Building Referring Physician Loyalty
NACCDO-PAN
April 2013
Agenda

1. Background
2. Approach
3. Insights
4. Insights to Action
5. A Sustainable Process
BACKGROUND
OSUCCC-James Background

• NCI-designated Comprehensive Cancer Center

• The James Cancer Hospital and Solove Research Institute was the Midwest’s first freestanding cancer hospital

• New hospital currently under construction – 1M sf with 276 inpatient beds, 14 OR's, 7 Rad Onc vaults, 40 chemo bays
Managing Referrer Relationships

- The James began an initiative to seek insight on the experience provided to referring physicians as well as glean key drivers for referrals and satisfaction
- Goals included an action-based physician relations management program and ultimately increasing referrer loyalty
Experience Mapping

Why We Chose This Approach

- Evaluates the entire experience – from the moment a decision is made to refer to the state of transitioning care back to the provider
- Creates a framework for an action plan and accountability
- Gives insight into marketing and communications strategies for referring physicians
- This framework can then be used to assess and monitor the experience over time through a PRM system
Gelb: The Basis of Their Insights

Works with Nationally-recognized Institutions:
• 5 “Honor Roll” institutions
• 3 out of the top 5 cancer programs
• 2 out of the top 4 pediatric hospitals
• 2 out of the top 4 cardiovascular programs

Conducts National Benchmarking Studies:
• Patient experience
• Marketing
• Physician relations
• International programs
Overview

**ALIGN**
- Kick off Meeting
- Document key insights

**DISCOVER**
- Qualitative Research – Referring Physicians
- Day in the Life
- Touchpoint assessment

**ANALYZE**
- Define the ideal experience
- Create action plans with leaders and staff
- Touchpoint prioritization
- Develop implementation plans

**DESIGN**
- Dashboards to monitor progress
Selecting Interviewees

• When selecting physicians we want to capture as many “unique” experiences as possible
  • Identified physicians who have / have not referred to The James
  • Determined which physicians made referrals to multiple areas of interest in this study (GI, Hematology, Breast Cancer and Head and Neck Cancer)
  • Developed a sample pool representing those who refer to at least two areas of interest

• Completed 44 interviews
Discussion Areas

A customized experience map was used to focus their input on the steps during which they have the most involvement

- Perception of and knowledge about The OSU and The James
- Referral decision-making process and assessment of the referral experience
- Methods of receiving progress reports (electronic, phone calls, etc.) and analysis of touchpoints
- Coordination of patients’ on-going care
- Prescriptions for growth and increasing referrals
APPOROACH
Philosophy

**Culture** and your **brand** promise are linked through the **experience** delivered.

**Leaders** translate customer expectations to the organization and reinforce desired employee behaviors.

This **alignment** creates an exceptional experience and a sustainable competitive advantage.

We call this desired state **enchantment**.
Difference in Drivers

Functional Needs

What We Do

• Services offered
• Clinical outcomes
• Transfer efficiency
• Scheduling delays

Emotional Needs

How We Do It

• Inclusion in treatment
• “Feel” of the interactions
• Subjective quality judgments
• Feeling valued
Enchantment Cycle

- **Reinforce** the promise in all communications & interactions
- **Define** how your organization will meet or exceed needs
- **Deliver** flawlessly on the Promise
- **Communicate a resonant Promise**
- **Listen** to customers, their influencers and other stakeholders
- **Define** how your organization will meet or exceed needs
Referring Physician Experience Map

Awareness

• Perceptions of The James
• Knowledge about The James
• Marketing or educational resources
• Ideal relationship with The James

Need

• Evaluation and selection of treatment providers
• Discussion with patients (diagnosis, referral options)
• Preparing patients for what to expect

Scheduling

• Initial contact with The James
• Timing and ease of process
• Resources for patients and their families

Treatment

• Coordination of care with oncologist
• Progress notes and methods of communication
• Patient feedback about clinical experience

Transition of Care

• Discharge summary
• Coordination of on-going care
• Ongoing patient care/support
• Call-backs for assistance

Primary Experience Stewards

• Faculty/Staff
• Patients and their Families
• Front Desk Staff
• Faculty/Medical Staff
• Faculty/Medical Staff
• Support Staff
• Faculty/Medical Staff
• Support Staff
• Faculty/Medical Staff
• Support Staff

Key Touchpoints
Experience Mapping is an in-depth qualitative research technique that utilizes a visual cue (the experience map) to help physicians, patients, staff, and other influencers recall specific episodes in their journey. It provides:

**Assessment of the total experience**
- Expectations- before first encounter
- Activities and Touchpoints
- Changes in attitudes, if any

**Framework for action**
- Experience stewards who are responsible for delivery
- Steward can appreciate the relationship of their actions to the rest of the journey
- Interactions or “touchpoints” are categorized at each step
INSIGHTS
From Data…

1. Physical Environment

2. Communications

Physician Interview Transcripts
Detailed Findings:

- Key themes
- Verbatim comments
- Strengths and barriers

Day in the Life
Touchpoint Assessment:

- Key Recommendations
- Illustrate with pictures
- Enrich with clips
Imparting the Insights

Icons for each stage:

Ideal Outcome:
“The James is the best option for my patient”

Day in the Life:
- The James provides the best care and communication
- They are experts, but I need more communication about my patient
- I prefer other referral options because my patients are unhappy and I am left out of the loop

Touchpoint Performance:

Electronic communications, telephone communications, facility, written communications, interpersonal communications
Persona: Primary Care Providers

GOALS
- Grow their patient base
- Strengthen reputation through excellent care for their patients
- Build lasting relationships with their patients

BEHAVIORS
- Employed or affiliated PCPs refer to their institution
- Refer locally for less complicated cases, believing their patients want convenience
- Refer to The James for many types of cancer and to other areas of The OSU

NEEDS
- Know what their patients can expect at The James so they can prepare them in advance
- Secure timely appointments
- Referral process that does not tax their resources and staff
- Stay informed about their patient’s treatment and care
- Have their patients perceive them as being engaged and involved in their care

“My patient’s satisfaction with care directly impacts the success of my practice. When my patients are happy, they stay with me and refer me to their friends and family. When I refer a patient, my reputation is at stake.”
Persona: Specialists

“"I am an expert in my specialty. Almost every case I refer is complex. For rare cases or those that require special technology, I need a physician at the top of their field with very specific expertise—distance to travel is less important."
Ideal Outcome

“I trust The James to handle the most complex cases and provide a smooth experience.”

Activities

Evaluation and selection of treatment providers
Discussion with patients (diagnosis, referral options)
Preparing patients for what to expect

Key Touchpoints
Most split referrals, selecting The James for the most complex cases

The James is a tertiary center that offers top notch physicians and cutting edge technology; I can send them my most complex cases (such as head and neck cancer)

I know The James is a NCI designated center, but their reputation and patients’ experiences are most important for referral decision-making

Although I prefer The James to other tertiary centers like Cleveland Clinic, local options like Riverside do a great job for common cancer cases (such as breast cancer) and provide a more personalized experience for patients

As a primary care doctor, it is common for me to refer first to a local oncologist, who then might refer the patient to The James if their case is complex

Sometimes The James wants a confirmed diagnosis before they will accept a patient, which can be difficult if we are unable to perform a biopsy – I wish there was an advanced diagnostic center at The James to which I could refer

Commonly-mentioned local competitors:
1. Ohio Health - Riverside
2. Mount Carmel St. Ann’s
3. Genesis Health-Zanesville
4. Ohio Health –Grant Medical Center
5. Ohio Cancer Center
The Zangmeister Center
Patient requests and referrers’ relationships with The James oncologists increase referrals

My biggest barrier to referring to The James is lack of knowledge about their individual oncologists and what they do better than local providers; especially for common types of cancer, I need to know why patients should drive a longer distance and navigate a larger center than what is available locally.

If I have a personal relationship with an oncologist at The James, I am more likely to refer there regardless of the complexity or cancer type.

Most patients follow my referral advice, but if they do make a request, it is almost always for The James.

I don’t routinely recommend second opinions, but if patients ask for it, I almost always direct them to The James.

I anticipate that a freestanding cancer hospital would improve parking and staff’s sensitivity to cancer-related needs but would want assurance that patients would have easy access to the main hospital if needed.

“When referring I take into account if I know a physician there (which makes me more likely to send a patient), how far the patient is willing to travel, if they have a doctor at another system, and their overall preference.” (022 A)
The James is on a large campus and intimidating to many patients. Navigating travel, parking and the large facility are often reported as reasons that referring physicians and patients may choose a local provider if the patient’s case is not complex (for example, if they will be receiving standard breast cancer treatment protocol). However, a stellar reputation promotes referrals for the most complex cases and also promotes patient-requested referrals, especially for second opinions.

Relationships, prior experience and word of mouth recommendations are often a means for selecting a physician to refer. However, The James is so large that it is challenging for referring physicians to develop relationships with faculty and staff. Physicians find it difficult to identify who would be the best physician for their patient’s specific condition. This is amplified by many referrers having relationships with local oncologists to whom they send the majority of their cases.
Translating Insights into Action

- Awareness
- Need
- Scheduling
- Treatment
- Transition of Care

Communication
Coordination
Care
I am aware of OSU and The James, as they have a reputation for top notch clinical treatment - but I have never visited the facility and would like to know more about what my patients experience when they arrive for care.
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“The biggest issue that I have is not knowing the physicians specifically...I often don’t know if there are particular cases where one doctor is truly the regional expert...In comparison to the community hospitals, I have relationships with surgeons.”
I am aware of OSU and The James, as they have a reputation for top notch clinical treatment - but I have never visited the facility and would like to know more about what my patients experience when they get there.

My biggest barrier to referring to The James is lack of knowledge about their individual oncologists and what they do better than local providers; especially for common types of cancer, I need to know why patients should drive a longer distance and navigate a larger center than what is available locally.

I receive mailed resources from OSUMC, but am in need of printed directories with information about specialists for each type of cancer (including their pictures and direct contact numbers) so I can refer my patients to an oncologist by name.
The OSU and The James are well known throughout the region and farther. Advertising adds to positive perceptions. However, few have recently visited The James and are unsure what their patients experience. They suggest on-site CME offerings with the opportunity for a “backstage” tour and meeting the faculty.
Communication

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The website is reported as a valuable resource, but should not replace mailed materials. Printed referral directories to The James are sought.

Many are unaware that The James offers advanced diagnostic options, so refer undiagnosed patients elsewhere although they would prefer The James. They need information about how and where to refer undiagnosed patients.
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Providers at The James stand out as exceptional for their expertise and compassionate care. However, most referring physicians do not have personal relationships with oncologists at The James, providing a competitive advantage to local providers.
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If the normal referral resources are inadequate, I need to get in touch with a person – usually an oncologist – but am unsure how to do this unless I already have an individual’s phone number.

“It is almost impossible to speak to someone if you don’t know them personally...we will leave a message...Usually we don’t get call-backs when we leave messages.”
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Throughout the continuum of care, I consistently receive a fax almost immediately after patients are seen or treatments are completed; faxes are ideal because they are easy to scan into my EMR system.

“We primary care physicians are the quarterback and we have to know what is going on.”
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The James returns patients to my care and is willing to coordinate with me to provide on-going care to minimize patient travel, which becomes more important if my patients travel over an hour to The James.
Coordination

Most report satisfaction with the main referral line, although at times the process takes longer than they would like. However, they are directed to the right department and can make appointments quickly while patients are still in the office. Those who have direct numbers to oncologists at The James highly value this as a resource.
Coordination

Most report satisfaction with the main referral line, although at times the process takes longer than they would like. However, they are directed to the right department and can make appointments quickly while patients are still in the office. Those who have direct numbers to oncologists at The James highly value this as a resource.

Those who do not have contact information for an oncologist at The James find it difficult to speak with the right provider when they have scheduling-related problems or questions about unusual cases.

Despite the faxed updates, phone calls initiated from oncologists at The James would be appreciated – especially if the situation is unexpectedly taking a turn for the worse. Community providers regularly call referring physicians, which they appreciate.
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Patients are often overwhelmed about the large size of the campus and long wait times – but report positive feedback about their treatment experience; they understand their treatment plan, feel the nurses are caring and recall their doctor takes the time to listen.
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Since I trust The James’ expertise, I would like cancer treatment protocols so I know best practices for cancer screening, at what point to refer my patients and how to conduct tests so The James does not need to repeat them after my patient arrives.
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I have a physician liaison from other hospitals, but not The James; I would like a relationship with someone who can give me information and access to The James.
Patient satisfaction with their experience is the most motivating factor for continued referrals to The James. Although there is room for improvement in personalizing the experience, patients and referrers alike feel they received the best outcome possible and understand their treatment plan.
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In general, referring physicians describe the transition of care back to referring physician as rather smooth. The transition is facilitated by faxes with instructions for on-going care and patients being well-informed of their care plan. Despite satisfaction with faxes, some would like more detailed instructions for on-going care.
Building Referrals

- Help them feel valued as medical professionals
- Enhance their reputation with patients
- Emphasize why and when you are the best option, including advanced diagnostic options
- Simplify the patient’s experience
- Create meaningful relationships
- Pick up the phone

“A way The James could build referrals would be (for The James doctor) to just call my office and just talk for five minutes about the patient.”

“It is my lack of knowledge of what they have at The James that makes me not want to refer there for the non-complicated cancers. The basic breast cancer protocol is the same everywhere.”

“Whatever The James can do to be more customer-oriented would be helpful.”
Red Zones Require Concurrent Action

“Run” and “Change” are concurrent actions.

“We must continue doing business today while simultaneously changing the way we do business.”
The Ohio State University Comprehensive Cancer Center - The James
Referring Physician Experience Summary 2012

The Experience

**AWARENESS**
- Perceptions of The James
- Knowledge about The James
- Marketing or educational resources
- Ideal relationship with The James

**NEED**
- The James is a regional leader and my preferred resource for cancer treatment
- "I trust The James to handle the most complex cases and provide a smooth experience."

**SCHEDULING**
- Evaluation and selection of treatment providers
- Discussion with patients (diagnosis, referral options)
- Preparing patients for what to expect
- "We secure timely appointments and can easily get in touch with the right person."

**TREATMENT**
- Initial contact with The James
- Timing and ease of process
- "I receive updates while my patients receive the best hope for a cure."

**TRANSITION OF CARE**
- Coordination of care with oncologist
- Progress notes and methods of communication
- "We are partners in providing comprehensive ongoing care."
- Discharge summary
- Coordination of on-going care
- Ongoing patient care/support
- Call-backs for assistance

**What We’ve Learned**

**The James is known for superior outcomes, but not a personalized experience.**
- The James has high brand awareness
- Many lack knowledge about the James' providers and their sub-specialties
- Refer to the James to offer relevant CME, relationship-building opportunities and cancer treatment protocols

**Most split referrals, selecting The James for the most complex cases.**
- The James is perceived as the best for cases that others can't handle
- Community providers are more convenient when the case is straightforward
- Primary care doctors often refer to a local provider
- BOG gen external barrier is lack of knowledge about individual providers

**Scheduling usually goes smoothly, but is more difficult for those without direct numbers.**
- Agreements should be secured within two weeks, which is usually the case
- When there is a problem, those without direct numbers do not know to get it resolved
- Most know little about what patients experience, so give them little guidance about what to expect

**Faxes provide timely updates, but a personal touch is needed.**
- Fax-maintained fax referencing updated, but STC-generated content inconsistent and impractical
- Patients are satisfied with outcomes, but overwhelmingly the process
- Phone calls are received inconsistently but needed each time there is an unexpected outcome

**Updates are valued, but there is opportunity to leave a stronger last impression.**
- More updates with on-going case interactions are appreciated
- There is an opportunity to further engage Refer in care coordination

**Tactical Recommendations**

**Increase CME opportunities** that are practical and offer networking opportunities
- Provide treatment protocols and best practices for accruing institutional groups
- Send updated directory that highlights sub-specialty of each provider

**Overcome attitudes that detract from referrals.**
- It is complex enough to travel "into town"
- "High provider morale" is a real issue
- "It is worth the extra hands for my patients"
- I don't know the provider at The James

**Other appointments within two weeks.**
- Provide a personal contact for when problems arise
- Help referring understand what patients experience and how to prepare them

**Send a concise summary note with STC notes.**
- Include a personal touch as a reminder, including phone calls for complications

**Provide a "thank you."**
- Call the医生 on getting the referral
- For the more complex cases or geographically distant patients
- Professionalism and satisfaction show how care can be better coordinated

**Quotes**

"The biggest issue that I have not knowing the physicians; I don't know if there are particular cases where my doctor is truly the regional expert. In comparison to the community hospital, I have relationships with someone." - "It is "THE" tertiary care plan for cancer in this area. They go to The James if it is complicated." - "If someone has a common cancer, they might go to a community hospital like the others. If someone has a more rare cancer, they go to The James." - "It is almost impossible to speak to someone if you don't have a team personally; usually we don't get all back together on the team." - "The communication I get from community physicians is more accurate than what I get from OHSU about something I need to know." - "The James could build referrals by not calling my office back for the routine data that the patient and I signed to go to the patient and I."

Brand awareness and trust is high. Referrers are satisfied but few are loyal or engaged; there is a need for enchantment through relationship-building.
INSIGHTS TO ACTION
Strategic Questions

• Will we promote usage as a tertiary center for complex cases (most current usage) or a preferred provider for all cases? If we want to change perceptions, how will we do this?

• What is the emphasis on clinical care v. research? How can we continue stellar research while enhancing patient-focused clinical care?

• How can we coordinate care for more geographically distant patients?

• What are consistent ways we can build emotional connections with referers to which our oncologists and staff will agree to adopt?

• How can we motivate oncologists to call referers more often despite the time investment?
Results to Date

- Results communicated with organization-wide physician leadership to develop awareness

- Hired a Cancer Specific Referring Relations Coordinator
  - Goals to increase communication between the James and the referring community
  - Liaison for operational concerns between referring MDs and James. Takes action plans back to the referring docs
  - Host one CME per quarter to bring referring MDs to the James
  - Coordinates and hosts referring physician meets for our physicians to go to the community
Results to Date (cont.)

- Referring MD communication strategy and operational access plan has been drafted

- Cancer MD cell phone numbers are being collected and organized for communication to referring MD's
  - Developed a paper referring physician directory that is organized by disease service line
  - Information from the findings is being used in the James Ambulatory Strategic Planning process
Marketing Communications Plan

- FY2014 goals include
  - Increase awareness among targeted referring & non-referring physicians
  - Grow relationships between James physicians and referrers/non-referrers
  - Increase awareness among office managers and referral coordinators
  - Position The James as a resource for information and consultation for referrers/non-referrers
A SUSTAINABLE PROCESS
Translating data into action through CRM

Data

Information

Knowledge

Action

-- Profitable

-- Useful

-- Educational

-- Interesting
Sources of Information & Feedback

- Referring Physician Survey
  - Deployment
  - Response
  - Escalation
  - Reporting

- Physician Relations
  - Physician Call Center
  - Liaison Specialists
  - Local
  - National
  - International

- Other Sources
  - Physicians/Staff at Local Offices
  - Regional Care Centers
  - Faculty
## Integrating Data Sources

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<th>Input Data Source</th>
<th>Frequency</th>
<th>Objective/Data Collected</th>
<th>Data Transfer Method to SalesForce</th>
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<td>HCAHPS</td>
<td>Monthly</td>
<td>• Track scores and compare top competitors</td>
<td>One-way, Upload via</td>
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Processed through customized Salesforce program

Custom, user specific reports and dashboard
**Internal Processes**

- **Scheduling**
  - Physician contracts call center for additional information

- **First Visit**
  - Pain Points:
    - Calls not returned
    - Provided incorrect information
    - Need to repeat their “story”

- **Treatment**

- **Follow-up**

**Key Activities**

- **Physician contracts call center for additional information**

**Information Needs**

- What is currently collected, needs migrated
- What needs to be collected
- How should that information be organized

**Assessing, Monitoring and Tracking**

- Surveys
- Key Metrics
- Reports and Trends

**Liaison Pain Points**

- Incomplete records
- Information needs
- High volume of calls
Next Steps

- Implement communications plan
- Implement a CRM solution
- Development and implementation of a complete line of materials for service lines
- Continue migration to single phone number for each service line
- Continue development of JamesLine product – nursing information and triage line to help with access
- Evaluating referring physician access line and "ask a doc" solution for our cancer experts
Lessons Learned

• Perceptions were actually better than we thought

• Reinforced focus on areas we already knew were a problem

• Enabled us to put emphasis on relationship development

• Allowed our physicians insight into perceptions and give us an actionable approach
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Endeavor Management is a strategic transformation and management consulting firm that leads clients to achieve real value from their initiatives. Endeavor serves as a catalyst by providing the energy to maintain the dual perspective of running the business while changing the business through the application of key leadership principles and business strategy.

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