Level Up
Your Physician Relations

Redefining your Physician
Relationship Management Strategy

Endeavor

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About Endeavor

We know physicians.

We have facilitated workshops and conducted research with thousands of physicians nationwide. We pride ourselves on having decades of experience implementing practical strategies to strengthen relationships with referring physicians.

We have a proven track record.

Does your organization need support leveling up the physician marketing and outreach programs? Whatever the specific need, we have done it all.

- Creating medical destinations
- Evaluating and improving referrer experiences
- Entering new markets
- Introducing new clinical services
- Standing up physician call centers
- Opening new facilities

The Company
We Keep

We are **55 years** in operation...

Ranked as one of the
Top 25
Healthcare Consulting Firms
by *Modern Healthcare*

We have worked with nationally-recognized institutions:

- **13 "Honor Roll" institutions**

- **4 out of the top 10 cancer programs**

- **3 out of the top 4 pediatric hospitals**

- **3 out of the top 10 cardiovascular programs**

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Introduction

As you read, consider:

1. What are strengths we must emphasize and protect?
2. Where do we need to change and transform?
3. What can we change ourselves? Where do we need more support?

A caveat for the careful reader:

We will talk mainly about referrers and referring physicians. We use that language herein as most of our client work has been with the nation's leading academic medical centers. Nevertheless, we feel our lessons learned here apply to healthcare professionals, and medical staff physicians as well.

Why do referring physicians matter so much?

You, like us, may be surprised at how little value (and resources) are put behind physician relationship management.

When it comes to investing in managing relationships with referring physicians, including marketing, outreach, and operations, the financial commitment often falls far short of what is allocated to other budgets. Yet, referring physicians contribute a significant portion of the patient volume, in some instances, even the majority.

The struggle is real

The challenge with building relationships with physicians is their limited bandwidth, attention and sometimes interest. They're struggling with burnout, information overload, and ineffective referral processes.

It's not enough to assume a strong brand will motivate physicians to refer or advocate for the health system. Referral growth requires meeting physicians where they are, treating them as true partners in care, and standing out from competitors. And that's a lot of work.

There's an Upside if You Work for It

In this e-book, you'll find a combination of best practices and our insight from interviewing hundreds of referring physicians around the country. Though each segment and market have unique differences, we will share consistent themes related to referrer's decision factors, pain points, and what they seek in a relationship with a healthcare system.
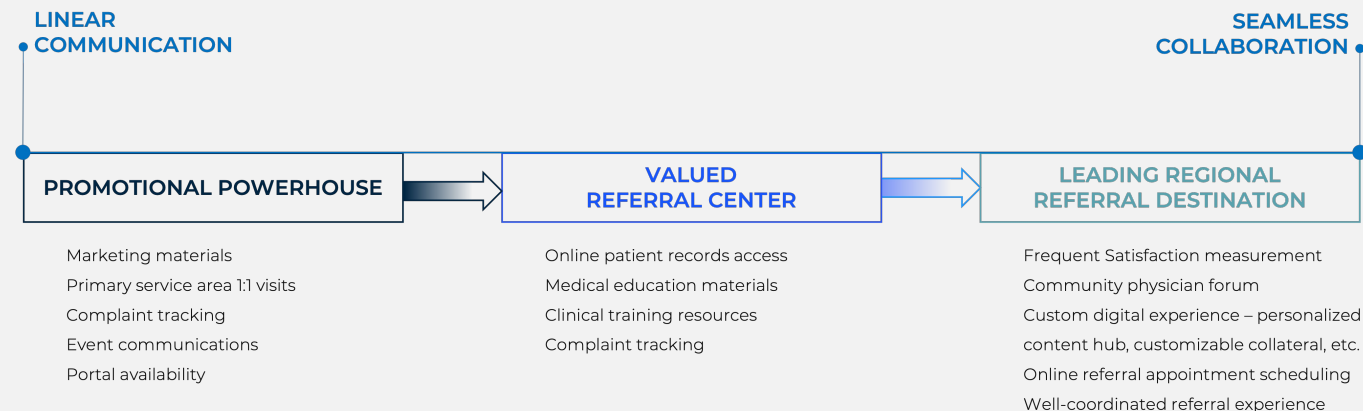
What Does Good Look Like?

A Journey to Maturity

Physician relations, marketing, and outreach programs come with a wide spectrum of budgets, organizational expectations and challenges.

The first step to maturity is evaluating where your organization currently stands and setting the stage for evolution.

Transformation to becoming a leading referral destination requires a comprehensive approach to meeting physicians' needs. It requires using the best tools/technology and taking a holistic approach to the referral experience.

1. In the early stages, the team is tactically driven by an imperative to get things done. Frequently, these endeavors are ad-hoc, initiated in response to requests from leaders or service lines (such as creating **promotional materials**), or based on the event calendar.

2. As the team advances along the continuum, it brings to the table specialized resources and collaborates across disciplines to become a **valued and trusted referral center**.

3. At the highest level of maturity, the physician team evolves into a trusted partner that drives and shapes the vision for being a **leading referral destination and partner**. Their contribution is recognized as critical to the organization's strategic planning process, cementing their status as an integral component of the overall strategy.

LINEAR COMMUNICATION — **SEAMLESS COLLABORATION**

| PROMOTIONAL POWERHOUSE	VALUED REFERRAL CENTER	LEADING REGIONAL REFERRAL DESTINATION
Marketing materials	Online patient records access	Frequent Satisfaction measurement
Primary service area 1:1 visits	Medical education materials	Community physician forum
Complaint tracking	Clinical training resources	Custom digital experience – personalized content hub, customizable collateral, etc.
Event communications	Complaint tracking	Online referral appointment scheduling
Portal availability		Well-coordinated referral experience

Drawing from our extensive experience working with organizations across the country, we have observed that many teams excel at the initiative level, achieving success in specific projects. However, meaningful progress necessitates a holistic evolution, one that aligns with the overarching strategy.

Components of a Successful Referral Ecosystem

Physicians, like patients, are consumers who have choices. Establishing genuine connections with them requires influence over diverse internal processes and stakeholders.

We refer to this as the "referral ecosystem." It signifies a transformative shift in perspective, where referring physician relationship management is viewed as a **holistic strategy that orchestrates activities across all touchpoints.**

Next, we will dive into each of these components with a deeper focus.
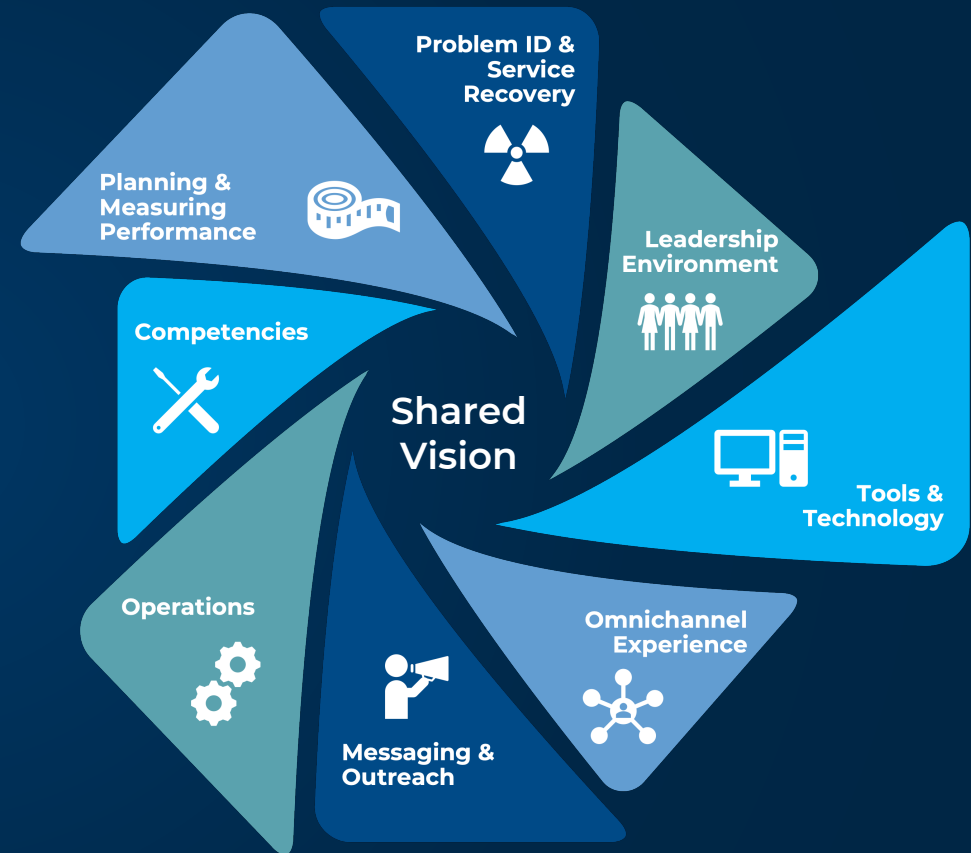
Planning & Measuring Performance
How well are we planning, tracking and sharing our performance?
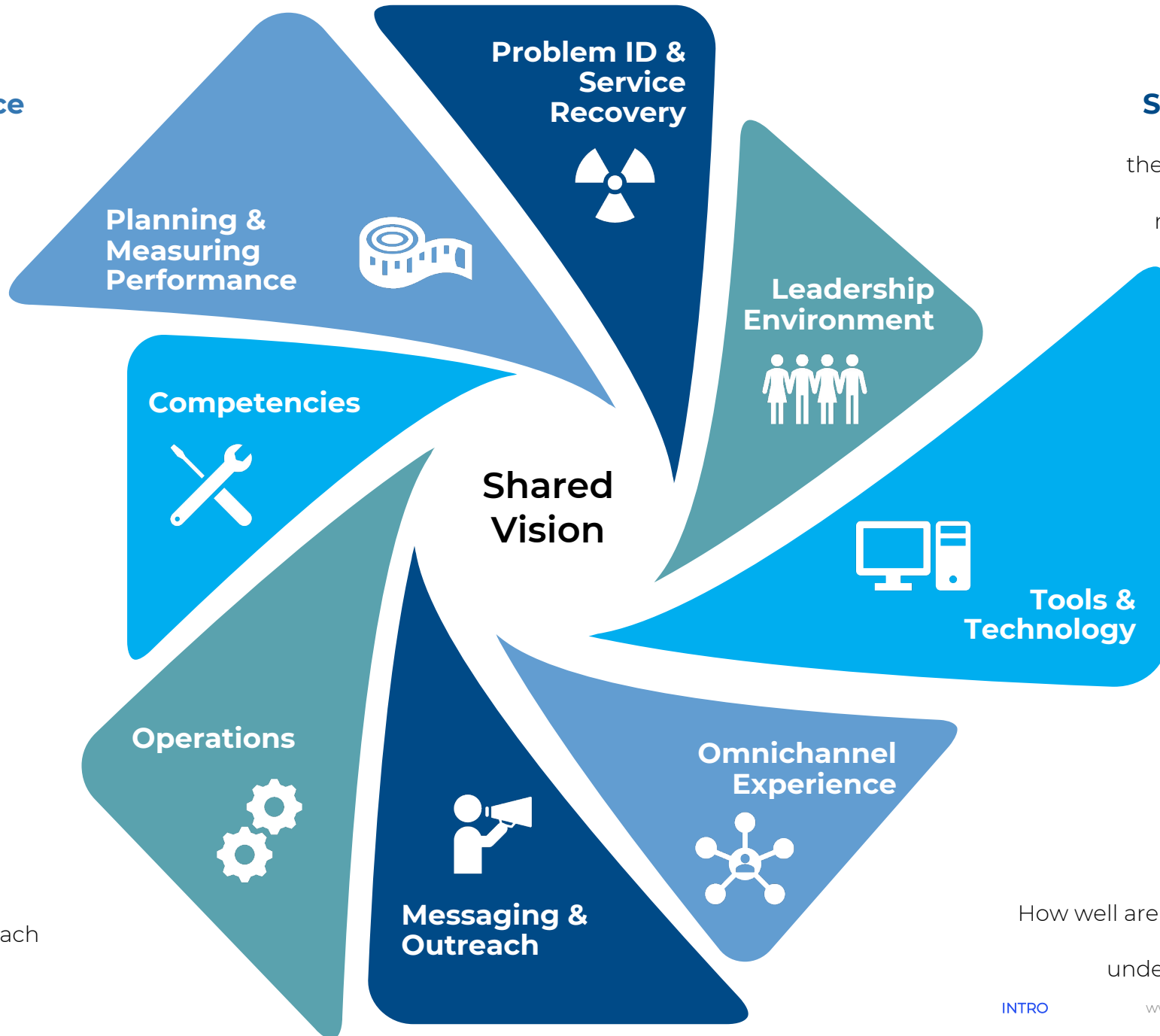
Competencies
To what extent is our team equipped with the right resources and skills to be successful?

Operations
How well do operations align with referrer needs?

Messaging & Outreach
To what extent are our messaging and outreach tactics aligned with referrer needs and drivers?

Problem ID & Service Recovery
How well does the organization identify and recover at-risk referrer relationships?

Leadership Environment
How well is physician marketing and outreach prioritized across the organization?

Tools & Technology
To what degree do tools and technology enable (or inhibit) performance?

Omnichannel Experience
How well are touchpoints across the full referral experience understood and addressed?

Shared Vision

Planning & Measuring Performance
Problem ID & Service Recovery
Leadership Environment
Competencies
Operations
Messaging & Outreach
Omnichannel Experience
Tools & Technology

A Shared Vision

MOVING THE MATURITY MARK:

The highest-performing physician programs are **continuously looking at the bigger picture** and working with other stakeholder groups to build the infrastructure required to meet physician needs.

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The CORE
Why You Need a Shared Vision

Everyone has an idea of what physician marketing and relationship management should look like. That's why it's so important for physician leaders to build a shared vision that aligns expectations, purpose, and priorities.

Think of the shared vision as an umbrella that unites stakeholders across the organization. It provides direction in the face of competing priorities or internal conflicts. Without a unified vision, physician leaders risk being excluded from strategic conversations and becoming problem-fixers rather than strategic change-leaders.

Take the lead on building the program's shared vision by answering these fundamental questions:

- What is at the heart of our core purpose?

- What is our ideal future state?

- What outcomes will we expect and celebrate?
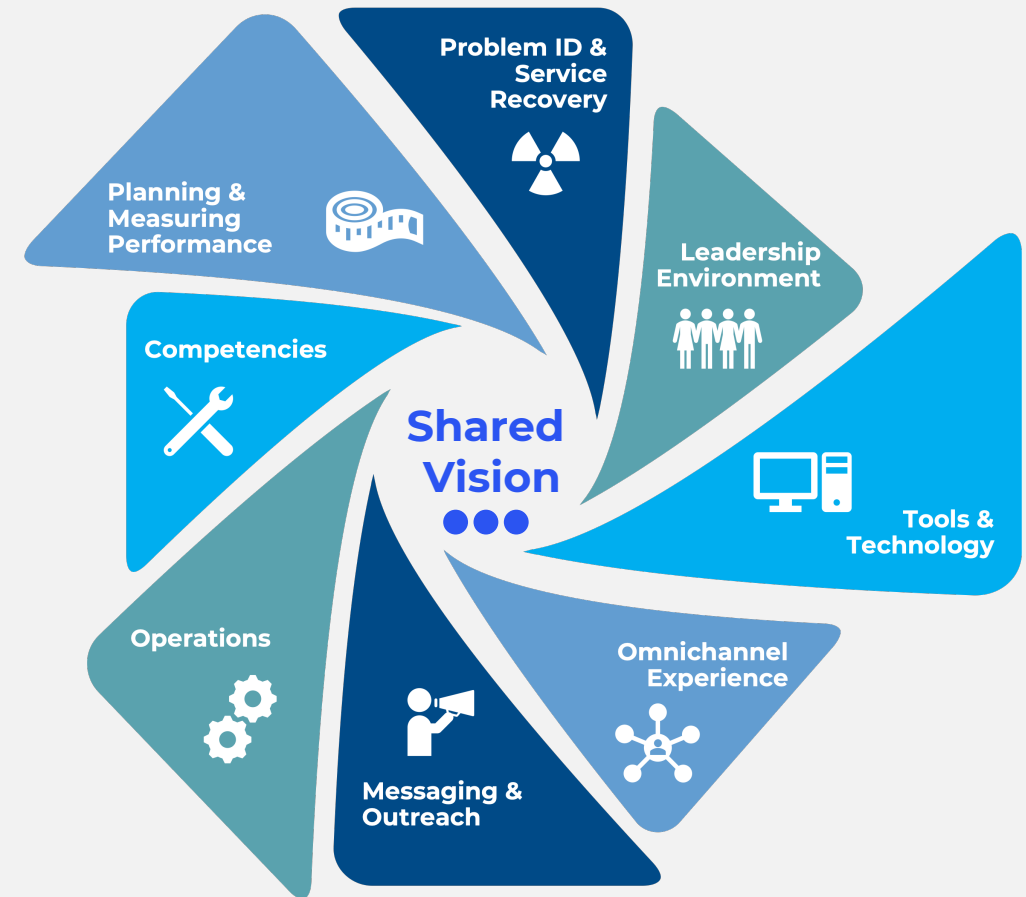
The Shared Vision

Outreach
Business development, 1:1 relationship building

Marketing
1:many, increasing familiarity

Operations
Referral experience, problem resolution

Among the top list of things that can derail your program is losing sight of the bigger picture. Change can't begin without defining your target.

Leadership Environment

MOVING THE MATURITY MARK:

In the highest-performing programs, physician leaders occupy a prominent seat at the leadership table. They champion referrer needs and experiences, influencing strategic organizational decisions. This extends to frequent collaboration with individual departments to align on referring physician resources, promotional "why choose" messaging, and operational requirements.

Leadership Environment

The Synergy Imperative

Growth requires seamless integration of physician marketing and outreach teams. Too often, these teams work independently of one another and don't coordinate on what the other is doing.
Each should understand the contributions of the other and how their collaboration creates the harmony needed for success.

Strategies for Aligning Physician Marketing + Outreach:

1. Collaborative Annual Planning: Develop the annual plan as a joint effort, uniting the strengths of both teams.

2. Transparent Feedback: Establish a formal process for sharing and responding to referrer needs/feedback.

3. Message Consistency: Use message maps so that marketing, outreach and operations speak to referring physicians with a united voice.
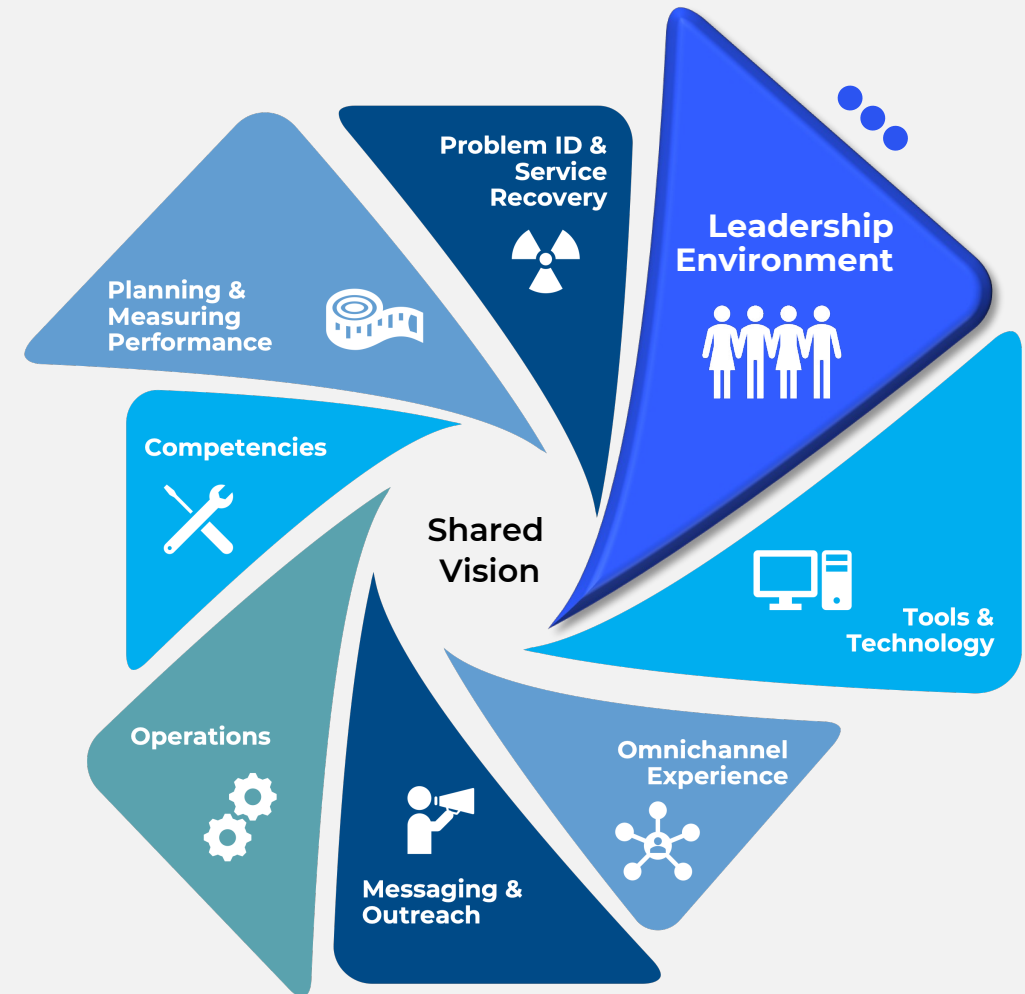
4. Growth Teams: Transform disparate physician-focused roles into collaborative "growth teams," capitalizing on their combined expertise and insights.

5. A Culture of Communication: Maintain regular communication, enabling the free flow of ideas and insights between teams.

6. Proactively Breaking Down Silos: Use the synergy between outreach and marketing to develop relationships with operational stakeholders, such as call centers, IT and clinical.

Organization-Wide Alignment

One of the most common barriers hindering referral programs is a lack of alignment across the broader organization. The next step after aligning physician marketing and outreach is developing broader, cross-functional alignment. This includes the organization's leadership and within each service line, using consistent, transparent, factual communication.

Strategies for Cross-Organizational Alignment:

1. Focus on Outcomes: Initiate conversations with internal stakeholders to focus on big-picture business outcomes for physician relationship-building rather than getting bogged down in individual tactics.

2. Regular Engagement with Service Line Leadership: Initiate regular meetings with service lines to facilitate discussions about physician relations, operations, and needs.

3. Harness Market Expertise: As the age-old saying goes "The squeaky wheel gets the oil." However, relying on sporadic feedback is not productive. Instead, elevate referring physician concerns and feedback by communicating insights and knowledge from the market. Consider scheduling quarterly check-ins to maintain a proactive approach.

4. Forge Cross-Organizational Bonds: Establish close working relationships with the call center leadership team and operational units to problem-solve issues that impact the experience of referring physicians.

Distinguishing Physician Marketing From Outreach:

Physician marketing and outreach are often spoken of interchangeably, but there are nuances that set them apart.

Physician Marketing generates awareness and sparks interest. It operates at the front of the sales pipeline, laying the foundation for physician liaisons to distribute the messages. Typical tactics typically include websites, email marketing, trade shows, and printed materials.

Physician Outreach is the 1:1 relationship building. The best liaisons cultivate personal relationships with physicians and their office staff, underpinned by an understanding of referrer needs and pain points. A common misperception is that outreach activities are only done by liaisons. In truth, effective outreach is cross-functional, including clinical providers. Referring physicians want and expect medical staff to periodically reach out to them to build rapport and increase confidence in making a referral.

We only increased referral market share when we used our collective focus in a cross-functional team effort. Physician outreach had vital relationships, and an understanding of physicians' needs and wants, and the marketing team had the expertise and resources to help enable success.

Enhancing Conversations

Conversations with each department should aim to break down silos and establish physician marketing and outreach as a strategic partner (vs. an order taker). Here are some tips to facilitate this shift:

- Bring to the table updates on performance and growth, including market data and voice of the customer referrer feedback

- Equip departments with tools and guidance to support their needs. What best practices are other departments doing that you can share and help to advance?

- Foster collaboration by co-developing priorities and strategies

- Explore opportunities to maximize resources. Are there existing materials that can be repurposed for physicians?

Competencies

MOVING THE MATURITY MARK:

In the most mature programs, physician business development teams are **armed with the tools needed** to cultivate and nurture meaningful relationships, alleviate physician pain points, and communicate VOC insight.

Competencies

## Equipping the Team for Success

The physician outreach team needs to possess a range of skills to be successful. This includes interpersonal skills such as relationship-building, sales/marketing-focused communication, listening and problem-solving. It also necessitates being adept at using technology, expertise with the organization's referral resources/processes, and a deep knowledge about individual service lines/departments.

We can all agree that agree that outreach liaisons want to be more than friendly faces who bring lunch.

The core of effective outreach lies in delivering value and assisting referring physicians to make patient-centered referral decisions.

Take a moment to assess:

- How well-equipped are your business development teams and physician liaisons to deliver true value to referring physicians?

- To what extent are they able to confidently educate and advocate for the needs of referring physicians and their patients?
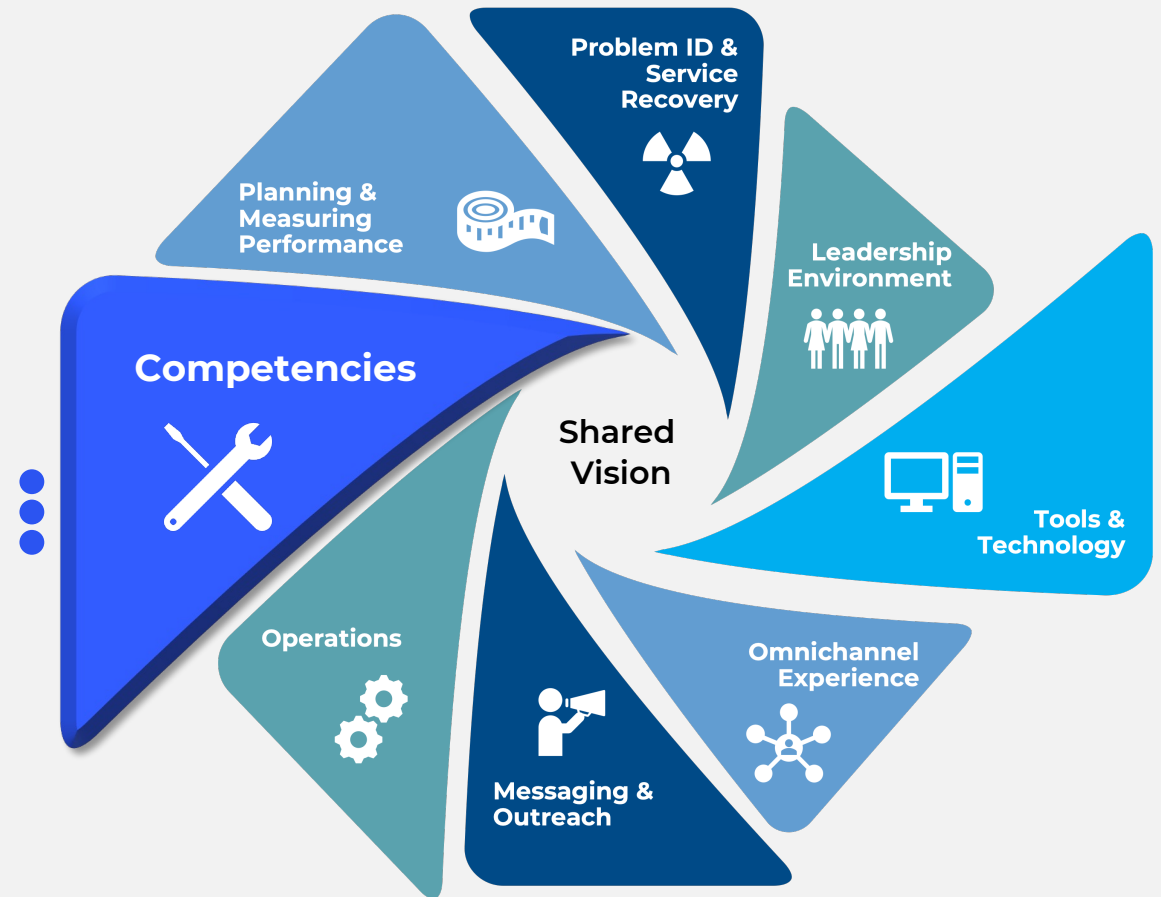
Educating and Empowering

Outreach liaisons should proactively educate clinical and service line leaders to add value as true experts, particularly as related to differentiators such as treatments, technologies, and outcomes.

Here are some tips for equipping the outreach team to educate and provide value to referring physicians and their offices:

- Regularly collaborate with departments to document key selling points and common FAQs to use in the field.
- Create a comprehensive toolkit "cheat sheet" that can be shared, to make the referral process easier (such as how to easily initiate a referral and contact the right person when questions or problems arise.)
- Provide avenues for liaisons to address or elevate physician pain points and needs that they learn about during visits.
- Culturally, set the expectation that outreach liaisons are empowered to report problems and initiate meaningful change.

A Checklist for Meaningful Visits

Each interaction with physician offices should be meaningful in enhancing their experience and decision-making.

A meaningful visit includes several components:

❑ **Outreach**: Build personal connections, including with practice staff. Assess their specific needs and pain points, providing education and resources.

❑ **Decision Making**: Share information and materials to aid in referral decision-making, emphasizing differentiators and outcomes. When possible, engage the organization's physicians in outreach efforts to foster peer-to-peer connections, recognized as one of the most influential factors in decision-making.

❑ **Access**: Simplify the referral initiation process. Physician offices often prefer a personal contact to help the referral process go smoothly and for assistance in case questions or problems arise. Liaisons should also help facilitate easy access to the portal and any other access-related resources.

❑ **Feedback**: Identify opportunities for operational improvements. Post-visit, document these findings and collaborate with the relevant internal stakeholders to share feedback and collective problem-solving.

❑ **Follow-Up**: Confirm the office has received post-referral patient communication and to verify that all their needs have been addressed.

Technology should enable a well-designed experience, not dictate what that experience should be. Today's relationship manager needs data at their fingertips - so they can focus on what matters most - talking to the right referrers about the topics most relevant to them.

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Tools & Technology
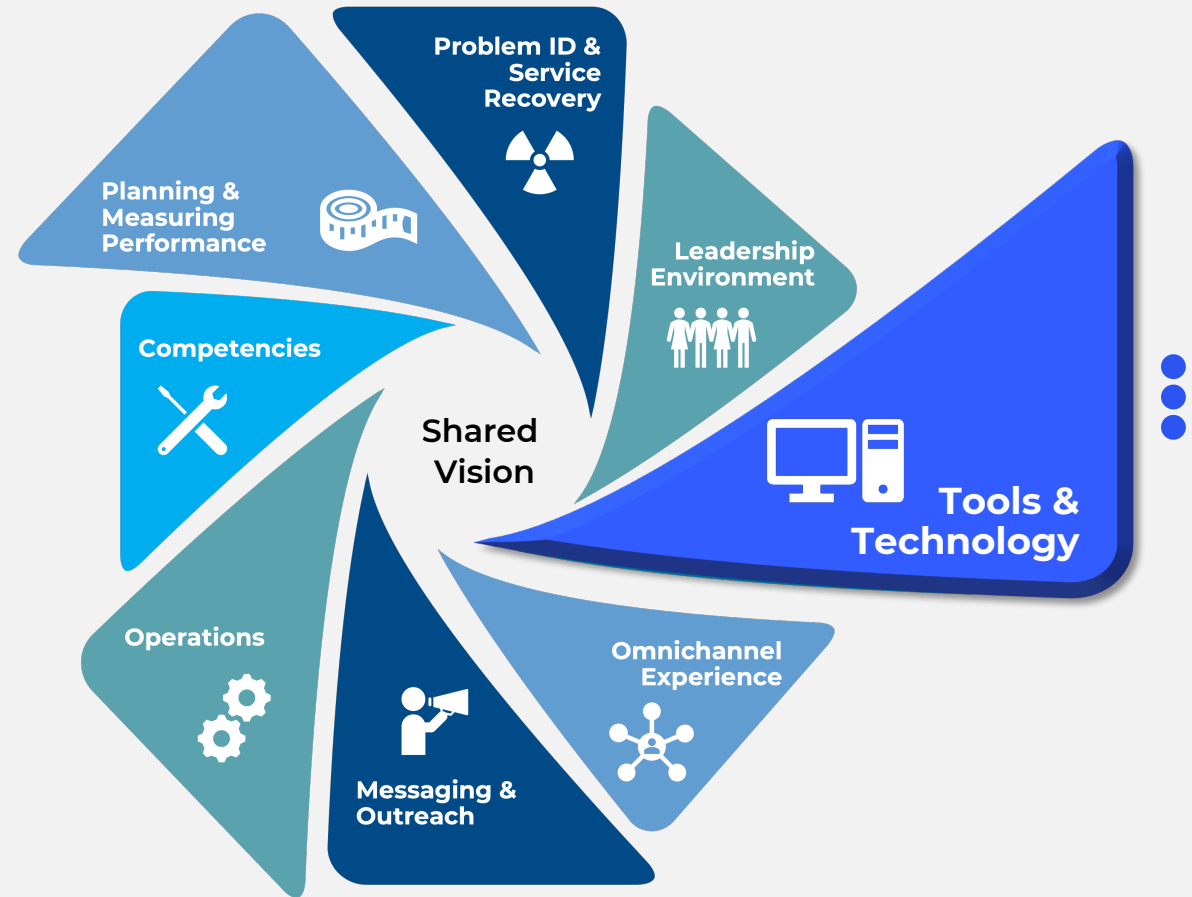
MOVING THE MATURITY MARK:

The organization makes **needed investments to optimize tools and resources** that physicians want and need, including supporting real-time feedback and problem resolution

Tools & Technology

Enabling The Right Information, At the Right Time

Tools and technology can either help or inhibit performance. Simply having the technology available is not enough. Referring physicians frequently report high frustration at time-consuming technology that offers minimal value, often working around tools such as the portal and instead reaching direct contact.

That's why physician leaders must collaborate with IT teams to advocate robust and easy-to-use digital tools. For example, physicians often want to initiate a referral AND personalize their request such as provider sub-specialty, when they would like an update on their patient, and how they can help in preparing patients for the visit. These digital tools don't always need to be created from scratch. There are many cutting-edge tools and resources offered by outside partners that can bridge the gaps.

Problem ID & Service Recovery

Planning & Measuring Performance

Leadership Environment

Competencies

Shared Vision

Tools & Technology

Operations

Messaging & Outreach

Omnichannel Experience

Using Technology to Meet Segment-Specific Needs

Referrers need different tools and resources depending on their unique demographics. Primary care physicians who refer to a wide variety of specialties need breadth more than depth. They want digital tools to facilitate the best referral option for their patient's specific need (and to do this quickly, often while their patient is in the office). Specialists, on the other hand, need depth. They often refer only complex cases, so want to know which provider specializes in those types of cases, including outcomes and treatments/technology offered.

Don't forget that internal physicians need resources, too!

It's a common misconception that employed/affiliated physicians have adequate knowledge of the resources and referral options available within the system. While an EHR or portal can technically enable easy internal referrals, it fall short of aiding the decision-making process. Especially primary care physicians in a large system find it difficult to know each specialist, and who is the best fit for less common referral needs.

Common Technology Related Challenges

Here are the most common technology-related physician pain points, to be aware of and work to overcome:

- A complex process for setting up and navigating portals, compounded by inefficient IT support
- Lack of physician-oriented referral tools to find the right specialist for unique and especially complex cases
- Absence of "warm hand off" and inability to facilitate a smooth patient transition
- Lack of updates if/when the patient was scheduled, leading to gaps in care
- Inadequate physician data and preference management systems, making it difficult to tailor the experience to a referrer's preferences

Websites

Referring physicians are notoriously impatient (understandably, as they usually patients waiting for them!) They don't have time to navigate a confusing or difficult-to-use website.

Website sections for referring physicians should be designed with one goal in mind: enabling them to efficiently access the information they need. While referring physician outreach and marketing teams may not be responsible for the actual website development and maintenance, their invaluable insights into referrer needs and pain points can serve as a foundation for collaboration with IT teams and content creators.

Features like physician blogs, podcast libraries, and Continuing Medical Education (CME) options, while not directly linked to referral needs, play a crucial role in enriching physicians' professional knowledge and bolstering trust in the organization.

Functionally, the website should make it easy for a physician to:

- Refer a patient

- Access the EMR

- Find providers and their areas of interests/sub-specialties

- Physician-focused content (outcomes, differentiators)

- Access clinical trials information and listings

- Download documents (directories, referral forms, patient resources)

Planning for the Future

The Evolution of Healthcare Websites

Next-Generation expectations, both of physicians and consumers, include:

- Online appointment scheduling

- Personalized healthcare and content

- Use of generative AI and chat

Physician outreach and marketing teams should advocate for and provide input in designing:

- Immediate referral requests/scheduling via secure text messaging

- Seamless video and in-person visits (consider offering referral consults for destination patients)

- Content for each stage of the referral journey

- Technology to improving patient engagement and reducing cancer care inequities (a frequent referring physician concern)

- Expanding digital literacy, helping patients who are least connected

Tools & Technology

Physician CRM: Elevating Engagement

Physician Relationship Management (PRM) technology is a critical tool to engage referring physicians effectively. There are variety of platforms, but all of them aim to support outreach teams in their relationship-building efforts.

A good PRM should support the ENTIRE physician relationship management program. This goes beyond a simple database of physician contact information and practice locations and tracking of referrals or outreach activities.

The primary reason that PRM systems are underutilized, or fail is that they only serve to document isolated activities, such as the number of physician office visits or the type of materials distributed.

The true essence of a PRM lies in its capacity to streamline the entire journey, from identifying prospects to nurturing relationships and facilitating referrals.

Tip: Dashboard systems use various platforms, including mobile apps that liaisons can use to track, document and report physician office visit activity in the field. Creating workflows to escalate problems to identified team members provides an avenue for immediate service recovery when a referral relationship is at risk.

PRM Essentials: A Checklist

Enhanced Liaison Effectiveness: The PRM should empower liaisons to maximize their effectiveness during interactions with referring physicians.

Communication Tools: Equipping your team with tools such as messaging and email capabilities.

Integration with Portal and EHR: Integration with your organization's portal and Electronic Health Record (EHR) system .

Outreach Tools: Make it easy to find and use specialized outreach tools, including service-line specific templates and referral resources.

Unified Data Sources: The PRM should consolidate data from various sources into a single source of actionable information for informed decision-making.

Identify Referral Leakage: Identify instances of "lost" referrers or potential sources of referral leakage, allowing for timely interventions.

Impact Measurement: The ability to measure the impact of outreach efforts, such as identifying high-performing referrers.

Leveraging Digital Tools

In today's landscape, digital serves as the primary entry point. The digital strategy for referring physicians should aim to humanize the experience, creating a meaningful connection with the brand.

The ideal digital mix and strategy is different for every organization. However, when deciding on your mix, it's helpful to consider the following:

Appealing to Younger Physicians:

Younger physicians, particularly millennials gravitate towards streaming content and like using social media for professional purposes. For instance, data indicates that younger physicians frequently turn to platforms like YouTube, perceiving it as a valuable resource for enhancing job performance and elevating patient care quality.

Physician Social Networks:

Platforms such as Doximity offer a valuable avenue for long-term national reputation building, a crucial component in organizations' rankings such as the U.S. News & World Report (USNWR). However, their immediate impact on referral generation may be more limited.

The Rise of Podcasts: Physician usage of podcasts has grown in recent years. They are an excellent platform not only for disseminating medical knowledge but also for offering Continuing Medical Education (CME) credits. Podcasts are easily accessible and often cost-effective to produce, making them a versatile digital tool.

Physician-Oriented Content: Robust content that specifically caters to physicians can influence referral decisions. Frequently-sought after content includes medical advancements, unique/new treatment options, and outcomes data. Many physicians also appreciate updated protocols and best practices to help them develop their own expertise.

Who are we **dealing with?**

46%
>56 years

54%
<55 years

Pioneers of adopting home computers

Grew up with social media and smart phones

Increased anxiety associated with technology use

Adept and efficient with managing digital tools

Process information differently

Take longer to adapt to new technologies

Better able to keep up with the speed of tech change

In higher levels of leadership and therefore, most likely to make technology decisions

As they are promoted into leadership they will see tech as an opportunity for improving clinical productivity and well-being

Silos need to be broken down to create the seamless experience today's referrers require. It's critical to visualize it to see how all the pieces fit together (or don't).

"

Omnichannel Experience

## MOVING THE MATURITY MARK:

In the highest performing organizations, the referrer's experience is unified across physical and virtual environments. Holistic experience insight comes from data and actual physician feedback, not assumptions. There is a **high level of referral feedback transparency across departments**.

Omnichannel Experience

Referring physicians expect an omnichannel experience. Simply put, they should have a seamless experiences across channels and tactics.

Consider a non-healthcare example: Whether shopping online, in person, or through an app, a shopper may click on an ad from social media, receive a re-marketing email related to the ad, view the item on the store's website, and then choose to purchase the item in-person or online.

Healthcare organizations often struggle with silos between departments and creating agile, stable IT systems that optimize user experiences. A true omnichannel experience includes brand and messaging consistency, seamlessness transition between channels, a single source of data for tracking and enabling personalized experiences and providing options for users/customers to choose how they want to engage.
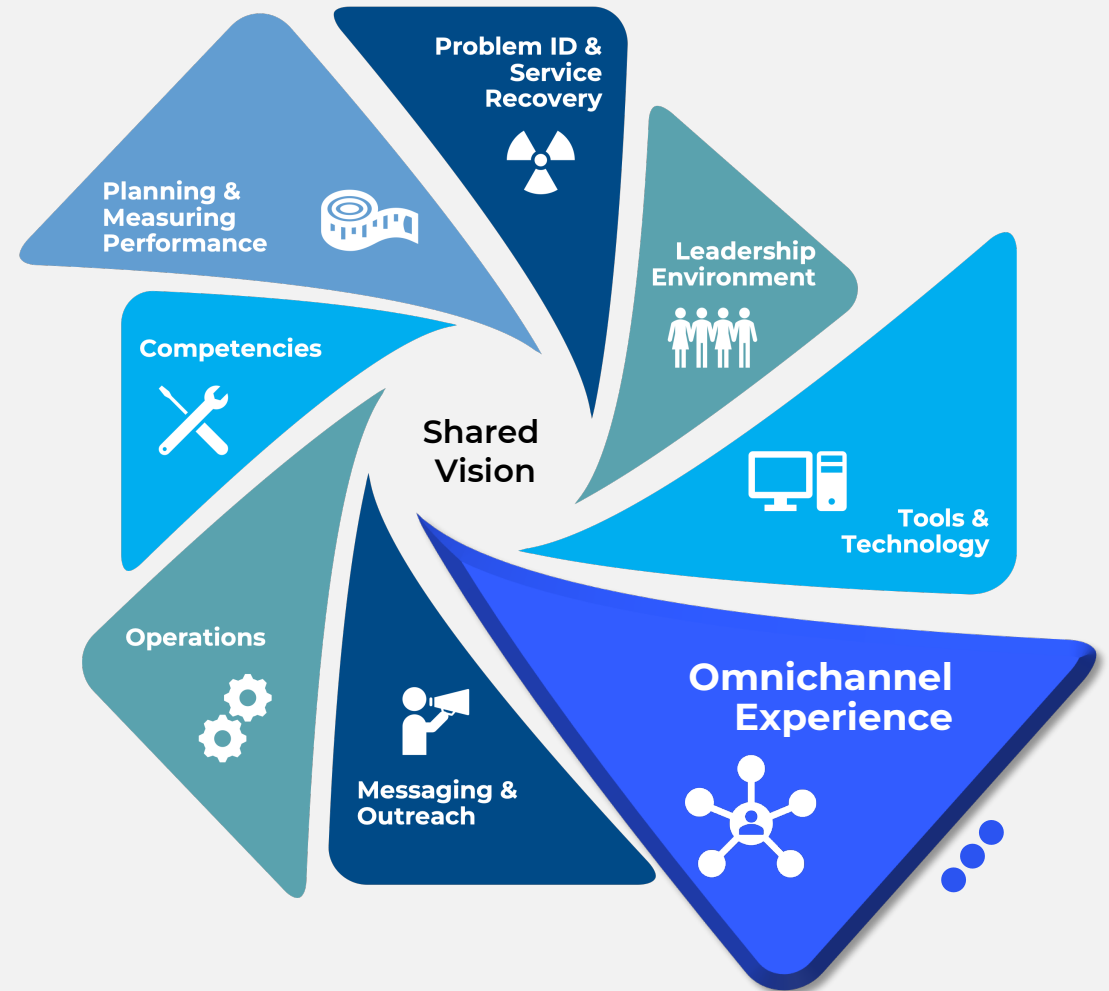
The Referrer Experience

Physician marketing and outreach teams should continually assess and evaluate the omnichannel referrer experience through data. Here's what to consider:

KPI- Reach
# of new prospects added into the PRM

KPI- Engagement
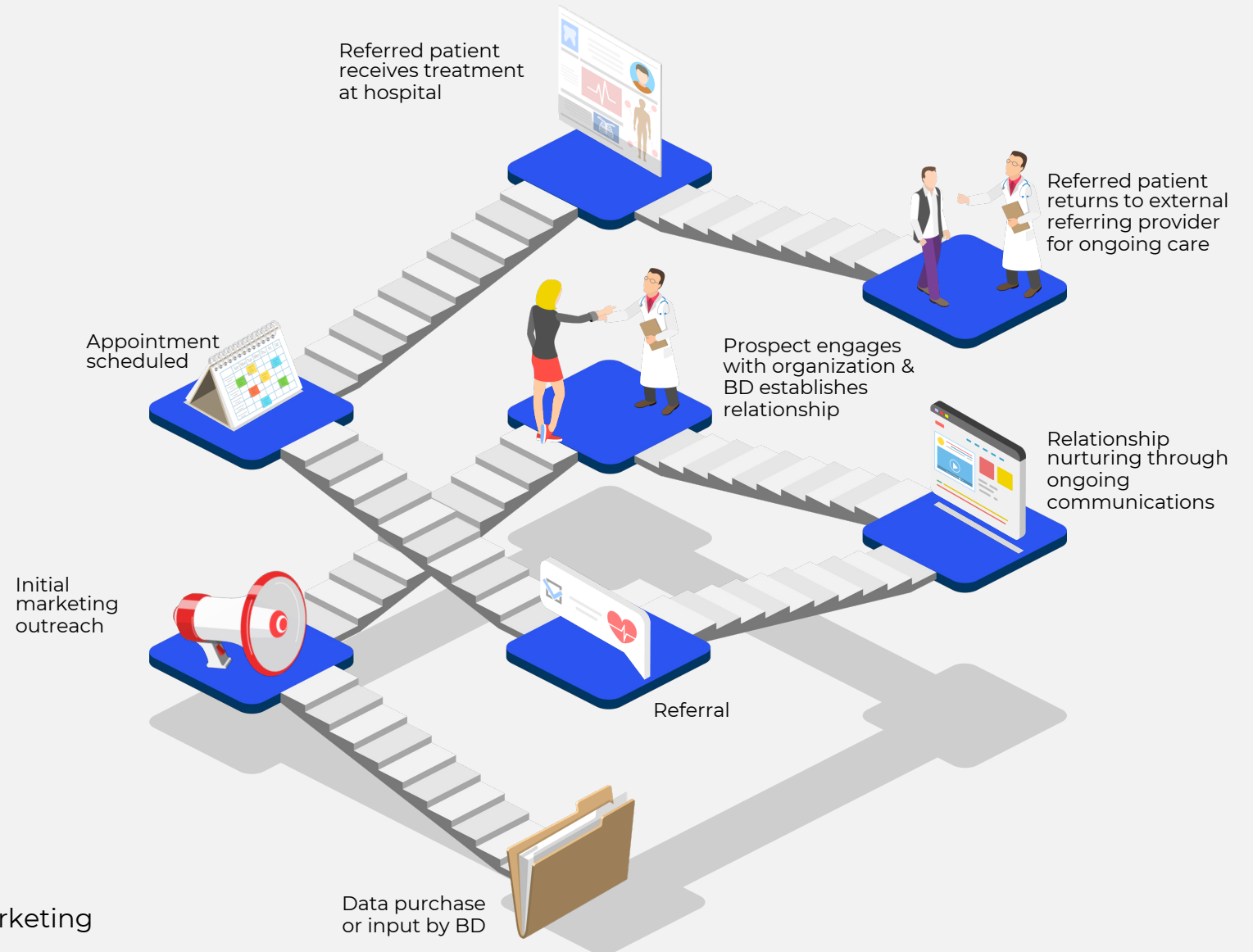# of marketing opt-ins via form fill

KPI- Engagement
# of CME event registrations & attendees

KPI- Conversion
# of referrals from providers targeted through marketing

KPI- Conversion
# of shared patients from providers targeted through marketing

Referred patient receives treatment at hospital

Referred patient returns to external referring provider for ongoing care

Appointment scheduled

Prospect engages with organization & BD establishes relationship

Relationship nurturing through ongoing communications

Initial marketing outreach

Referral

Data purchase or input by BD

Creating a Holistic Experience

Addressing both functional and emotional needs will create the holistic experience that referrers expect.

Functional needs help to fulfill a purpose or solve a problem:

- Do referring physicians know which situations/diagnoses are ideal for referring patients?

- Do they know how to quickly initiate a referral to the right person/department?

- Do they have a clear point of contact both before and after the referral for coordination?

- Do they consistently receive updates about the patient after the referral?

Emotional needs drive feelings and satisfaction:

- Can they confidently tell patients this referral is their best choice?

- Do they feel a sense of partnership as a sense of partnership instead of competition (such as, are they concerned that the system will "steal" their patient or make them look bad)?

- Are they offered opportunities for peer-to-peer relationship building?

Meeting Functional Needs

- Referral decision-making tools "cheat sheet"
- Easy connection to a portal
- Efficient way to view records
- Clear next steps/recommendations
- Ability to provide feedback
- Resources to develop their professional expertise
-

Meeting Emotional Needs

- Feeling respected and heard
- The organization serve as a partner vs. competitor
- They look good to their patients (by being kept in the loop, getting referrals back post-care)
- Appreciation for referrals (such as a short text or email from the specialist)

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Gathering Referrer VOC

Tools for gathering physician feedback across the experience:

- Experience mapping – In-depth qualitative research that reviews the total experience and yields rich feedback but is more expensive and not well-suited to maintain continuously. Many organizations find this a valuable place to start because it provides a clear framework for action.

Tip: Experience mapping is well-suited for selecting a pathfinder program to build momentum and demonstrate results.

- Short surveys - Inexpensive and frequent, though they yield less depth of information. These are most useful for ongoing monitoring and when sent at specific journey points (for example, a week post-referral to gauge satisfaction and resolution of initial referral needs).

- Liaison (in-person) Rounding - Liaisons already hear informal feedback during 1:1 interactions but need a formal process to ask feedback questions, document themes and act. Insights should include feedback from office referral coordinators.

- Social listening and Auditing Online Chats/Reviews – Physicians are influenced by what others say online, whether patients or other physicians.

Tips from those who have successfully moved the mark on improving the referrer experience:

1. Leverage Partnerships: You don't have to start from scratch. Consider partnering with innovators that have developed tools and solutions.

2. Maximize What's Already Available: You don't have to wait until you have a big budget or new initiative. Instead, start with making best use of what you already have. What data is available and what are gaps that need to be addressed?

3. Emphasize Analytics: VOC should not be a one-time initiative. That's why strong, ongoing analytics tools are needed to provide a 360-view of physicians and deliver an omni-channel experience. Look to tools, partners, and other internal stakeholders to help fully leverage physician data and analytics.

4. Foster Honest Communication: Referrers with personal connections at the organization often hesitate to express negative feedback due to concerns about potentially straining close relationships. To address this, consider establishing channels that enable physicians to submit candid, anonymous feedback at any time.

5. If you don't have widespread support for change or lack resources for a broader initiative, start with a pathfinder program or department that is already on board and motivated, either to inspire needed change or to solidify an already high-performing referral culture.

Healthcare is at the nucleus of a fast-changing world. Leaders need to see patients and referring physicians from a consumer mindset. Offer them a frictionless experience full of choices and innovation. This is what they have come to expect in other areas of their lives.

"

Messaging & Outreach

MOVING THE MATURITY MARK:

Leading programs use multiple channels (digital and traditional) to cultivate new relationships and retain current referrers. **There is synergy between marketing, outreach and business development** to provide communication that aids in patient-centric referral decision-making.

Messaging & Outreach

Messaging that Meets Referrer Needs

Messaging and communication should be aligned with referrer needs and decision drivers. Referrers most often request tools that help them make referral decisions – such as unique treatment options for complex cases, multidisciplinary programs, and other key differentiators from other providers.

What we hear often is that referrers lack adequate tools to help them make referral decisions.

The checklist for what referrers want most from messaging includes:

❑ The latest treatment options
❑ Differentiators (when is it truly better for the patient to be referred?)
❑ How to initiate a referral to a particular specialist (not just "into the department")
❑ Intro to the subspecialists and their areas of interest
❑ How to contact someone with referral needs or questions
❑ Awareness of support for patients (such as travel resources, virtual consults)
❑ Clinical guidelines and protocols to aid them in making an appropriate referral (e.g. testing to be done before a referral)
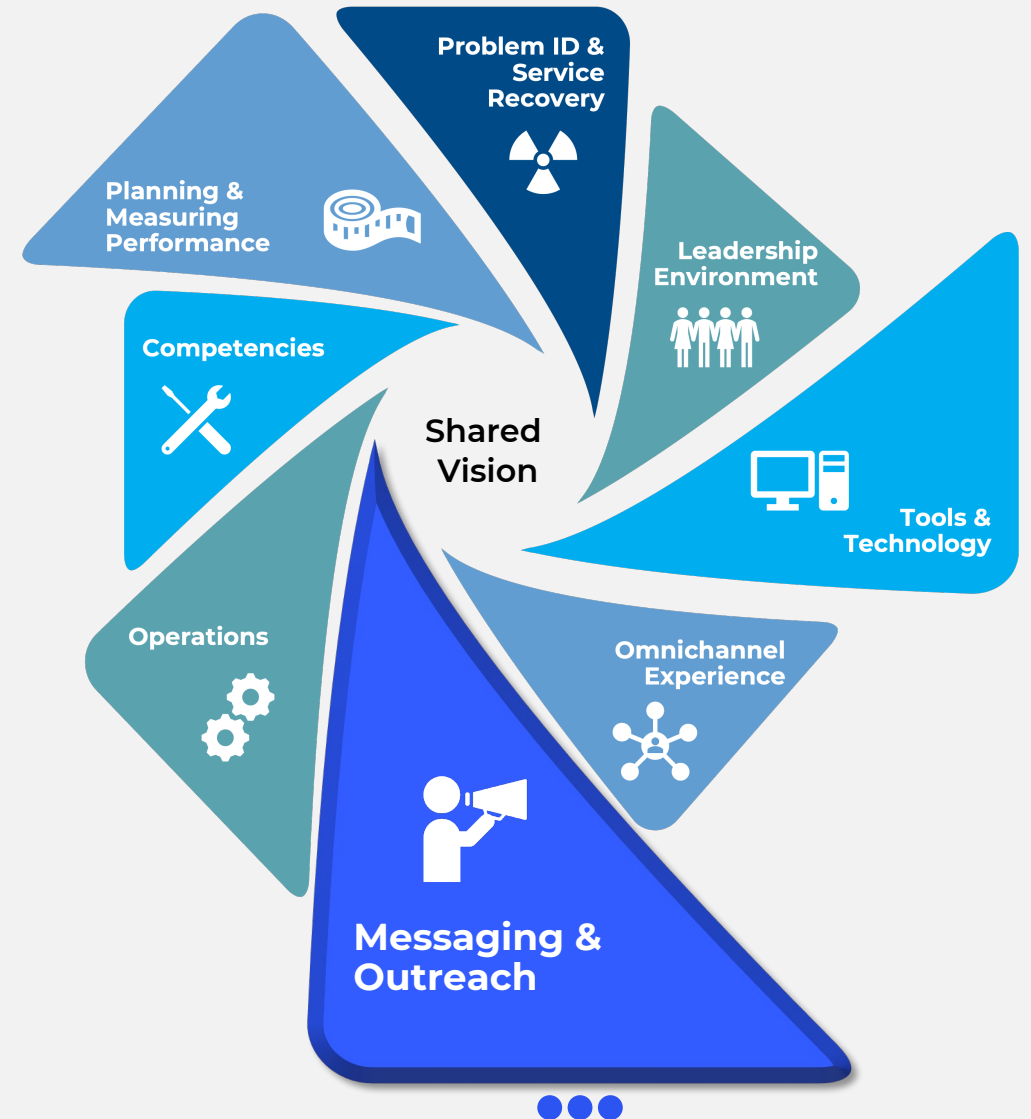
1:Many Marketing

1: Many tools reach a broad audience by delivering content and messages to a large group. Commonly associated tactics are print advertisements or email newsletters. These tools have gotten a bad rap because they often feel mass-produced and impersonal. However, they have the benefit of being lower in cost and time requirements than 1:1 outreach, and when done correctly, they can be very useful for broad awareness and brand-building. Physicians are busy and often need multiple touchpoints to remember messaging. As long as you're not bombarding them with irrelevant information, 1:Many tools can efficiently increase exposure and promote new offerings.

Tip: Message Mapping that includes physician liaisons is helpful in identifying key messages and proof points or reasons to believe.

Here are some tips for 1:many tools:

➢ Repurpose physician-oriented content through cross-functional collaboration. Consider consumer-facing content such as news releases, articles and blog posts, that can be tailored for referring physicians.

➢ Target the right segments (list development, claims data) Tip: If you don't have a good list, look to tools such as NPI or email append.

➢ Focus content focused on what physicians need most (pain points, decision factors)

➢ Take advantage of digital communication channels (email, social media, blogs) that provide information referrers want.

➢ Adapt content to meet segment differences. For example, primary care physicians tend to need more breadth of information, while specialists need depth on topics related to their clinical focus area.

1:1 Marketing

Personalized, high-touch 1:1 marketing involves tailoring the message to the individual, with the goal of being personal and relevant. As with 1:many marketing, it can include many types of channels, including face-to-face interactions, email, websites, portals, or apps. However, the difference is that the messages target the specific physician. It's also why a robust PRM system is so important, as that's where a physician's individual preferences are stored.

In our conversations with highly satisfied and loyal physicians, a recurring theme emerges—having a dedicated point of contact both before and after a referral.

1:1 marketing can help to meet this need in several ways, including sending automated personal emails post-referral to ensure that needs are met, direct communication via the portal, or the more traditional route of 1:1 phone calls to resolve any questions or problems.

Consider how can you use 1:1 outreach to:

- Make a "warm hand-off" of the patient during the referral process

- Establish a dedicated physician contact for both before and after a referral

- Foster confidence that patients are getting the right appointment with the right physician

- Automate personalized messages at the right time (such as a brief follow-up email after a patient has been referred back to the originating physician to confirm that all needs have been met.)

Operations are where the rubber meets the road. The best organizations excel at conversion - properly managing the initial touchpoint to convert into a referral. They've implemented efficient processes supported by the right technology that keeps referrers (and their coordinators) coming back.

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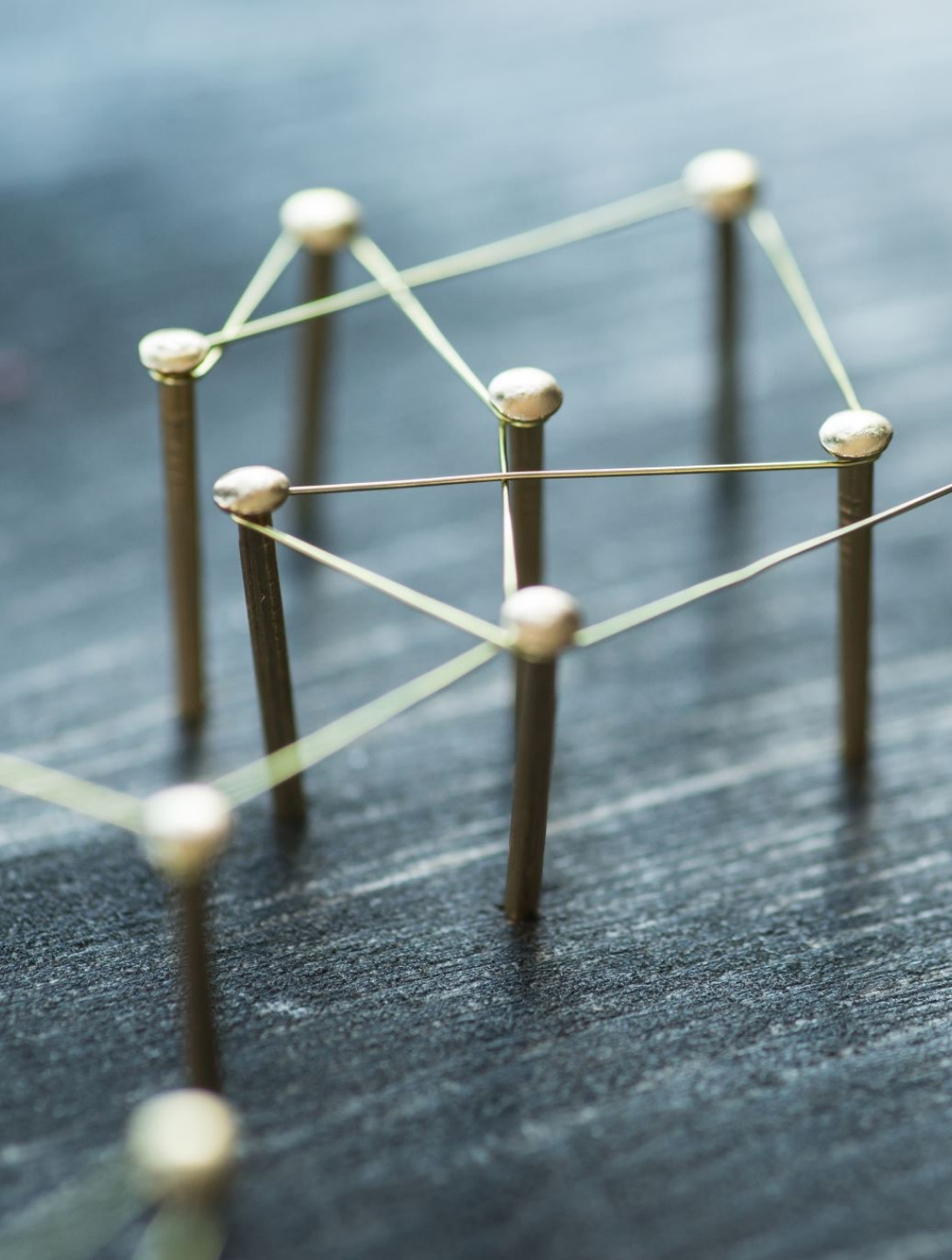
Operations

MOVING THE MATURITY MARK:

Best-in-class physician programs **continually assess operational needs and process improvements** required to build and nurture relationships with referring physicians.

Operations

It's All About Balance

Balancing outreach, marketing and operations is critical.

Operations refers to the coordination of care, communications, and behaviors during the continuum of the referral experience, from access to transition back to the care of the referring physician.

Operational issues, such as difficulty securing an appointment with the right provider or not receiving an update after a patient's referral, are pain points that discourage physicians from referring. Physicians commonly cite operational issues as reasons for splitting referrals (or referring only to those physicians or service lines that do it well) or switching referral patterns elsewhere.

Physician marketing and outreach can't fix everything - but can serve as advocates for what referring physicians want and need operationally.

Here's what to consider:

1. What do we need to emphasize and protect?

2. What can we change ourselves?

3. Where do we need support to transform?
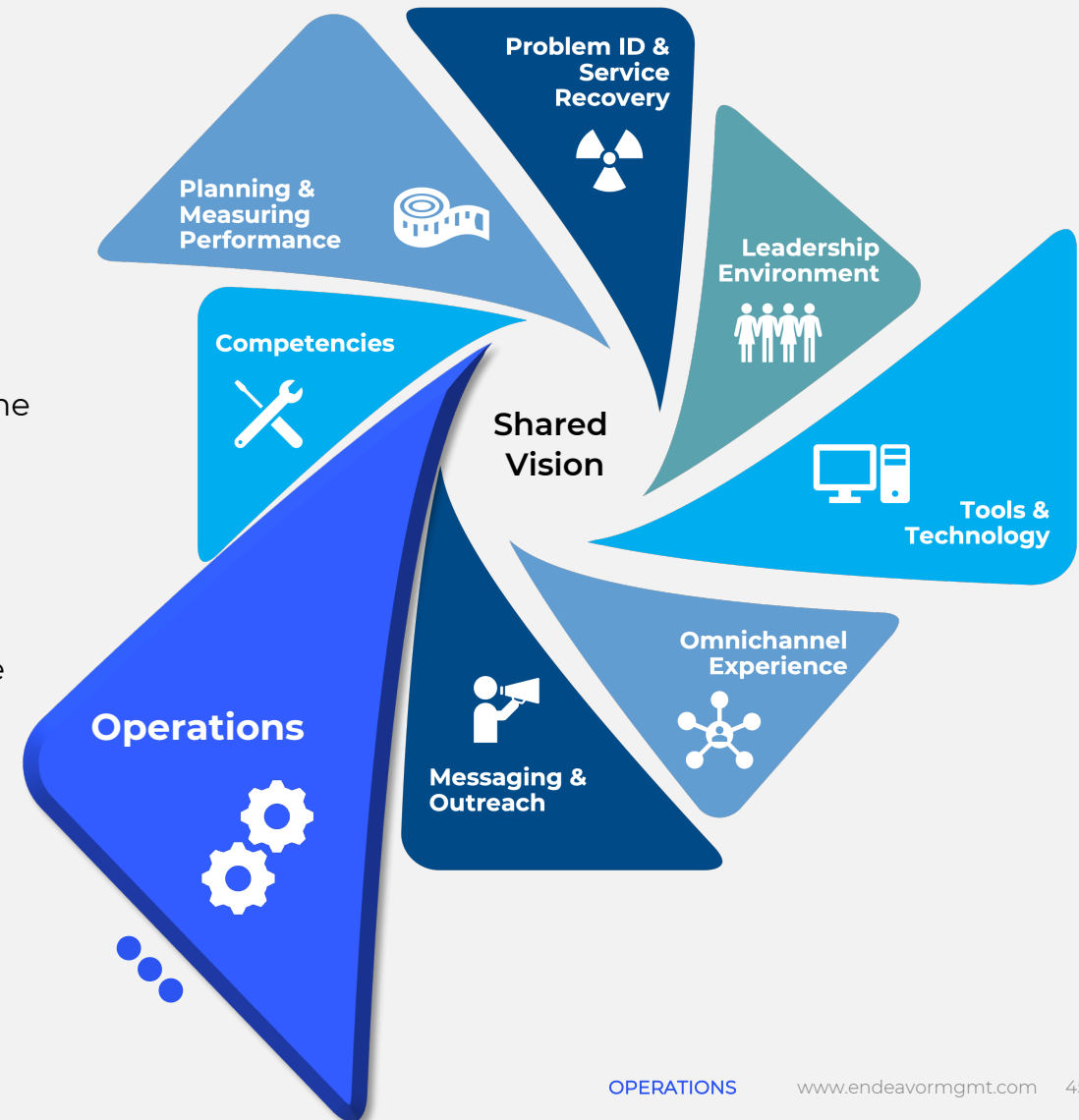
Planning & Measuring Performance

MOVING THE MATURITY MARK:

Best-in-class programs have a formal strategic plan that answers what they want to accomplish, how they will do it, and how they will measure success. The plan's foundation is a holistic view of what's needed to grow and retain referrers.
It includes omnichannel tactics and identifies the tools, technology, and training required for success.

It's not just gathering data, but acting on it. I've found measurement to be both art and science. The art of creating alignment around KPIs using what you actually have access to, and the science of showing the relationships between the data.

"

Planning & Measuring Performance

A Roadmap with a Plan

A physician relations strategic plan combines the pieces of the ecosystem to outline the team's plan and how they will measure outcomes.

Use the plan to:

- Outline objectives and corresponding tactics to support the shared vision

- Encourage the team to step back from individual tactics to think holistically about what they will accomplish

- Help others in across the organization understand and support your vision

- Guide the team on how to allocate time and resources throughout the year
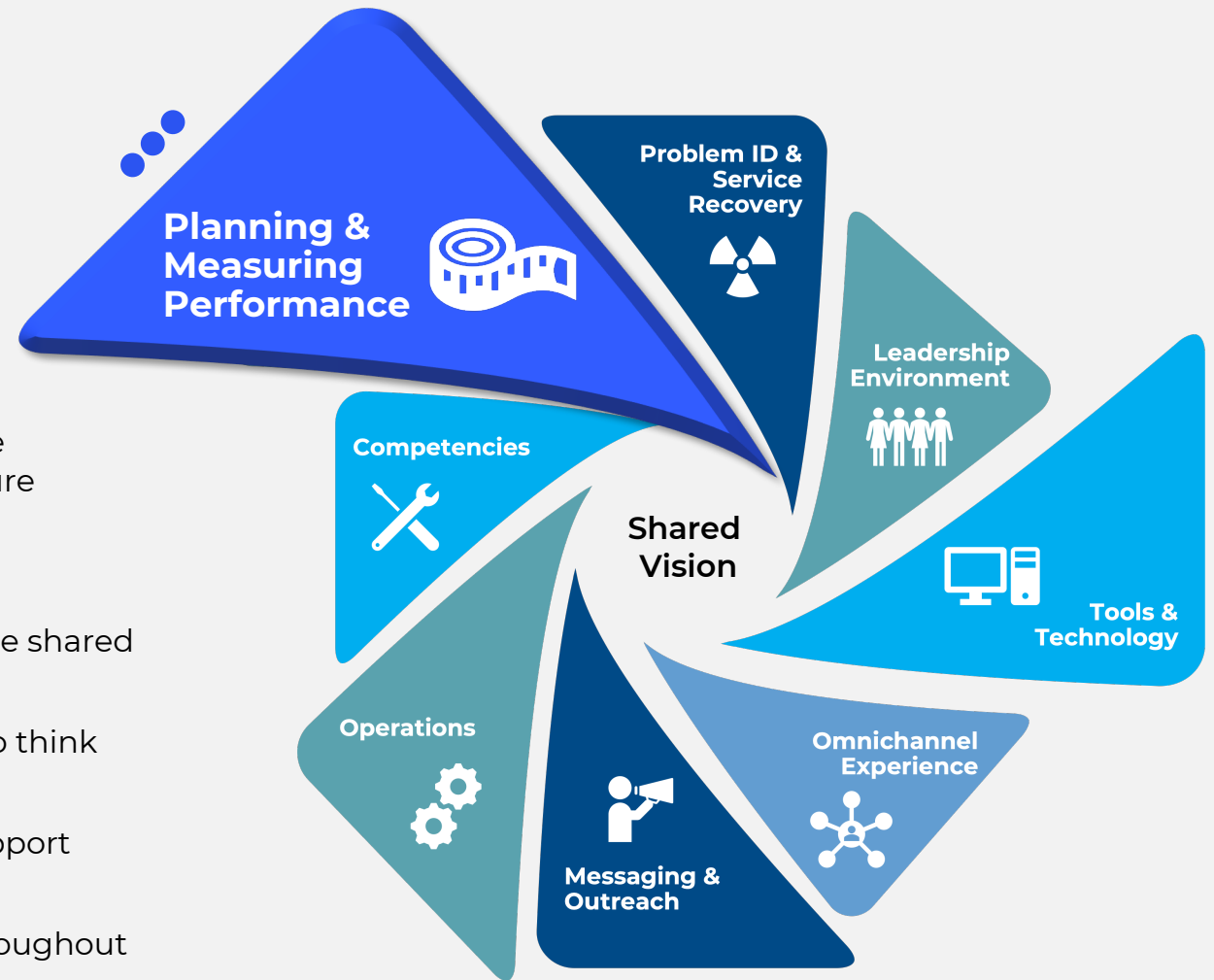
An Informed Starting Place

It can be hard to know where to start in the planning process. A helpful foundation is to conduct an audit to get a 360-degree view of the current situation.

Components of an Audit:
- ❑ Reviewing the organization's competitors and what they are doing. Review publicly available messaging, physician-oriented resources, and referral-related content.
- ❑ What are best-practice ideas and trends? Industry associations, webinars and visionary health systems are great places to get ideas.
- ❑ Clarifying the organization's priorities for the upcoming year.
- ❑ Assessing current strengths and pain points in the referring physician experience, based on current information available.
- ❑ What does data tell you about referral patterns, such as service lines or geographies that have grown or reduced in referral volume?

Making the Most of What You're Working With

Auditing your team's resources and budgets is useful early in the planning process. Expectations should be realistic and align with resources available.

Some needs require deep industry knowledge, technology or specialization and can be more efficiently accomplish with trusted partners instead of internal resources.

It's helpful to know what knowledge, tools and gaps exist before going into the planning process.

Endeavor

Problem ID & Service Recovery

MOVING THE MATURITY MARK:

In the most mature programs, the team leads the organization to **identify at-risk referral relationships** and **translates service recovery skills** and processes across departments.

Problem ID & Service Recovery

The experience won't be perfect all the time. Even with the best intentions and efforts, referring physicians will have some less-than-ideal experiences. Think of those "moments of truth" as an opportunity to earn back their trust and demonstrate that their feedback matters. Their dissatisfaction can not only lead to a loss of their future referrals but also has the potential to spread negative feedback within the referring physician's professional circle.

Physician programs need a systematic process to identify at-risk referrer relationships and then act to fix the problem.
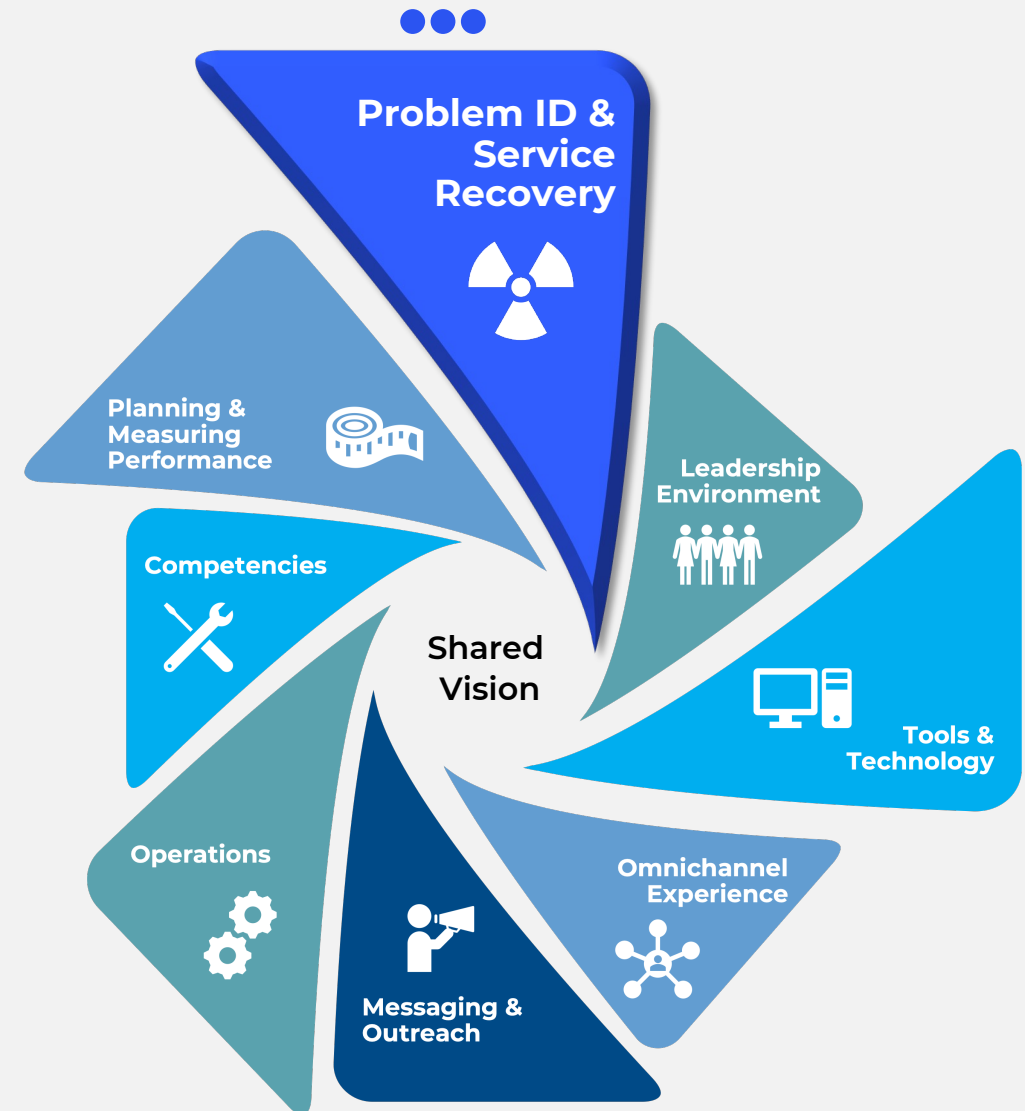
The Art of Successful Service Recovery

The most common barrier to overcome is not formalizing or acting on service-related complaints.

Liaisons often hear referrer frustrations but don't have avenues to share it, or the process to fix it. Lessons learned and trends in physician pain points are not formally documented, and there is a lack of clarity about what resources are available for referring physicians or how to escalate complaints.

A good recovery uses the art of being responsive and empathetic, with carefully planned tools and processes to fix resolve the problem – and prevent it in the future.

Sincere apologies, acknowledging mistakes, and showing empathy can go a long way. The physician should also receive a follow-up to confirm their satisfaction with the resolution.

How to Know When Relationships are At-Risk

- Make the most of ad-hoc feedback via the referrer's liaison/key point of contact. This feedback likely happens but must be formally documented and shared with others.

- Ask for feedback at key points of the referral journey, such as automated short surveys. We recommend using technology for real-time feedback. Surveys can even be text-message-driven to make it easier for physicians to respond.

- Enable referrers to share feedback through already-used systems such as the portal

Endeavor

It's not just gathering data but acting on it. I've found measurement to be both art and science. The art of creating alignment around KPIs using what you actually have access to, and the science of showing the relationships between the data.

"

Putting It All Together

Physician marketing and outreach should focus objectives on where the program can make the most significant impact. Remember that objectives and tactics should always be aligned with the shared vison.

You don't have to accomplish everything at once. The year's plan should contain specific tactics and activities, but can also be accompanied by a multiyear roadmap to define the future vision. This way, the team is already looking ahead and planning for longer-term goals in the years to come.

Every plan will look a bit different, but here is what it should accomplish:

a. Attract new prospects /leads: This could include purchasing lists of non-referrers
b. Retain current referrers: Consider the holistic experience, including operations, ease of access, referral experience
c. Grow lifetime value and advocacy: Provide resources, education and develop connections

Expectations Per the Shared Vision	This Year's Marketing Approaches, Tactics, & Goals	Looking Ahead: Next 2-5 Year Strategies
Increase referral requests by new referring physicians	Tools, tactics, activities	Vision, needed changes to enable
Improve referrer resources on the website	Tools, tactics, activities	Vision, needed changes to enable
Better understand the current referral experience	Tools, tactics, activities	Vision, needed changes to enable

Tip: Look at any satisfaction surveys, data, and other information you already have. You can also use publicly available information from competitors, such as their website and social media channels.

Measuring Success

Key Performance Indicators should measure how effectively goals are being met. There is no "one size fits all," but here are four types of KPIs to consider:

1. Referral development activity (e.g., referral volume by service line and geography, office visit activities, event participation, collateral opens and usage)

2. Operational efficiency improvements (e.g., wait time from referral to first appointment, physician portal registration and utilization, and problem and service recovery resolution)

3. Physician/market intelligence (e.g., health plan influences on referral decision-making, ability to define and target priority physician segments)

4. Strategic needs (e.g., referral leakage, physical reputation per US New rankings, social media engagement)

Metric	Area of Focus	Data Definition
Physician Office Visits	Visits / Contacts with the Physician	# visits in-person; # contacts via phone / email Break out by Tier
Physician Education	Lunch and Learns	# events coordinated, Ochsner physician participants
Referrals / Registrations / Revenues	By Liaison: ·Target List (Tier 1) ·Territory	# new patients referred by Tier 1 physicians # new patients referred by all physicians within liaison assigned territory, regardless of Tier

Moving Forward

Final Thoughts:

At the core of the ecosystem that we have outlined in this e-book is developing trust with referring physicians. They need to have confidence that the patient will receive excellent care and outcomes, while they will have a consistently positive and smooth referral experience.

The synergy of bringing together tactics and activities is greater than each individual part.

It can be overwhelming to get started, but you don't have to solve everything at once. Many organizations are successful in one or a few areas of referring physician relations, but don't yet have a comprehensive and holistic approach.

Perhaps one of the biggest challenges that physician relations leaders face is leading the vision to bring together multiple internal teams to ensure that referring physicians' needs are being met. This change of mindset is the foundation to a holistic strategy that will help you stand out in an increasingly cluttered healthcare landscape.

Let's grow your physician network

Endeavor can help. Reach out today.
www.endeavormgmt.com