Step-by-Step
Building a Regional, National and Global Physician Community
Objectives for Today’s Session

• Make a business case to my CEO that a Physician Relations and Referral Development strategy will be effective

• Create a Roadmap for establishing or enhancing a physician relations program.

• Identify key things you can implement tomorrow
The Study in Brief

• We conducted an online survey (with email reminders) to NCIPAN conference attendees

• Objectives:
  – Classify physician relations programs
  – Identify best practices
  – Determine the steps to take a program from one level to the next
Participants

- The Cancer Institute of New Jersey
- Emory Winship Cancer Center
- Fox Chase Cancer Center
- Indiana University Melvin and Bren Simon Cancer Center
- Karmanos Cancer Center
- Nevada Cancer Center
- The Ohio State University Medical Center
- Siteman Cancer Center (Barnes-Jewish/Wash U)
- University of Texas M. D. Anderson Cancer Center
Role

- Reporting/Division/Medical Officer involvement
- Proportion of physician referred/directed
- Geographic scope
- Problem solving role
- Clinical training of staff
- Out-of-market clinics
- Quality initiatives
- Clinical safety initiatives
- Role in faculty appointments
- Create new programs with departments
- Quantified the value of physician relations
Communication

- Branded education materials
- CME
- Faculty guide
- Marketing materials
- Medical education materials
Collaboration

- Strategic planning workshops
- Mechanism for affiliation
- Liaison visits – primary service area
- Liaison visits – outside primary service area
- Liaisons with clinical training
- Formality of involvement (e.g., dinners versus process)
- Formal interviews
- Frequency of physician satisfaction measurement
Operations

- Recovery timing
- Initial referral calls to your office
- Facilitate communication to departments
- Access to patient records
- Access to patient schedules
- Access to patient communications
- Forum
- Separate intake line
- Physician portal for appointments
- Clinical trials
- Online appointment/referrals
Internally Integrated (2)
- Online patient appointments
- Forum for physicians
- Frequent sat measurement
- Lead clinical safety initiatives
- Beyond a marketing function

Valued Role Player (4)
- Workshops with physicians
- Online patient records access
- Clinical training for liaisons
- Medical education materials
- Quantified value
- Branded patient education materials

Promotional Powerhouse (4)
- Faculty guide
- Marketing materials
- Visits inside primary service area
- Complaint tracking
- Communications: faculty & physicians
- Online referrals
- Affiliation

Number of physician relationships
- 7,500+
- >5,000
- >1,000

Distance:
- 250 miles
- Regional
- International
Levels of Collaboration

• “We don't at this point.”
• “It is anecdotal at best and we rely on our physicians to respond accordingly in most cases. medical education conferences, institutional-specific planning.”

• “By reviewing feedback that our physician relations coordinators receive in the field in terms of needs of the referring physicians, i.e. clinical trials, medical education, information sharing, etc.”
• “Quarterly meetings with leaders from each multidisciplinary service line; feedback & input for marketing collateral content; review of referral & billing databases for targeting.”

• “Dinners and lunches are scheduled for our clinicians to meet referring physicians at least 3 times a month.”
• “Referring Physician Satisfaction survey process, physician experience mapping, ad-hoc advisory group processes, incorporating feedback from physician office visit activities.”
Step One: Examination

• Which horizon you are currently in?

• Keep this in mind as we review MDACC’s history

• Consider your priorities for moving from one step to the other
PHYSICIAN RELATIONS PROGRAM DEVELOPMENT
STRATEGY
Physician Relations and Consumerism

• Make Marketing to Physicians a Core Competency
  – “Despite increased consumer involvement in healthcare decision making, physicians are still the key drivers of volume and, as such cannot be ignored.
  
  Source:  Healthcare Strategy Alert!  2008 Issue 1

• Why is Marketing Cancer/Oncology Services so Difficult?
  – “Consumers do not diagnose their own cancer. Most often, they see a primary care physician who then refers them to an oncologist and/or a surgeon. That referral determines which hospital gets the patient based on the hospital(s) to which the designated oncologist or surgeon refer”. Therefore, marketing the cancer service is largely a matter of promoting one’s oncologists and surgeons to referring physicians.”

  Source:  Roberta N. Clarke, PhD, associate professor, Health Sector Management Program, Boston University. Healthcare Marketing Advisor, Ask the Experts; May 2008.
Physician Relations and Consumerism

Physician Referral Relationships

“Physicians are the key stakeholder / customer for healthcare organizations. Because hospitals would not be in business without referring physicians, the cultivation of referral relationships is mandatory to market development.”


Physician Satisfaction: Hospitals hone strategies for outreach, follow-up

“The strategies reinforce the fact that, even as consumer-driven health care gains ground, physicians remain the single most powerful lever in hospital volume growth.”

Source: Advisory Board Company, Clinical Strategy Watch interviews (4/19/06); Advisory Board research brief, 4/14/06).
Physician Relationship Management
Conceptual Model

Loyal Physician Relationships

- Willing to Refer and Recommend to Colleagues
- Knowledgeable and Aware of Available Services
- Self-Perception of Value and Respect
- Completely Satisfied with Service Delivery

**Preparation**
Referrals go more smoothly when we have clear and consistent acceptance criteria

**Setting**
Access process makes it easy to do business with us via phone and/or Web (i.e. myMDAnderson)

**Presentation**
Represent the profession - treat the referring physician with dignity and respect

**Attitude**
Partner with the referring physician in the coordination of the best care for their patient

**Reciprocit**
Recognition as a primary influencer of where a patient seeks care

**Composure**
Control emotions during stressful encounters

**Hope**
Balance optimism with credibility

**Leadership**
Confidently recommend a course of action

**Interest**
Listen intently to physician input

**Compassion**
Be empathetic for the physician’s needs and expectations

**Simplicity**
Provide clear explanation and instructions for f/u care

**Pre-visit approach**

**Advanced Communication Skills**

**Fundamental Communication Skills**

**Ultimate Goal**

- Loyal Physician Relationships
Evolution of the Strategy

• Decision making
  – How do we identify and allocate resources?

• Organizational Alignment:
  – Department vs. philosophy

• Plan Development
  – Working plan vs. Strategic plan

• Collaborative Environment
  – Referral facilitators and barriers
  – Physicians as competitors vs. collaborators

• Strategic Partnerships
  – Corporate Medical Directors
  – Health Plans
Basic Framework

• Build the Team
• Physician Office Visits and Contacts
• Continuing Medical Education
• Exhibiting / Medical Society Conferences
• Reference and Collateral Materials
• Information Technology / Internet
• Physician Referral Activity / ROI
• Physician Feedback / Role of Market Research
### Advanced Approach

#### Basic Framework
- Physician Office Visits
- Continuing Medical Education
  - Faculty Speakers Bureau
- Exhibiting / Medical Society Conferences
- Reference and Collateral Materials
  - Guide for Referring Physicians
- Information Technology / Internet
  - Contact Management System
  - Web site
- Referral Activity Tracking
- Physician Feedback

#### Operations, Access & Systems Improvement
- Physician Portal
  - myMDAnderson for Physicians
- EMR Access
- Involved Provider Database
- Patient Data Validation process
- Clinical Safety and Effectiveness
- Baldridge Quality Criteria
- Satisfaction Survey Process
- Call Center Collaborations

#### Global Oncology
- International Physician Relations
- Launch of New Satellite Practices
- Sister Institution Relationships

#### Physician Community and Clinical Information
- Clinical Trials Recruitment
- OncoLog
- Web 2.0 / Social Media
PEOPLE
Staffing Plan

• Physician Relations Models
  – Clinical vs. Non-Clinical
  – Sales
  – Hybrid
• Essential Job Functions
  – Physician Office Visits – Promotion / Key Messages
  – Referral Development and Assistance
  – Business Intelligence
  – Problem Resolution / Service Recovery
  – Documentation / CMS -CRM
• Training and Development
  – Internal and External
• Compensation
  – Performance Standards and Goals
Future Positions:
4 Program Managers
5 Physician Relations Specialists
1 Associate Informatics Analyst
3 Physician Relations Associates
1 Business Systems Analyst
4 Administrative Assistants
PROCESS
Territory Management

• Defining and Managing the Territory
  • By Geography:
    – Local / Regional / National / International
  • By Physician Category:
    – Top / Existing / First Time / Potential (Tier A / B/ C, etc…)
    – By Specialty (i.e. PCP vs specialists)

• The Physician Office Visit
  • In-Person:
    – Physician vs. Office Staff
  • Direct Mail
  • Phone
  • Web – “virtual” office visit (e-detailing)
  • Frequency
Satellites

- Bay Area (clinical care center)
- Bellaire (radiation only)
- Fort Bend (radiation only)
- Katy (radiation only / future clinical care center)
- Sugar Land (future clinical care center – Aug 2009)
- The Woodlands (radiation only / future clinical care center)
International Physician Relations

- Priority Countries and Regions
- Referral History and Opportunities
- Faculty and Alumni Relationships
- Embassy Medical Director Relations
- Local and US Based Physicians with International ties
- Physician Education / Faculty Speakers Bureau
- Medical Society Meeting / Conferences – Exhibiting activities
International Physician Relations
Reference and Collateral Materials
Referring Physician Satisfaction

- Assess referring physician satisfaction with the cancer center’s faculty, staff, operations, and systems with which they interact in order to access oncology services for their patients.

- Improve our collective knowledge and understanding about the important factors that influence referring physician decisions about where and to whom to refer a patient for cancer care.

- Identify opportunities for continuously improving processes, systems, and operations aimed at enhancing the level of service provided to our referring physicians.

- Obtain feedback that supports organizational efforts to develop strategies aimed at optimizing the referral of appropriate patients to the Cancer Center.
Referring Physician Experience Map

**Diagnosis**
- Symptoms
- Suspicions
- Pathology/examination

**Consult**
- Identify treatment options
- Discuss with colleagues
- Discuss with specialists
- Evaluate specialists, resources

**Referral**
- Outline plan
- Obtain Patient information
- Discuss with patient
- Insurance
- Accessibility

**Treatment**
- Confirm diagnosis
- Treatment plan
- Progress reports
- Community-based lab or treatment

**Follow-up**
- Patient maintenance plan
- Patient satisfaction

- Non-standard case/procedure
- Second opinion
- Clinical Trials

- Coordinate referral
- Phone vs. Web access
- Physician-Directed patient referral

- Physician to physician
- “Patient Access / Business Office”
Referring Physician Satisfaction

The University of Texas MD Anderson Cancer Center

ANNUAL REPORT
QUARTERLY REPORT
MONTHLY REPORT

Select Year: FY2006
M. D. Anderson Overall

You have selected results for: FY2006 | Overall Performance Report for M. D. Anderson Overall

View Date

Overall Performance: Overview
This report displays the percentage of physicians that are "Completely Satisfied" or "Somewhat Satisfied" with a specific M. D. Anderson Care Center on the following dimensions of the referral experience:
- Overall Satisfaction
- Physician Loyalty
- Initial Consultation
- Referral Process
- Treatment
- Returning the Patient

Percentages are calculated as the average of the percentages for all questions asked within a specific dimension of the referral process listed above.

* For physician loyalty questions, percentages reflect the number of respondents who either "Strongly Agree" or "Agree".

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Completely Satisfied</th>
<th>Mostly Satisfied</th>
<th>%</th>
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<tr>
<td>Overall Satisfaction</td>
<td>60%</td>
<td>28%</td>
<td>88%</td>
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<tr>
<td>Physician Loyalty</td>
<td>56%</td>
<td>35%</td>
<td>90%</td>
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<tr>
<td>Initial Consultation</td>
<td>53%</td>
<td>26%</td>
<td>79%</td>
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<tr>
<td>Referral Process</td>
<td>61%</td>
<td>25%</td>
<td>86%</td>
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<tr>
<td>Treatment</td>
<td>70%</td>
<td>21%</td>
<td>91%</td>
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<tr>
<td>Returning the Patient</td>
<td>62%</td>
<td>25%</td>
<td>87%</td>
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Reputation Management

M. D. Anderson has been ranked number one in the US News & World Report survey five of the last seven years and ranked number one or two since it’s inception.
Physician Advisory Board

- **Internal / Faculty based**
  - Increase faculty engagement in physician relations
  - Deeper understanding of faculty needs and interests, willingness to participate
  - Obtain input for strategic and operational planning

- **External / Referring Physician**
  - Main campus vs. satellite locations

- **Specialty mix**
  - PCP vs. specialists

- **Physician detail**
  - Referrals by physician
Baldridge Quality Healthcare Criteria

Organizational Profile:
Environment, Relationships, and Challenges

1. Leadership
2. Strategic Planning
3. Focus on Patients, Other Customers, and Markets
4. Measurement, Analysis, and Knowledge Management
5. Staff Focus
6. Process Management
7. Organizational Performance Results
Improving Access and Customer Service

The Optimal System

- Physician Relations Specialist (RN / BSN)
  - Leverages Baldridge process
  - Clinical Safety and Effectiveness project
  - Collaboration between Physician Relations and askMDAnderson
  - Dedicated physician phone line and triage
  - Completes the clinical continuum for physician referral and communications
Physician Portal Strategy

- Contact Management Systems
  - Remote access
  - Handheld / PDAs / Blackberry

- Customer Relationship Management Systems (ACT !)

- Physician Master File (IPD)

- Physician Portals (myMDA)

- Social Networking and Web 2.0

- Electronic Medical Records (ClinicStation)
The challenges of communication, collaboration and changing expectations between community physicians and a large academic medical center require a collaborative approach to design and development of the physician portal.

- **Patient referral process**
  - Referral preference by age, diagnosis, care center, geographic location, or specific M. D. Anderson physician
  - International Center, Pathology and Hospital to Hospital Transfer
  - Satellites (Radiation Treatment Centers / Clinical Care Centers)
  - Staff Manager

- **Enable secure and appropriate access to patient medical records**
  - Transcribed documents
  - Patient appointment schedules
  - Lab results, Pathology and Radiology reports
  - Pharmacy records and Medication Reconciliation
  - Survivorship (Passport)
Home Page
## Outcomes Measures

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<th>August 2006</th>
<th>August 2007</th>
<th>August 2008</th>
<th>March 2009</th>
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<tbody>
<tr>
<td>Physician Users</td>
<td>555</td>
<td>1,643</td>
<td>3,417</td>
<td>4,155</td>
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<tr>
<td>Intl. Physician Users</td>
<td></td>
<td></td>
<td>384</td>
<td>492</td>
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<tr>
<td>Physician Office Staff</td>
<td>120</td>
<td>284</td>
<td>430</td>
<td>462</td>
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<tr>
<td>New Patient Referrals</td>
<td>237</td>
<td>826</td>
<td>2,942</td>
<td>4,163</td>
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<tr>
<td>New Intl. Patient Referrals</td>
<td></td>
<td></td>
<td>62</td>
<td>118</td>
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<tr>
<td>Total Reports Viewed</td>
<td>2,067</td>
<td>7,040</td>
<td>24,778</td>
<td>35,114</td>
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How did you hear about myMDAnderson?

- Web Site: 19%
- Colleague: 17%
- Physician Relations: 15%
- Conference: 12%
- Mailed Report: 12%
- MDACC Physician: 10%
- Patient: 7%
- MDACC Staff: 5%
- Newsletter: 2%
- CD-ROM: 1%
- E-Mail: 0%
Physician Community and Web 2.0

- myMDAnderson for Physicians - https://my.mdanderson.org
- Twitter - http://www.twitter.com/PhysRelations
- YouTube - http://www.youtube.com/user/physicianrelations
- Facebook - http://www.facebook.com
  (search for myMDAnderson for Physicians)
RESULTS
Physician Referred Patients

Monthly Referrals and Registrations (Domestic)
FY 08 - YTD FY 09 (through February)
Physician Referral Activity

• Preliminary Questions
  – What data / information do I need?
  – What are the data definitions?
  – Is this information currently captured? In what system?
  – Data Quality – how accurate and complete is the information and how is it validated?
  – How do I access and process all of this information?

• Organizational Data Sources
  – Enterprise Information Warehouse
  – Departmental databases
  – Financial systems
  – Physician Relations systems
  – Call Center systems
  – Business Intelligence
  – Paper forms
Here
There
Step Two: Observations

- **Role**
  - More involved in operations, safety
  - Representative / Coordinator vs. Specialist

- **Communications**
  - Medical education vs. promotion

- **Collaboration**
  - Frequency of engagement
  - Strategic focus in discussion
  - Contact vs. Customer Relationship Manager
  - ROI vs. ROR

- **Operations**
  - Web site vs. Business Process Redesign
  - IT to facilitate communication regarding patient care
  - Frequency of feedback from referring physicians
"The essence of strategy is choosing what not to do."

Michael Porter
Step Three: Adaptations

• What is your aim statement (strategic plan)?
  – Growing referrals by 10% (more promotional)
  – Increasing referring physician satisfaction (more operational)
  – Providing access to EMR (clinical safety)
  – Etc…

• Given where you see your department today, what are the specific things you can do
  – Tomorrow?
  – Over the next year?
  – Over the next several years?
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<th>1 to 2</th>
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<td><strong>Role</strong></td>
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<td><strong>Communication</strong></td>
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<td><strong>Collaboration</strong></td>
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<tr>
<td><strong>Operations</strong></td>
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Report Out

• We will distribute via email:
  – This presentation
  – Write up on our discussion
  – Other findings from the benchmarking study (blinded)

• Please be sure Arlinda Warren has your contact information or you can leave your business cards with us

• MD Anderson is also interested in referring physician satisfaction benchmarking…please let us know if you’re interested.
Contact Information

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713-792-2202 (office)  
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