Creating Enchantment with Referring Physicians
Forum For Healthcare Strategists
Agenda

1. Introduction
2. Approach
3. Insights
4. Strategy
5. Lessons Learned
INTRODUCTION
Cleveland Clinic

- 26 Medical Institutes
- 9 Regional Hospitals
- 6 Family Health Centers
- 1 affiliate hospital
- 4,600 beds system-wide

- Nonprofit, multi-specialty academic medical center supports more than 1.5 million visits and 45,000 admissions annually
- Physician-founded and led
Situation Overview

- Cleveland Clinic is a healthcare leader in service excellence culture

- Its focus on “Patients First” and its commitment to an excellent patient experience drive all caregivers

- By applying a similar focus to the referring physician experience, Cleveland Clinic can build better relationships with referring physicians, ultimately benefitting the patients they send
Grow referral volume by providing excellent service to Referring Physicians, office staff, and their patients.

<table>
<thead>
<tr>
<th>Long Term Objectives</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve referring physician/office satisfaction</td>
<td>Net Promoter Score</td>
</tr>
<tr>
<td>Grow referral volume</td>
<td>YOY growth</td>
</tr>
<tr>
<td>Ensure timely patient-specific communication</td>
<td>Referrals % total volume</td>
</tr>
<tr>
<td>Engage employees in team success</td>
<td>Days &gt; patient event*</td>
</tr>
<tr>
<td></td>
<td>EEI Gallup</td>
</tr>
</tbody>
</table>

In 2012, Cleveland Clinic needed to create a foundation to achieve these objectives by dedicating people, establishing processes, and improving technology.
Gelb: The Basis of Insights

We work with other nationally-recognized Institutions:
- 5 “Honor Roll” institutions
- 3 out of the top 5 cancer programs
- 2 out of the top 4 pediatric hospitals

National Benchmarking Studies:
- Patient experience management
- Marketing practices
- Physician relations programs
- International programs
Objectives

Cleveland Clinic sought to obtain insight on the experience of referring physicians, as well as guidance to building stronger relationships with these groups.

As the referring physician strategy is being designed and implemented, there was a desire to translate such into experiences delivered in the initial areas of focus.

**Specific objectives include:**
- Understand the needs of referring physicians
- Assess performance against those needs
- Evaluate the referral decision-making process, including your reputation and knowledge about the scope of your programs
- Design and implement strategies to positively impact the experience, promote loyalty and increase volume of referrals from physicians within the target market
APPROACH
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.
Scope

FRAME
- Kick off Meeting
- Document key insights

DISCOVER
- Qualitative Research
- Quantitative Assessment

ANALYZE
- Personas
- Day in the Life
- Touchpoint assessment
- Decision Factor Analysis

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

IMPACT
- Dashboards to monitor progress
The Experience Map

### Awareness
- Perceptions of Cleveland Clinic
- Knowledge about Cleveland Clinic
- Marketing or educational resources from Cleveland Clinic
- Ideal relationship with Cleveland Clinic

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

### Scheduling
- Initial contact with Cleveland Clinic
- Timing and ease of process
- Resources for patients and their families

### Treatment
- Coordination of care with Cleveland Clinic specialist
- Progress notes and methods of communication
- Family feedback about their clinical experience

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

### Primary Experience Stewards
- Cleveland Clinic Faculty/Staff
- Patients and their Families
- Front Desk Staff
- Faculty/Medical Staff

### Key Touchpoints
Goal: Evolve into Operational Integration

Source: Gelb Benchmarking Study
INSIGHTS
While Cleveland Clinic has a strong brand…

Physicians form perceptions over a career based on training, CME, and patient care. Therefore, experience management goes beyond the referral process.

Cleveland Clinic has a leading reputation, on par with other nationally-recognized hospitals such as Mayo Clinic and Johns Hopkins.

You also hold the top Net Promoter Score (NPS) in the competitive set (including local options).

Advocacy is driven principally by clinical excellence.

We found that most physicians (200 mi. radius) have referred patients to Cleveland Clinic in the past year, and recommend it most frequently.

Outreach isn’t a problem - Current referrers and lapsed/non-referrers agree that Cleveland Clinic has the best physician outreach of any hospital tested.
Cleveland Clinic’s NPS is the highest among its competitive set, overshadowing locals

Likelihood to Recommend

Net Promoter Score (NPS)

Q14.1, 0-to-10 scale with 10 being “Extremely Likely” and 0 being “Not At All Likely”

Net Promoter is a registered trademark of Satmetrix Systems, Inc., Bain & Company and Fred Reichheld

N= 281-346
Leadership in clinical outcomes key strengths

We discovered strengths as a source for growth in referral volume

“World Class Care”
Confidence in treatment for complex or rare cases
Their patients report being satisfied with care

Quality or quantity of Top Physicians
Top physicians with experience in complex cases

Providing Cutting Edge Technology
Offers the best, newest technology and treatments

Satisfaction with Outcomes

Satisfaction with Conferences and CME
Provides opportunities for networking
Due largely to these clinical strengths, share of referrals modest and increasing

• Cleveland Clinic is the most common first-choice referral location for every specialty and procedure surveyed

• Among physicians referring any patients to Cleveland Clinic, it receives an average of $x\%$ of their referral volume, modest, but more than any other hospital

• Responding doctors say they have increased in the past year the share of patient referral volume they send to Cleveland Clinic, and that they intend to increase that share again in the coming year

• Better communication is seen as a hospital’s key to earning more referral volume, and the top service concepts tested both relate to faster and easier communication of patient information
However, the physician experience delivered needs to move beyond clinical excellence for sustained growth.

Despite excellent evaluations, referring physicians indicate several areas where the emotional attachment to Cleveland Clinic is in need of improvement.

Meeting emotional needs is critical in building trust and overcoming perceptions of competitiveness.

Furthermore, misalignment between current experience and their needs has led to dissatisfaction among some physicians and their referral coordinators/patients.

Given the differences between PCP and Specialist needs, the experience needs to be designed to accommodate such (e.g., communications).

Building more welcoming and inclusive relationships with referring physicians will complement your leading capabilities.
**Enchantment** attitudes in need of improvement

### Physicians' Perceptions of Their Relationship with Cleveland Clinic

<table>
<thead>
<tr>
<th>Positive Attitudes</th>
<th>Current Referrers (n= 244-274)</th>
<th>Lapsed Referrers (n= 30-37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I tend to forgive Cleveland Clinic of occasional missteps</td>
<td>41%</td>
<td>47%</td>
</tr>
<tr>
<td>I feel included &amp; welcomed at Cleveland Clinic</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>I go out of my way to recommend Cleveland Clinic</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td>I'm a better practitioner because of Cleveland Clinic</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Cleveland Clinic is interested in my success</td>
<td>20%</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Attitudes</th>
<th>Current Referrers (n= 244-274)</th>
<th>Lapsed Referrers (n= 30-37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The success of Cleveland Clinic has made it arrogant</td>
<td>41%</td>
<td>51%</td>
</tr>
<tr>
<td>I only refer to Cleveland Clinic out of necessity</td>
<td>41%</td>
<td>50%</td>
</tr>
<tr>
<td>Cleveland Clinic feels cold and impersonal</td>
<td>38%</td>
<td>50%</td>
</tr>
<tr>
<td>Cleveland Clinic feels like a competitor</td>
<td>37%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Q26, percentages represent “Strongly Agree” or “Agree”

Draws attention to a statistically significant difference
We discovered strategic challenges to overcome

**Private Practice to Private Practice referrals**
Confidence in treatment for complex or rare cases
Their patients report being satisfied with care

**Managing the referring physician experience**
- Aligning processes and culture to meet the differing needs of PCP’s and Specialists (functional needs)
- Building relationships to meet emotional needs (lapsed)
- Motivating physicians to refer and become champions of Cleveland Clinic
Significant gaps exist in how you communicate and using desired forms of communication

Usage and awareness of the DrConnect system is low, in the single digit percentages among referring physicians

Of the 12 service offerings tested as concepts, the two most motivating to referring physicians were both related to easing and expediting patient communications.
Current referrers like to do business by phone, fax or email, but are not with Cleveland Clinic

<table>
<thead>
<tr>
<th>Follow-Up Communication Methods, Current Referrers</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Mail</th>
<th>EMS/EPIC</th>
<th>Dr Connect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Method with CC</td>
<td>Method Used with CC</td>
<td>Desired Method with CC</td>
<td>Method Used with CC</td>
<td>Desired Method</td>
<td>Method Used with CC</td>
<td>Desired Method</td>
</tr>
<tr>
<td>Acceptance of Patient</td>
<td>27%</td>
<td>17%</td>
<td>28%</td>
<td>18%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Notification of Seeing Patient</td>
<td>8%</td>
<td>5%</td>
<td>36%</td>
<td>19%</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>Lab &amp; Test Results</td>
<td>3%</td>
<td>0%</td>
<td>41%</td>
<td>23%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Progress Reports</td>
<td>3%</td>
<td>1%</td>
<td>36%</td>
<td>21%</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Complications</td>
<td>34%</td>
<td>6%</td>
<td>24%</td>
<td>14%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Expiration of Patient</td>
<td>41%</td>
<td>6%</td>
<td>21%</td>
<td>11%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Discharge Summary</td>
<td>1%</td>
<td>0%</td>
<td>39%</td>
<td>20%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Follow-Up Care</td>
<td>5%</td>
<td>6%</td>
<td>35%</td>
<td>18%</td>
<td>11%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Contrasting Q10 vs. Q19

N= 277-353
**Persona: Primary Care Providers**

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

**BEHAVIORS**
- Many of their patients require a referral to a specialist or subspecialist
- Private practice PCP’s will often refer to private practice specialists
- Employed PCP’s refer to their institution
- Refer locally for less complicated cases, believing their patients want convenience
- Make appointments for their patients

**NEEDS**
- Feel confident that their patient will receive the same level of care they provide
- Timely appointments to ease patient anxiety
- Referral process that does not tax their resources and staff
- Stay informed about their patient’s treatment and care, indirectly responsible for “outcomes”

“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 insignificant.”

**GOALS**
- Grow their patient base
- Strengthen reputation through excellent care for their patients
- Building lasting relationships with Primary Care Physicians

**BEHAVIORS**
- Refers to sub-specialist for complex cases
- More often than not, they do not make the referral appointment for the patient but they provide contact information
- Do not typically see patient after the referral but requires closure for risk management purposes

**NEEDS**
- Ability to identify physicians based on expertise
- Knowledge of technique/technology available
- Knowledge of physician’s reputation
- Indirectly facilities “outcomes"
- Manage their referral process
Assessment

1. Our referral volume is rooted in clinical excellence

2. However, local competitors can and do attract share by managing the referring physician experience better

3. Our physician experience management is neither deliberate nor consistent

4. Interestingly, the farther away the physician, the more strongly they advocate for us

5. And once the physicians are “lapsed,” they are unlikely to come back
Summary

To become partners in patient care, we must transform our processes and our people to demonstrate an environment of mutual respect.
STRATEGY
Imperatives (and links to our workshops)

1. Streamline the referral process (COORDINATION)

2. Establish a focus on how services are delivered (CARE)

3. Address the unique patient-specific communication needs of PCPs and Specialists (ALL)

4. Overcome attitudes that we are a competitor (COMMUNICATIONS)

5. Redefine the role of physician relations and outreach (ACTION)
Action Planning (Workshops for Each)

Care
- Referrers
  - Emotional Needs
  - Functional Needs
- Patients
  - Experience
  - Resources

Communication
- Generating Awareness
- Outreach
- Marketing

Coordination
- Scheduling/Transfer
- Managing Patient Care
- Accessibility
Sample Agenda

Day 1:
8:00 – 8:15 Introductions
8:15 – 8:45 Research Review
8:45 – 11:00 Care

11:00 – 12:30 Quick Hits / Lunch
12:30 – 3:45 Coordination
3:45 – 4:15 Quick Hits / Wrap Up

Day 2:
8:00 – 10:30 Communication
10:30 – 11:00 Quick Hits / Wrap up
11:00 – 11:15 Break
11:15 – 12:15 Lunch / Comm Planning

12:15 – 2:15 Implementation

2:15 – 2:45 Wrap up
Structure: Experience Design

Need  Scheduling  First Visit  Treatment  Follow-up

Ideal Outcomes

Best Opportunities for Improvement

Expected Behaviors

Process Mapping

Message Mapping

Implementation Plan
## Scheduling

“It takes only a few minutes to complete the referral process at Cleveland Clinic”

<table>
<thead>
<tr>
<th>Expected Behaviors</th>
<th>Success Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get your patient to the appropriate physician(s) the first time</td>
<td>Number of transfers</td>
</tr>
<tr>
<td>Continually strive for timely access for your patients</td>
<td>First / third available</td>
</tr>
<tr>
<td>Work with physicians to resolve dissatisfaction with appointment availability</td>
<td>Phys satisfaction</td>
</tr>
<tr>
<td>Provide clear instructions at time of scheduling in addition to referral guide</td>
<td>Utilization of materials/website downloads</td>
</tr>
<tr>
<td>Create options when available – appointment times, treatment plans, how to connect with our institutes</td>
<td>Number of options presented at time of first call</td>
</tr>
<tr>
<td>Ask the patient and physician to whom communication should be made (at multiple points) and capture</td>
<td>Recorded in profile during first call, EPIC</td>
</tr>
<tr>
<td>Acknowledge to referrer that appointment has been made</td>
<td>Compliance and record that notice was sent /communicated</td>
</tr>
</tbody>
</table>
## Process Prioritization

<table>
<thead>
<tr>
<th>Process</th>
<th>Urgency (H-M-L)</th>
<th>Impact (H-M-L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring physician feedback and service recovery</td>
<td>H</td>
<td>M</td>
</tr>
<tr>
<td>Referral appointment escalation (expedited appointments)</td>
<td>H</td>
<td>M</td>
</tr>
<tr>
<td>Follow-up patient-specific communications (trigger, calls, documentation, outcomes)</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>Process for letting phys know his patient has chosen CCF</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Process for consulting the referring physician for internal referral</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Enterprise collaboration for messaging and promotion with referring physicians</td>
<td>L</td>
<td>M</td>
</tr>
</tbody>
</table>
Coordination Improvements (Quick Hits)

- Move Excel documentation of escalation to Systematic Report Alerts for Aging Appointment Requests, plus automatic escalation
- Prioritize Referring Physicians and Staff appointment requests, rather than have requests fall into a generic queue
- Simplify the scheduling process questions or cleave scheduling from registration
- Trend reporting by Physician Relations to the Institutes
- Structure and streamline webmail routing to ensure capture and tracking of all
- Educate Institutes that Physician Relations is a shared resource and can provide value to all
## Message Mapping

<table>
<thead>
<tr>
<th>How they see us today</th>
<th>How we want them to see us</th>
<th>How we will convince them</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decision Drivers</strong></td>
<td>Positioning Concept</td>
<td>Aligned Messages</td>
</tr>
<tr>
<td><strong>Attitudes to Overcome</strong></td>
<td>Primary Differentiating Messages</td>
<td>Touchpoint Prioritization</td>
</tr>
<tr>
<td><strong>Attitudes to Reinforce</strong></td>
<td>Reasons to Believe Lasting Impressions</td>
<td>Action Plan</td>
</tr>
</tbody>
</table>

- **Message Elements**: Positioning Concept, Primary Differentiating Messages, Reasons to Believe, Lasting Impressions, Aligned Messages, Touchpoint Prioritization, Action Plan
Message Map - Pilot

“We Institute” enables you to expand your clinical expertise. When you refer your patients to us, we will provide cutting edge clinical care with superior treatment outcomes in an efficient and truly collaborative pre and post treatment environment.

“One Stop Collaborative Care”

We ensure two-way communication

- Timely sharing of patient treatment information (must deliver)
- Pre and post treatment consultations (must deliver)
- You will get your patient back (percentages of patients returned)
- Testimonials from referring physicians
- X% get back to referring physician within x (time) after procedure

We offer specialized and innovative treatment befitting an academic medical center

We extend your clinical expertise

- Sub specialty expertise (# of physicians)
- Scientific and clinical firsts along with CME offerings (#)
- Patient testimonials and case studies
- Clinical collaboration
- Superior patient treatment outcomes
- Referring physician and patient testimonials
- CME/Grand Grounds opportunities
Linking Action Plan to Initiatives

The action plan organizing specific tactics into areas of maturity (e.g., basic, performance, enhancement).

To better organize these tactics, we have bundled such into initiatives.

Each initiative includes similar tactics and are meant to run somewhat concurrently.

Over time, each initiative will lead you to higher levels of maturity, but this will likely happen faster in some areas.

Current thinking is to launch these initiatives initially with our pilot Initiatives:
• Provide Services to Institutes
• Monitor Referring Physician Activities
• Align Around “One” Cleveland Clinic
• Demonstrate Value
Initiative #4: Demonstrate Value

Market information standard report (annual?)
• SDI information
• Competitive intelligence reports

Lead strategic conversations with Institutes
• Organize physician advisory boards
• Align with calendar of outreach, publications, marketing

Activity recording/reporting
• Call center activities
• Referral volumes (overall, based on campaigns)
• Satisfaction interventions and retention rates
• Liaison activities
Internal Processes

Key Activities

Potential patient calls call center for additional information

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

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
LESSONS LEARNED
Results to Date

We’ve formalized our role within the enterprise

- Newly formed Physician Liaison group linked to Enterprise objectives
- One number to call for all Referring Physician needs
  - 300+ calls per day fielded by agents dedicated to service excellence
- Improved visibility to referral patterns and trends for Institutes via dashboard reporting
- More timely patient-specific communication
  - Reduced turnaround time from 72hrs to 48hrs
Key Prescriptions for Your Institutions

Enlist the support of an executive champion early

Identify potential internal partners for collaboration

Use a formalized approach to engage referring physicians and document their feedback

Ensure the process is holistic

Validate data integrity – improve where needed

Demonstrate results
Contact Us

Jennifer Fragapane
Director, Referring Physician Center
Cleveland Clinic
216.444.3281

John McKeever
Executive Vice President
Gelb, An Endeavor Management Company
800-846-4051 office
jmckeever@endeavormgmt.com
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.

The firm’s 40 year heritage has produced a substantial portfolio of proven methodologies, enabling Endeavor consultants to deliver top-tier transformational strategies, operational excellence, organizational change management, leadership development and decision support. Endeavor’s deep operational insight and broad industry experience enables our team to quickly understand the dynamics of client companies and markets.

In 2012, Gelb Consulting became an Endeavor Management Company. With our Gelb experience (founded in 1965), we offer clients in-depth insights in the healthcare industry and unique capabilities that focus their marketing initiatives by fully understanding and shaping the customer experience through proven strategic frameworks to guide marketing strategies, build trusted brands, deliver exceptional customer experiences and launch new products.

Endeavor strives to collaborate effectively at all levels of the client organization to deliver targeted outcomes and achieve real results. Our collaborative approach also enables clients to build capabilities within their own organizations to sustain enduring relationships. For more information, visit www.endeavormgmt.com and www.gelbconsulting.com.

Gelb
An Endeavor Management Company
2700 Post Oak Blvd., Suite 1400
Houston, TX 77056
+1 713.877.8130
www.endeavormgmt.com