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FIVE COMMON PROBLEMS FACING PHYSICIAN LIAISON PROGRAMS

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As primary healthcare providers continue to be overburdened with patient care and paperwork, and as hospitals acquire record numbers of private medical practices, the simple practice of generating patient referrals is becoming more and more complex. While hospitals and specialty physician practices have always relied on the invaluable patient referral, they are coming to realize that they need to be more direct in their efforts, and enlist the help of others to stimulate referral growth.

To ultimately improve patient care and enhance facility revenue, hospitals and specialty practices are increasingly turning to professional physician liaisons to develop closer ties to the physicians who drive their patient referrals. The few healthcare organizations that are thriving in these uncertain times have established comprehensive referral-generation plans, and have empowered physician liaisons within their facility to implement those plans.

When I ask administrators whether or not they think it is important to establish a physician liaison program to increase patient referrals, the vast majority of them answer with a confident "yes". However, these same administrators have no clear plan for how to go about setting up this type of program. Most often, they pluck an employee out of the marketing department and appoint them as the new physician liaison. The new liaison then makes him or herself known to hospital staff, and perhaps drops off a few business cards to primary care doctors in the area. But, what next? To gain proper ROI and make a physician liaison program effective, administrators and liaisons need to prepare for the roadblocks a typical program faces.

Problem #1 - I'm not sure the person I've hired is cut out for the job.

Physician liaisons do not always need a clinical or pharmaceutical sales background, but it certainly helps. They must possess the intelligence to understand detailed clinical services. They need confidence to recite clinical information to potential referring sources. They should be diplomatic, and have the ability to tactfully contend with physician egos. A physician liaison's internal stakeholders can consist of nurses, physicians, case managers, service line directors, and support staff; each of whom have their own agenda. A liaisons ability to maintain unity among multiple departments and service lines is no simple task. Helping these stakeholders understand how they all play a critical role in the success of the hospital can be hard work.

Physician liaisons must have both selling and consulting skills. This job requires not only high levels of critical thinking and negotiation skills but also the ability to interact with a broad spectrum of individuals.

Bear in mind that a talented physician liaison can only be effective if the information he or she shares with the C-suite is acted upon. Successful physician liaison programs are based on a facility-wide culture that focuses on the needs of both the patient *and* the referring provider. *Nothing kills a physician relationship faster than an unfulfilled promise of change.*

Problem #2 - My liaisons keep visiting the same providers who are already referring patients to us. How do I create a priority list that can open up more referral channels?

Analyze the data. As electronic medical records become the standard, hospitals and physician practices have access to mounds of patient data. Not only can they identify which services are most profitable, but they can also see where the facility is bleeding red ink. Electronic medical records provide detailed information on the

facility's patient population. This information includes age, diagnoses, treatment, and payor mix. But frequently, one key detail of medical record data is missing or inaccurate – who referred the patient to the facility in the first place?

Some healthcare facilities rely on 'claims data' served up by third-party vendors. These vendors claim that the 'data' reveals which providers are referring patients to other facilities in the community. Not only does this claims data reflect a small share of the total patient population, as the majority of payors are not accounted for, but the more problematic issue is that the data is often misleading. Our consultants have found the majority of this data to be inaccurate, with a disproportionate amount of physicians stating that they are referring patients to themselves. In reality, the actual referring provider is never identified. We find that most healthcare facilities do not have the proper process controls in place to consistently capture accurate demographic patient data at the front desk or admitting area. Thus the claims data cannot be trusted.

I know an administrator of a G.I. group who was eager to promote her new Endoscopy Center to referring physicians in the region. She retained a physician liaison to make calls and educate referring providers on a new multi-million dollar facility. She had a general idea of which zip codes to target. In order to determine his communication strategy, the liaison requested previous patient referral data on each of the G.I. physicians within the group. The internal claims data revealed that over 50% of the patients seen in the last 90 days were coded as "self-referrals", with no referring physician named. When in reality, the G.I. physicians in the group believed that number was really 5% or less.

The way to accurately capture referral data is to insist that your office staff capture referring provider information at every patient touch point within your organization. This means asking the patient several times who referred them: 1) at the time they call for the appointment, 2) when they fill out their paperwork, 3) when they are screened by a nurse, and 4) when they are seen by the physician.

Since it is unreasonable to think we, as administrators, can control data capture at other healthcare facilities, using “claims data” that analyzes the referral data of other organizations doesn’t make sense. We need to ensure that the data captured in our own facilities is accurate. When we are equipped with accurate information, obtained from within our own facility, we can guide future business development activities.

Do not expect your physician liaisons to do an adequate job if they only rely on Google maps to figure out which providers to visit. It is a recipe for failure. You need a program that identifies the providers, by specialty, in your target market area. Only when you possess this information, in conjunction with your facility’s accurate referral data, can you conclude which active and potential referring providers in your market are the most important.

Problem #3 - I’m having a hard time quantifying the investment in a Liaison Program to the C-Suite.

The really good physician liaisons are “doers”. They work best when communication objectives are actionable. Physician liaisons will need more motivating factors than just a sales call list to hit each week. They need to understand the big picture, and they need clearly defined strategic communication plans. A liaison’s communication strategy is much like a long-term marketing campaign. They should work in tandem with external consumer outreach efforts, and call on providers within a defined market area. Liaisons need to devote a specific number of hours toward each campaign, and set goals for measurable results.

Suppose a Regional Medical Center executes a major consumer advertising campaign to support Breast Cancer Awareness Month. To complement the consumer advertising campaign, physician liaisons set a goal to increase digital mammogram referrals by 15%. Liaisons generate a list of all OB/GYN clinics within a 50-mile radius of the hospital. They create a route and visit schedule so that each

clinic can be seen at least twice within the 30-day period. Liaisons share brochures and appointment cards with referring physicians and nurses, and educate providers on the hospital's digital mammography services. Liaisons encourage providers to book mammograms through a direct appointment line while patients are still present at their clinic. The campaign results in a 20% increase in digital mammograms over the next 90 days, which exceeds the initial goal.

Results are much easier to report when a liaison's efforts are based on sound communication strategy. Nevertheless, there are many days when a liaison is merely maintaining open lines of communication with referring providers, and not specifically focusing on a "cut-and-dried" campaign. When I was a medical practice administrator in Mississippi, I was culling through some referral data, and realized that one general surgeon had stopped performing procedures at my hospital about 9 months prior. This administrative oversight had ultimately cost the facility $2 million in lost revenue. We did not employ a physician liaison at the time, so I went to visit him personally. I came to find out that he had gained a little weight, and he needed double extra-large scrubs, a size that we currently did not provide. Instead of asking us for scrubs, he decided he would take his business elsewhere. If I had the luxury of a reporting tool that had alerted me to this downward referral trend, and a physician liaison who was consistently communicating with that surgeon, I could have been alerted to the issue long before it became a problem.

By possessing a tool, like MDreferralPRO, that provides quick analysis of referral trends and provider feedback, administrators and liaisons can easily show how their efforts are contributing to the bottom line.

Problem #4 - My liaisons are getting in front of the right people. But they aren't making much headway with referrals.

Memorize these three words -- *Information. Frequency. Response.*

Physician Relations Management is well beyond the feel-good days of a box of donuts and a pocket calendar. Physician liaisons need to be familiar with everything going on at their facility if they are going to do their jobs effectively. The

good liaisons are frequently calling on doctors armed with the latest information on how their facility is reducing hospital-acquired infections and improving patient satisfaction scores. And they are also sharing the not-so-good news if it relates to patient experience. Are you re-paving the parking lot in May? Is your best cardiac surgeon planning a month off in August? The goal is to get in front of these providers on a regular basis and share the most current information affecting patient care, be it positive or negative. There is an old saying, "nothing kills a bad product faster than good advertising." The same holds true for liaison communication.

I work with a physician liaison who represents a highly accomplished Reproductive Endocrinology group. She keeps a close watch on national data related to In Vitro Fertilization (IVF) success rates. She works directly with her physicians to slice and dice national data and compare it to her own clinic's data. When she calls on OB/GYN groups, they are happy to receive a few pens and Post-it notes, but the real attention-grabber is the success rate with IVF. When she shares those facts with referring physicians, they can be confident they are sending their patients to the right place.

Do not expect a strong patient referral pattern from a provider you visit once every 6 months. Doctors need *frequent* and meaningful *information*. If they have a question or a problem, they expect a quick *response*. Only then can you expect a lasting relationship to form.

Problem #5 - Liaisons spend too much time determining priorities and putting together reports.

By using a web-based application specifically designed for physician liaisons such as MDreferralPRO, liaisons can create plans based on predictive analytics. MDreferralPRO allows them to geographically target specific market areas and identify untapped referral sources by name, specialty and location. They discover which providers should be a top priority to call upon, and where they should concentrate their efforts to generate more revenue. The MDreferralPRO application

works with a facility's staff, or IT system, to identify which outside providers have referred patients, and whether or not those referral patterns are increasing or tapering off. MDreferralPRO alerts administrators and physician liaisons to the providers who need to be seen most frequently. As liaisons enter notes from their visits, administrators see their communication in real time, which prompts them to act on that communication. Equipped with the right tools, physician liaisons are assured they are using their time in the field efficiently, thus allowing them to see providers with more frequency. Administrators will then quickly see the correlation between liaison efforts and physician referral patterns.

Hospital and medical practice administrators have seen the light when it comes to developing physician liaison programs. But merely employing an individual to "build relationships" will not result in new referrals and higher patient satisfaction scores. Liaison programs must be well planned; and they need tools like MDreferralPRO to help them execute those plans. Armed with *accurate data*, a clear *strategy*, a *priority list* of providers, and the right *reporting tools,* physician liaisons will become an invaluable part of the healthcare process, introducing the providers they represent to referral sources and patients who were otherwise inaccessible.

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