured to achieve the intended results; increase loyalty and patient referral volume? We suggest the following:

1. Regular Contact. A hospital representative should visit each physician/practice monthly. Typically this role falls to the Physician Liaison. The encounter should be documented in a contact management computer program and routine activity reports should be generated. Liaisons often find that it is easiest to visit with the office staff, rather than the physician. While this encounter is valuable it must not be allowed to replace the face-to-face visit with the physician.
2. Bring a Message. A simple "Hello" is not sufficient. The hospital representative should bring news of a new program, staff education opportunity, practice support initiative, or an answer to a previously asked question (or the resolution of a problem). This content creates a reason for the physician to anticipate the visit and meet with the representative. It is also appropriate to bring a representative of a clinical department to meet with physicians. The chief radiologist or department manager, the Director of Surgery or the Vice President, the VP of Nursing, and the Medical Staff Secretary are all good candidates for periodic "rounds".
3. Categorize Physicians. "Loyalists", "Splitters" and "Phantoms" describe the three key physician categories. Loyalists admit or refer a substantial percentage of their patients to you. They must be coddled and kept excited about the relationship (watch out, they eventually grow old). Splitters divide their business between you and others. These "base coverers" are seeking to maximize their practice market and earn the maximum possible. These physicians need to understand why working with you can result in a more efficient (or profitable) practice. Increase their income or lower their hassle and you'll get more business. Phantoms use you only when the patient requests, or insists. You'll either need to make these physicians a business partner or convince their patients, or even their staff, that you are the facility of choice. Converting these physicians to splitters is a key focus of the program and the progress should be monitored.
4. Monitor Data. Track referrals, by dollars and by numbers, on a regular basis. Increases in business from splitters or phantoms should be met with an immediate "thank you" from senior management. Rewards for staff performance and continued employment should be tied to "conversations".
5. Collecting Baseline Data. It is critical to know as much as possible about the individual members of the medical staff and their referral patterns. A program, to be successful, will need to document physician practice location, other physicians in the same group, physician specialty and age. Admissions need to be identified by physician and then rolled into groups. An age-weighted admissions profile should be developed, by specialty. This will highlight the risk exposure to pending retirement and practice slowdowns. Finally, the number of total dollar volume of admissions should be attached to the top 25% of admitters, the middle 50% and the bottom 25%.
6. Routine Operations. Each physician visit should be planned and the outcome documented. Information should be obtained about problems, needs, and requests. Critical information about office operations, such as the role of key staff, will be helpful to target marketing efforts. Each week an activity report should be submitted documenting the number of visits, those visited and the outcomes. A summary report should be prepared each month which tracks referrals by physician and highlights increases or decreases in volume. The reasons should be included. Trends in office needs and requests should be identified and used in the development of new programs and initiatives. The critical component of this entire process is the ability to tie Physician Liaison behaviors to changes in referral patterns. The ultimate value of the program is its ability to bring business to the hospital.
7. Strategic Outcomes. Senior management should utilize the monthly input from the liaison program to target certain physicians for personal attention, develop new programs that will support the needs of the medical staff and identify geographic and specialty areas for future development.
8. Program Success. Any physician relations program success will depend on the ability of the liaison program to assess the needs and wants of the medical staff. These should be identified, quantified and summarized on a regular basis. The source of the data is the periodic physician meetings and regular (annual) surveys and focus groups. Senior management should remember that their middle managers will minimize the importance of problems and will resist change, especially if it is physician initiated. Management should also be sensitive to their true "customer", the physician.