

Tools, Lessons Learned, and Insights

**Building Referring Physician Loyalty
with Experience Mapping**



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Agenda



Situation Overview



Experience Mapping



Action and Results



Q&A

Situation Overview

Cincinnati Children's Hospital

- Nonprofit pediatric academic medical center established in 1883, located in the mid-west
- 577 Registered Beds
- 2nd highest recipient of NIH grants for pediatric research
- 1516 active medical staff members, of which 784 are employed
- 558 resident/fellows in training
- 12654 total employees
- Served patients from 50 countries and 48 states in FY11



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Previous Experience with Physician Satisfaction Measures



- Physician Liaison program since 1994
 - Local market
 - Primary Care Providers
- Surveyed referring physicians (600) bi-annually since 2000
- Survey random specialists annually
- Expand Physician Liaison—regional & national

Conventional Wisdom

- Referring providers want & expect updates about the patients they refer
- Understand why referring providers select Cincinnati Children's Hospital
- Our referral process is straightforward and simple
- There are always opportunities to improve the "physician experience" however, not everyone makes this a priority.



But We Still Had Questions...

- Do referring specialists expect the same frequency/type of communication as primary care providers?
- How do specialists learn about our services and what factors determine repeat business?
- What process do specialists use to refer their patients? What are the barriers to that process?
- How can we improve the physician experience and which division(s) will be our “test of change”

Alternatives Considered



Mystery Shopping



Best Guess



Physician Survey



Patient Survey



Physician Advisory Board

Our Choice

Experience Mapping

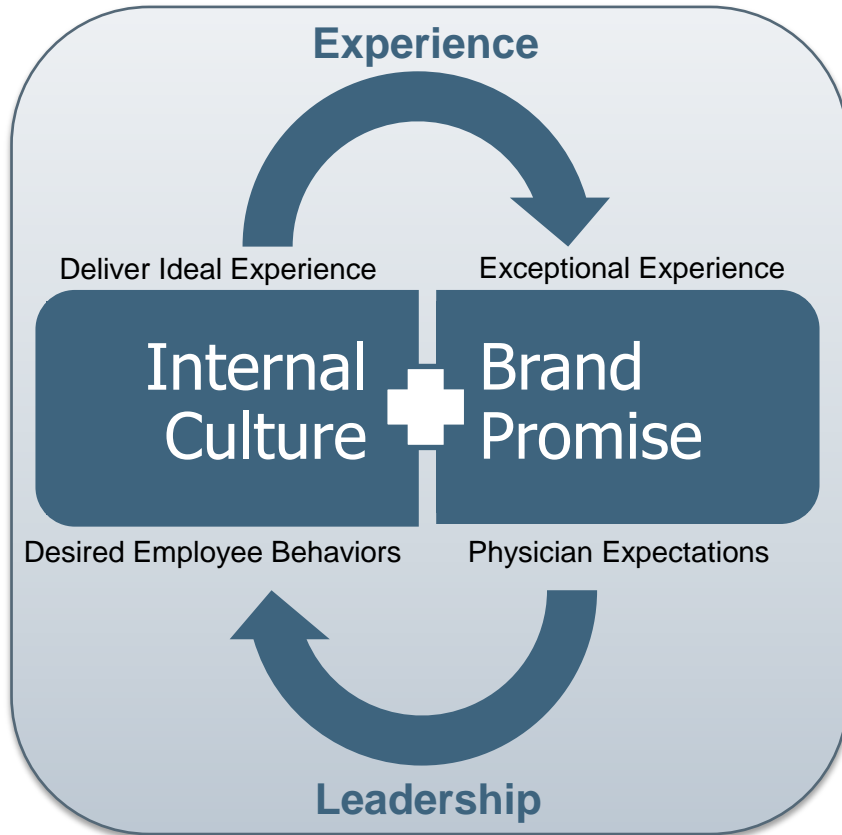
- Evaluates the entire experience—from the moment a decision is made to refer to the stage of transitioning care back to the referring provider
- Creates the framework for an action plan
- Assigns accountability for each area



EXPERIENCE MAPPING

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Experience, Culture and Brand



- Culture and brand promise are linked through the experience delivered, supported by leadership
- Leaders translate customer expectations through the brand and desired experience into employee behavior
- This alignment creates an exceptional experience and a sustainable competitive advantage
- We call this desired state "enchantment"

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Word-of-Mouth Advertising

is the
least expensive
and
most effective
form of promotion



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How Enchantment is Different



Loyal Physicians

Satisfied and refer again

- Will recommend you if asked
- But won't give you a second chance
- Have minimum investment in your future
- See you as a choice among many



Enchanted Physicians

Raving fans and spread the word

- Go out of their way to recommend you
- They forgive you for missteps
- Demonstrate a strong commitment
- They are part of your future

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Difference in Drivers

Functional Needs



NUMBERS

What we do...

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

Emotional Needs

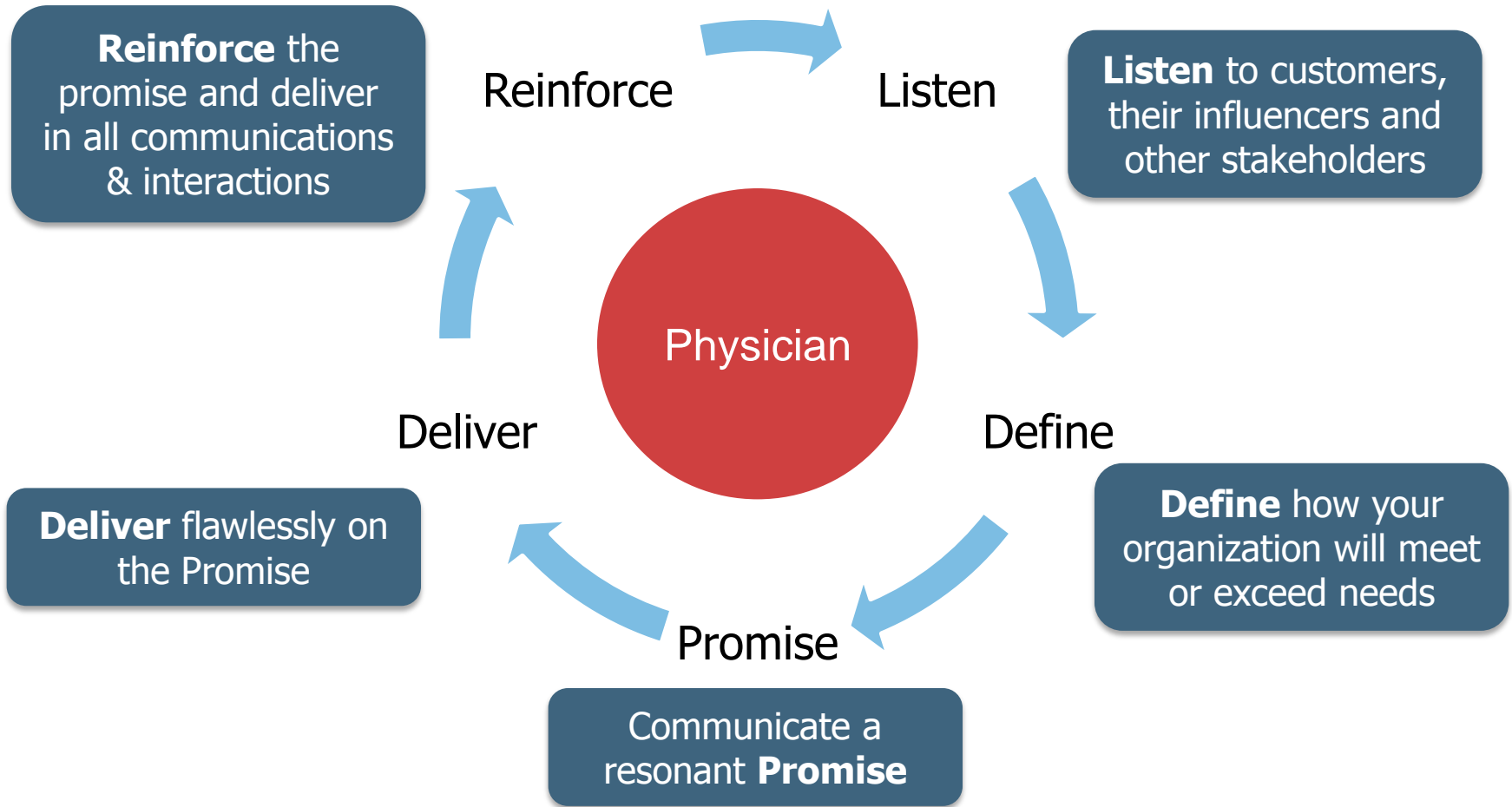


STORIES

How we do it...

- Inclusion in treatment
- "Feel" of the interactions
- Subjective quality judgments
- Feeling valued

Enchantment Cycle

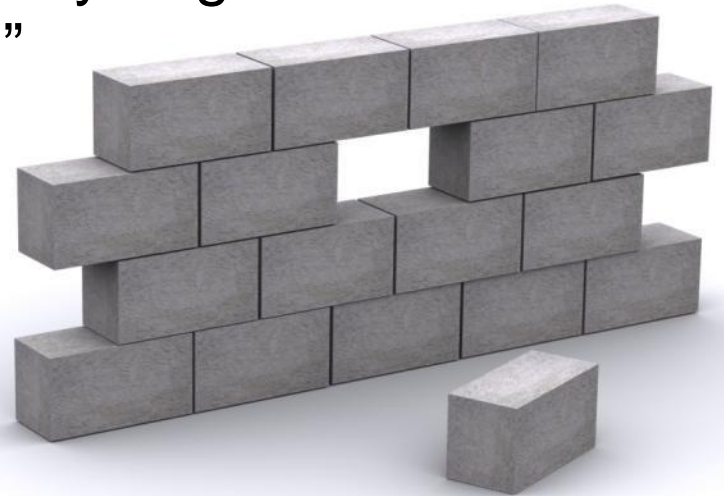


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Shifting the Perspective

“Customer experience is **bigger than customer service** in that it is the full, and end experience. It starts when you first hear about Amazon from a friend and ends when you get the package in the mail and open it.”

-Jeff Bezos, CEO, Amazon.com



Experience Mapping: Fitting it All Together

Experience Mapping is an in-depth qualitative research technique that utilizes a visual cue (the experience map) to help 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

Scope

- Airway Reconstruction and Aerodigestive & Sleep Center
 - 15 current referrers
 - 3 non-referrers
- Perinatal Institute
 - 20 Current Referrers
- Gastroenterology, Hepatology & Nutrition Center
 - 15 current referrers
 - 3 non referrers

An interviewee is designated as a current referrer if he/she has currently or previously referred a patient to Cincinnati Children's; non-referrers have never referred a patient to Cincinnati Children's OR have never referred to the respective program.

Subspecialist Experience Map

Awareness



Perceptions of Cincinnati Children's
 Knowledge about Cincinnati Children's
 Marketing or educational resources from Cincinnati Children's
 Ideal relationship with Cincinnati Children's

Need



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

Scheduling/Transfer



Initial contact with referral facility
 Scheduling/transfer process
 Timing and ease of process
 Managing insurance requirements, accommodations or travel for families

Treatment



Coordination of care with Cincinnati Children's specialist
 Progress notes and methods of communication
 Family feedback about their clinical experience
 Support offered to family

Transition of Care



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



Methods of Communication (In each phase)

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Imparting the Insights

Referral Stages:



Ideal Outcome:

“Cincinnati Children’s is my best resource.”

Day in the Life:

- Cincinnati Children’s provides the best care possible for my patients and their families
- Cincinnati Children’s provides great care to patients, but does not keep me informed
- I prefer to refer patients to other facilities because of bad experiences with Cincinnati Children’s

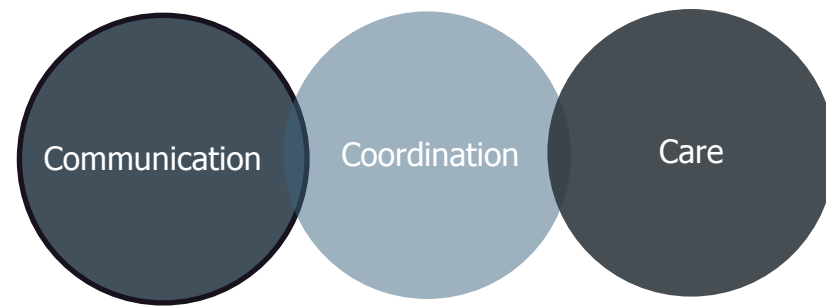
Touchpoint Performance:



Electronic communications,
telephone communications,
facility, written communications,
interpersonal communications

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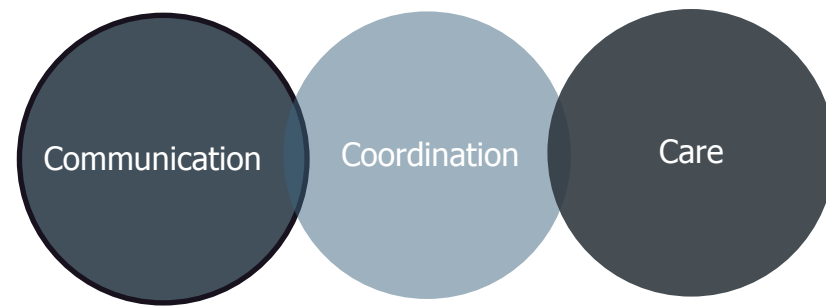
Communication





I only refer patients out of state if there is no way to provide care locally; **a major hurdle is overcoming insurances restrictions** as certain providers will not cover care provided out of state (although Cincinnati Children's accepts more types of insurance than other facilities that I have worked with and helps with the paperwork)

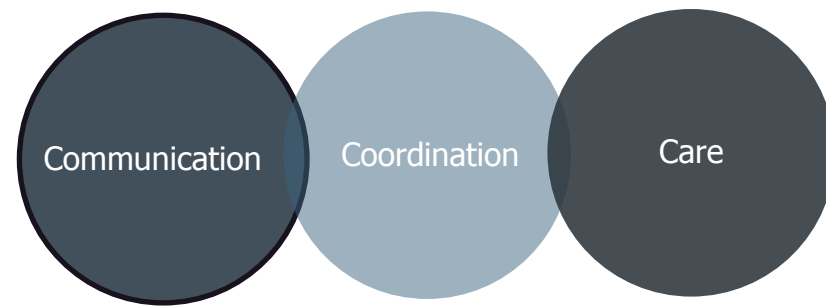
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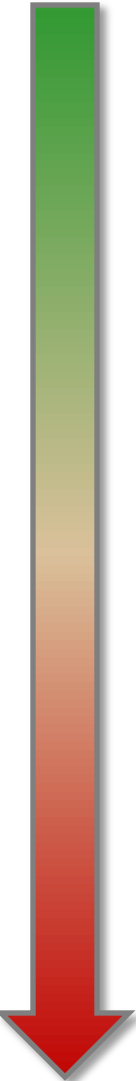
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-  I am confident in using Cincinnati Children's for certain diagnoses (such as airway, cardiovascular or GI), but I may pick another facility for other issues (such as hearing problems or general prematurity), **as I am unsure what unique benefits Cincinnati Children's would offer my patients compared to a facility closer to home**

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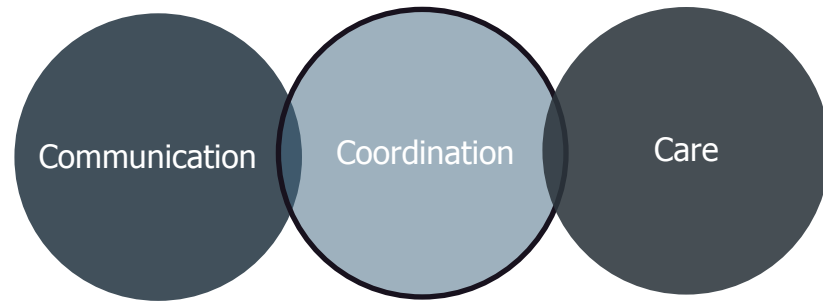


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-  I am confident in using Cincinnati Children's for certain diagnoses (such as airway, cardiovascular or GI), but I may pick another facility for other issues (such as hearing problems or general prematurity), **as I am unsure what unique benefits Cincinnati Children's would offer my patients compared to a facility closer to home**
-  I receive mailed information from many pediatric facilities, and feel that Cincinnati Children's is equal to, or better than, others; **I particularly appreciate information about their referral process, outcomes and unique research/clinical techniques**

Category	Details (Why/What/How)	Current Performance	Importance to Referrers
Establishing Expertise	Continue CME offerings , conferences, distribution of outcomes and research updates	High	1
Outreach	Visit referring physician offices or host Grand Rounds at their facility	High	2
Resources	Program-specific mailed resources, including contacts for initiating a referral, include messaging “we make it easy for you to refer”	Moderate	3
Out-of-state challenges	Promote resources that provide help with insurance restrictions and travel resources	Low	4
Resources	Provide resources that outline array of services offered and focus on benefits for patients ; focus on “Why Choose Cincinnati Children’s?”	Moderate	5

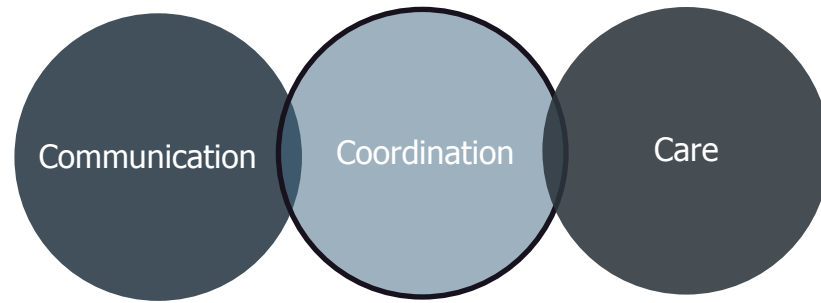




Coordination



- To initiate a referral, I find the phone number on the Web site, in a mailed newsletter, or have been given a direct number to one of the physicians; **I call the physician or department coordinator and they take care of everything from that point,** which is exactly what I want – it is easy

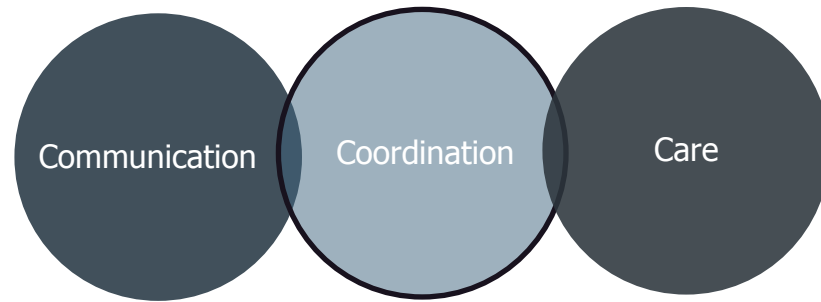
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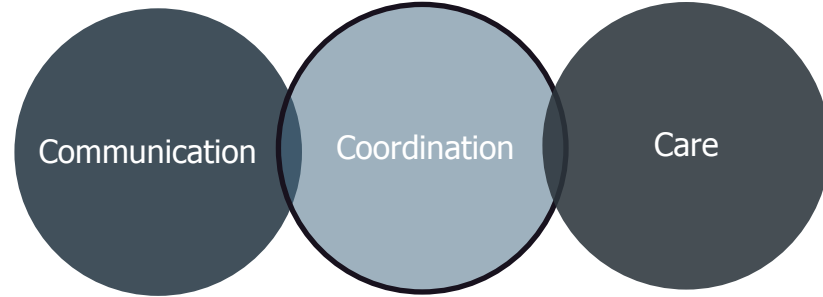
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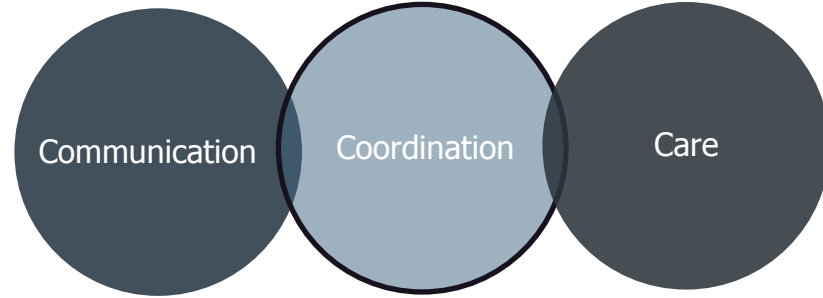
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- The post-treatment communication is critical to me and a determiner of whether or not my referring experience is a positive one; **I sometimes receive communication from Cincinnati Children’s, but it is inconsistent (and I wonder if it is being sent to another doctor) and sometimes arrives too late (after I have already seen the patient)**

Coordination



The scheduling process is easy and timely, which is ideal for referrers. To their knowledge, patients typically receive appointments in a appropriate time frame; **if the patient expresses concern about the timing, the referrer is able to call to obtain an earlier appointment.**

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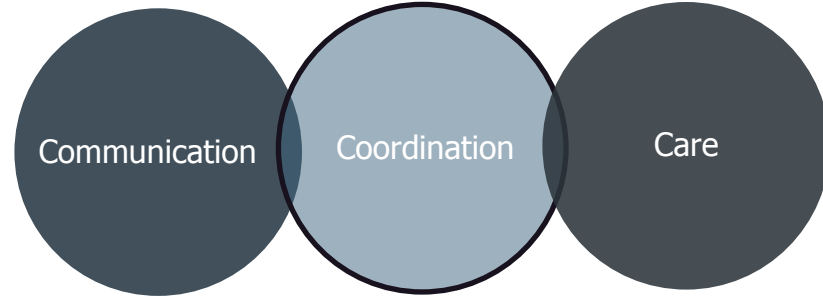


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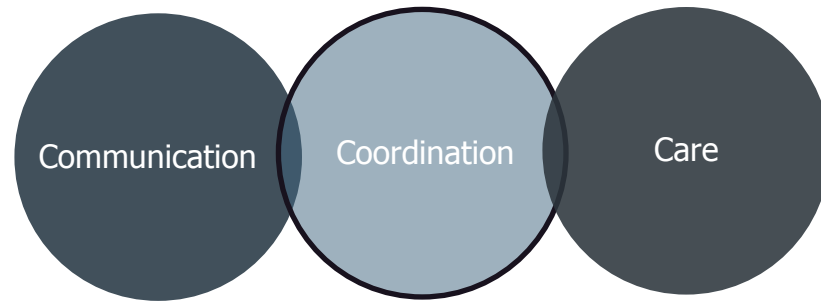


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Referrers also suggest appointment confirmations (faxed or electronically) that include the day/time of the appointment, who to contact with questions and the name of the patient's doctor; this would be helpful for them to stay updated about their patient's care and **to answer questions the family may have.**

Coordination



"It's always challenging transferring someone out of state because there's a lot that goes into it. There are some things that help, such as knowing that I can pick up the phone and talk to someone at Cincinnati."

-- ENT Current Referrer

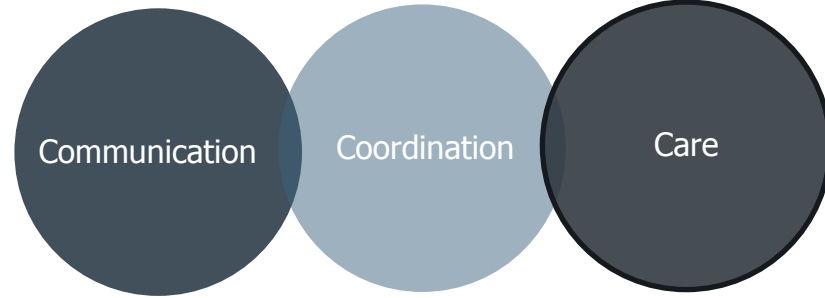
"I don't like the way the NICU attending never calls me back, but I have no choice. Fair warning -if another group comes into town, I will be calling them instead...it's only a matter of time because we get more competition in this area."

-- Perinatal Referring Physician

"I get practically nothing from Cincinnati Children's after the baby has gone to the NICU, and this is similar to other places that I refer babies to...I won't give anyone I work with higher than a C for communication. It tends to fall off into a black hole and if I want to know any specifics, I have to call and extract the information from them."

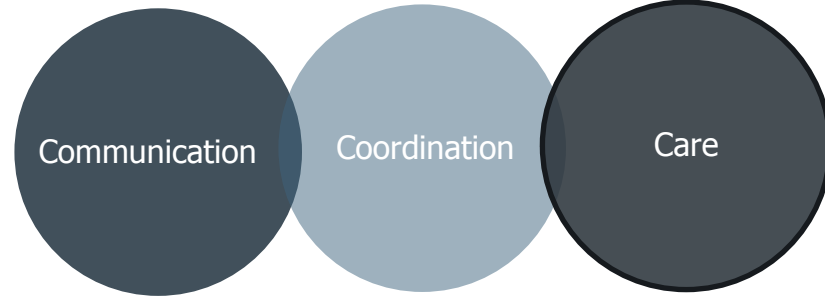
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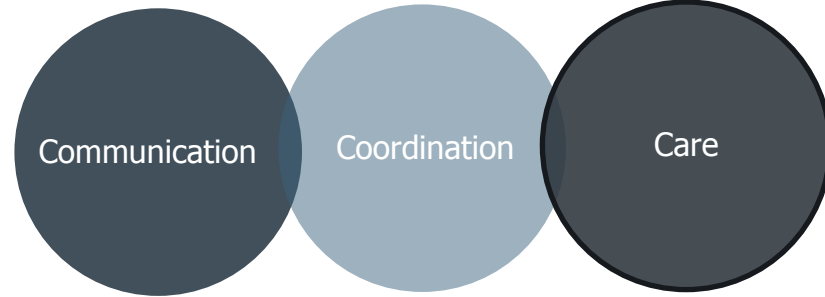
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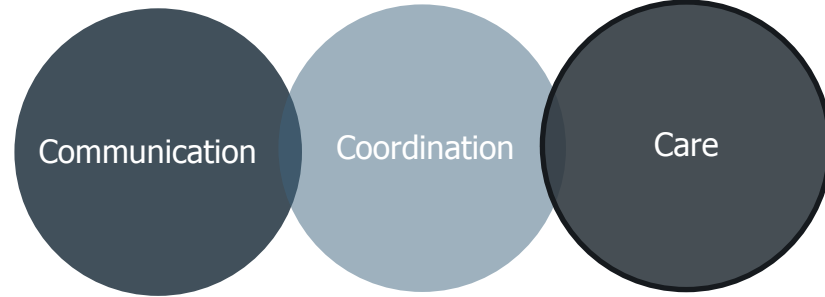
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- I know it's difficult for Cincinnati Children's physicians to call me as they are busy, but if I really want to get in touch with them, I often don't know who to call and would like a means to contact my patient's care team – and **ideally, they would initiate a call to me for urgent situations**

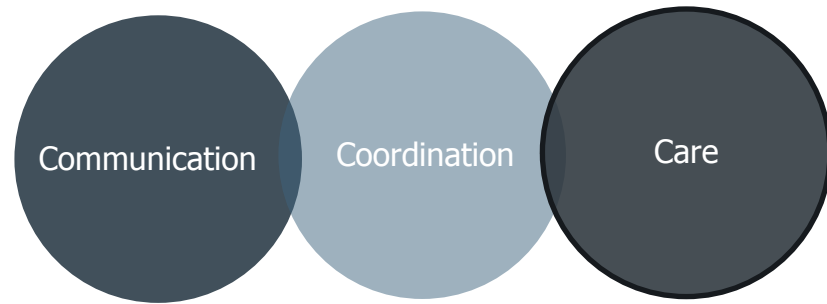
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- **I want to have a relationship with someone there who knows my name and can help me navigate the system**, and I appreciate being part of outreaches and offered opportunities to strengthen my skills (through CMEs and the specialist's willingness to explain things to me and answer my questions)

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Functional Needs

I am confident in their clinical care and outcomes



How these needs are met...

Conferences, journals, hosting CME, mailed updates, publishing outcomes

I can quickly access them and initiate a referral/transfer



Priority Link, minimal hold times, quick transfer process

I receive a discharge summary and on-going care plan



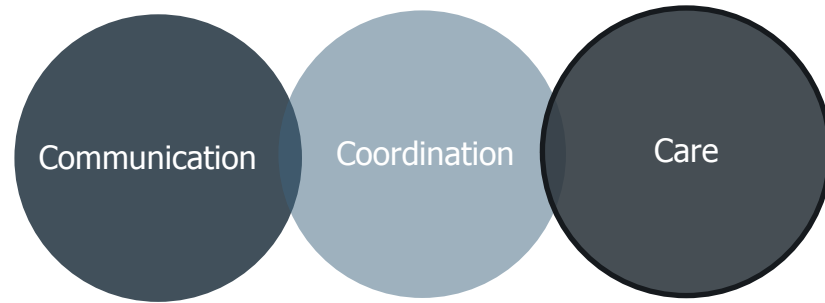
Immediate summary upon discharge, clear plan for next steps, ability to contact specialist for questions

I am updated throughout the process



Updates post-admission and weekly

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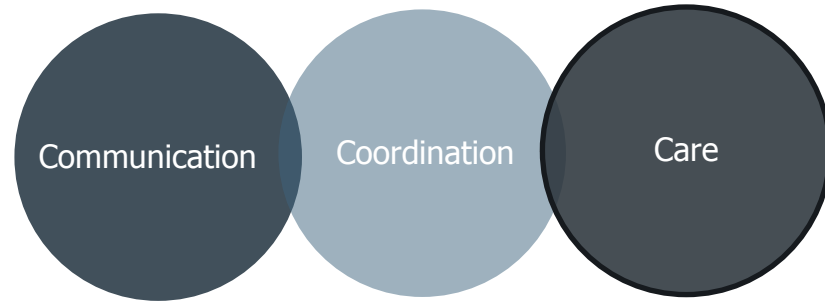
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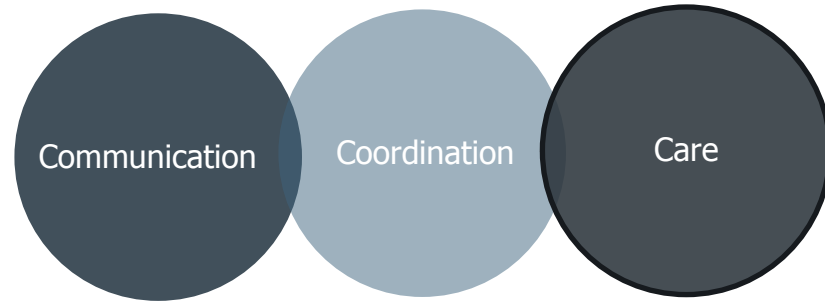
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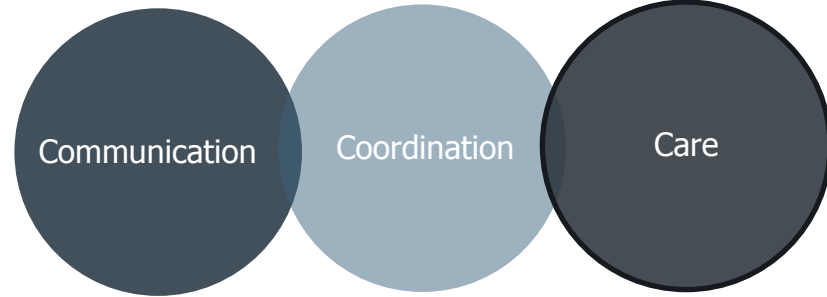
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Emotional Needs



I am respected

Don't question necessity of transfers, ask questions and respect medical opinion, call to discuss updates, assure they did a good job caring for the baby

I am included in the process

Updates and discharge summaries, communication with transfer team

They appreciate my referrals

Explicit "thank you" and "how can we do better?," outreach, resources to make it easy to initiate a referral

They make me look good to families

Inclusion in on-going care plan, reverse transfer when possible

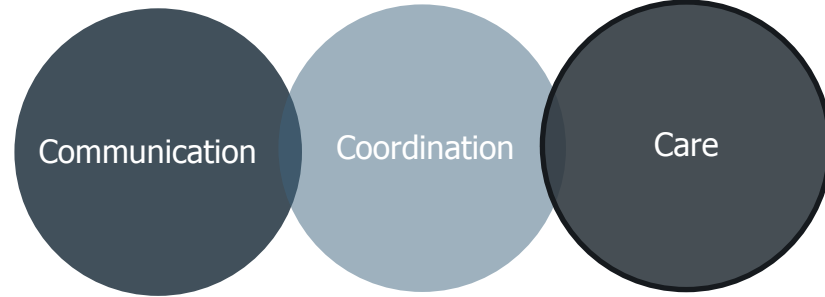
I can develop my professional expertise

Educational outreach, allowing them to ask questions about specific patients

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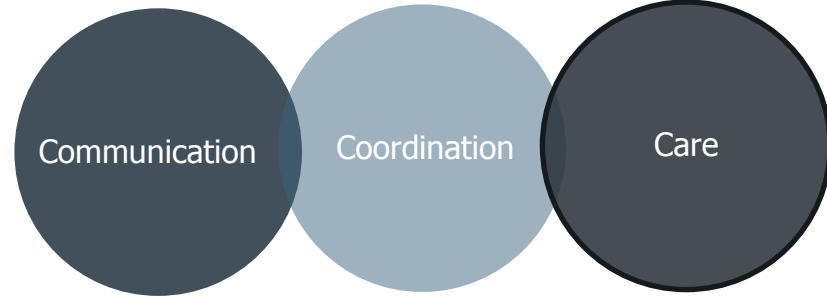
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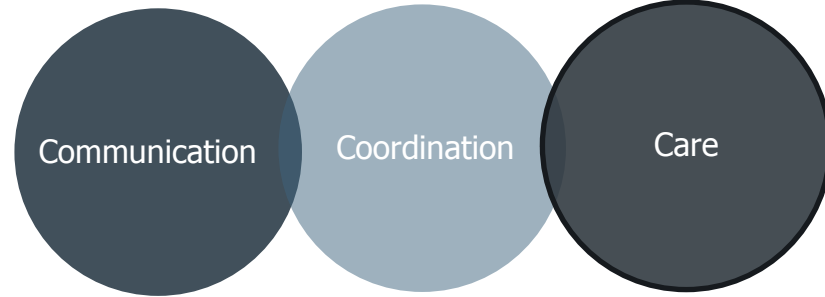
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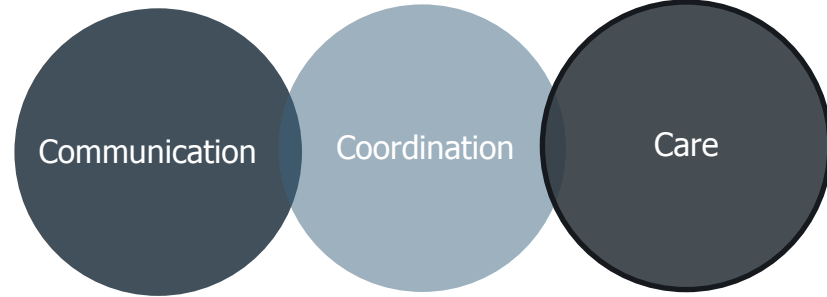
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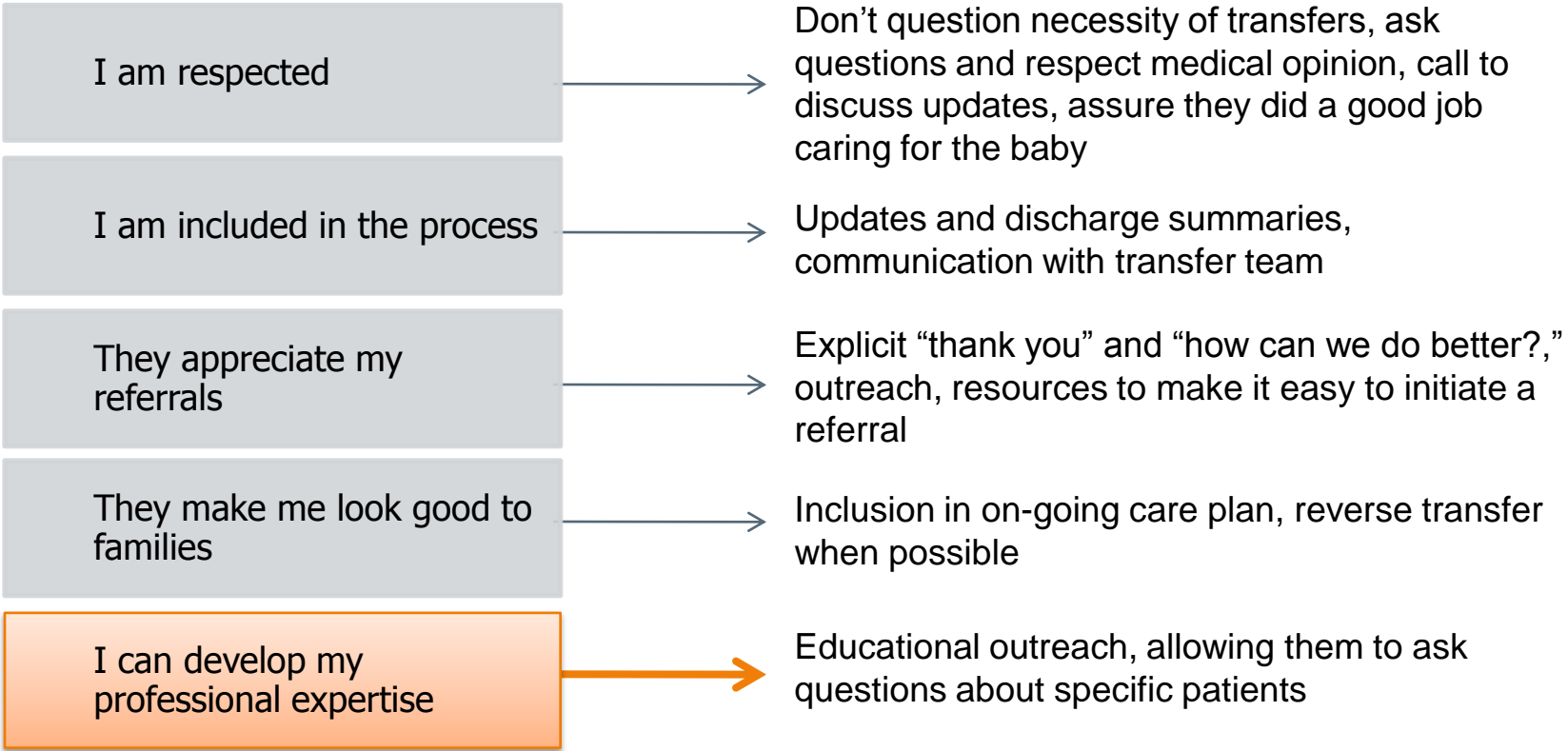
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Program Summary

Program	Awareness	Need	Scheduling	Treatment	Transition
Perinatal Institute	Program is well-known, but other options are closer to home; building relationships via outreach is crucial	Common to split referrals, and send you only complex cases	Transfer process is efficient, but physicians don't always feel included	Few receive treatment updates, some track down doctor themselves	Discharge summaries are received inconsistently, but needed for ongoing care
Airway Re-construction and Aero-digestive and Sleep Center	Capabilities and specialists are well-known; most receive mailed information	Top referral choice for airway , but split referrals for other issues; insurance is a major hurdle	Scheduling process is easy; seek appointment confirmation and patient resources	Patients are well-cared for, but progress reports are inconsistent	Some receive ample follow-up, but others receive none and are unsure why
Gastro-enterology, Hepatology & Nutrition Center	Most have heard of program and receive mailed information; CME in Aspen is popular	Expertise is well-known, but local care is preferred and few know about travel resources	The process is easy and efficient, but appointment confirmations are suggested	Generally happy with updates; need contact #s when questions arise	Most receive follow-up communication but it's often late – after follow-up visit

High Performance

Moderate Performance

Low Performance



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ACTION AND RESULTS

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Our Key Take-Aways

- Developing direct relationships with specialists is key
- Referring providers want to be included in the team and expected updated communication
- Communication is sporadic and inconsistent
- Challenges exist with the referral process
- Referring providers want to learn about “other services” available
- Coordination of transition care could improve



Action Categories

Communication

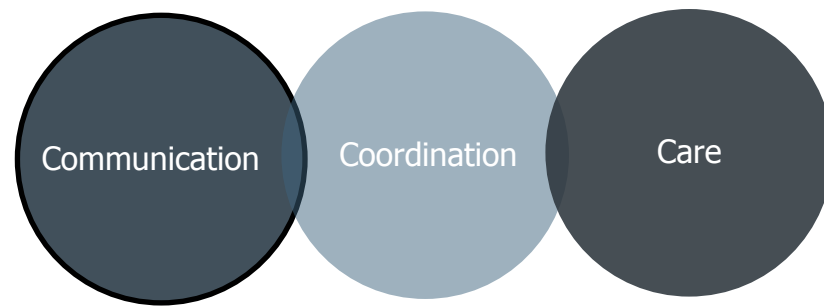
Coordination

Care

**Awareness and Outreach
+
Exceptional Referral Coordination
=
Lasting relationships**

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Refresh



- Physician liaison materials update
- Priority Link promotion
- Sub-specialist web pages
- First appointment notifications
- Hospital transfer information for parents

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Physician liaison materials update

Contacts - Oracle CRM On Demand - Internet Explorer provided by CCHMC

https://secure-ausombda.crmdemand.com/OnDemand/user/ContactDetail?OMTHD=ContactDetailNav&OMTGT=ContactDetailForm&C

Contacts - Oracle CRM On Demand

National Accounts
My Accounts2
My Providers
Show Full List

Recently Viewed
GI for Kids, PLLC
Youhana Al-Tavil
Wilmington Medical Ass...
481294-858151802
Alexandra Eidelwein
St. Elizabeth Physicians ...
St. Elizabeth Physicians
Wendy Taylor
Allergy & Asthma Care, ...
John Seyerle

Create
Account
Appointment
Contact
MedEd Event
Service Request
Solution
Stark Expense - Not in Use
Task

Message Center
5 New Messages

Calendar
February 2012

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

CCHMC Network ID

Food Prefs/Allergies

EPIC # 1013172

Assistant Name

Residency Location

Assistant Phone #

Organizations

Surgeon Location

Professional Interests

Surgical Block Time

Address and additional information:

Accounts New Add

Account	Location	Account Type	Phone	Primary	Contact Role
GI for Kids, PLLC			1 (865) 546-3998	<input checked="" type="checkbox"/>	Provider

Show Full List

Open Activities New Appt New Task

Completed Activities Log A Call

Service New

Notes New Subscribe

Attachments Add Attachment Add URL

Referral Volume Graph (Trailing 24 Months)

Referral Volume

Date	Inpatient	Outpatient
11/30/2010	0	1
1/15/2011	1	1
2/15/2011	0	4
3/15/2011	1	2
4/15/2011	1	1
5/15/2011	1	1
6/15/2011	0	4
7/15/2011	0	1
8/30/2011	0	1
9/30/2011	0	1

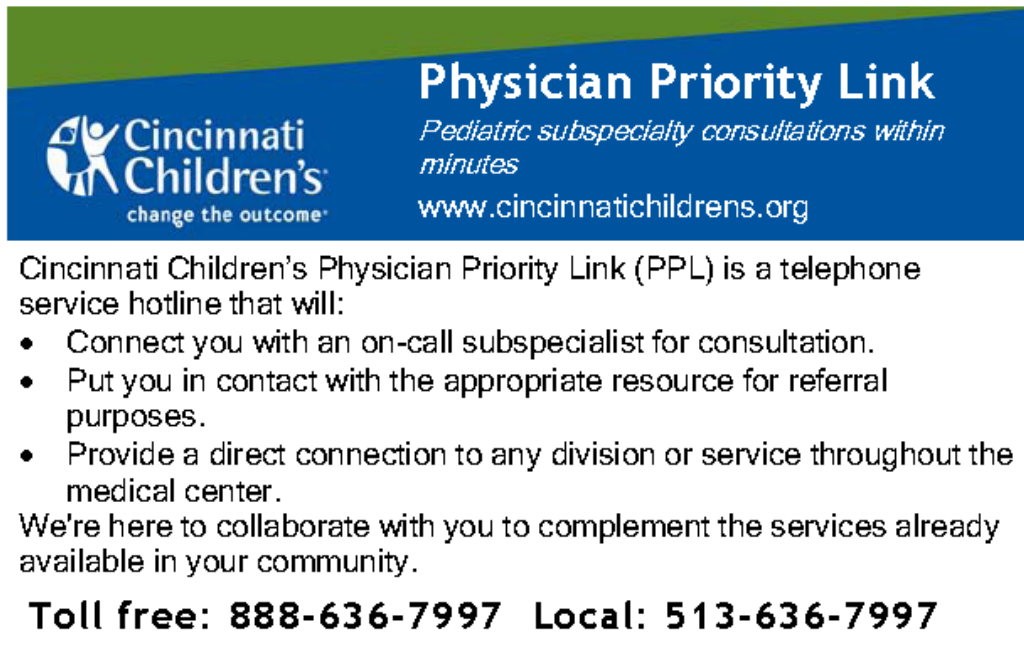
Done


Internet | Protected Mode: Off

10:45 AM
2/3/2012

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Priority Link Program



 **Physician Priority Link**
Pediatric subspecialty consultations within minutes
www.cincinnatichildrens.org

Cincinnati Children's Physician Priority Link (PPL) is a telephone service hotline that will:

- Connect you with an on-call subspecialist for consultation.
- Put you in contact with the appropriate resource for referral purposes.
- Provide a direct connection to any division or service throughout the medical center.

We're here to collaborate with you to complement the services already available in your community.

Toll free: 888-636-7997 Local: 513-636-7997

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Hospital transfer information for parents

World Leaders in the Care of Children with Complex Needs



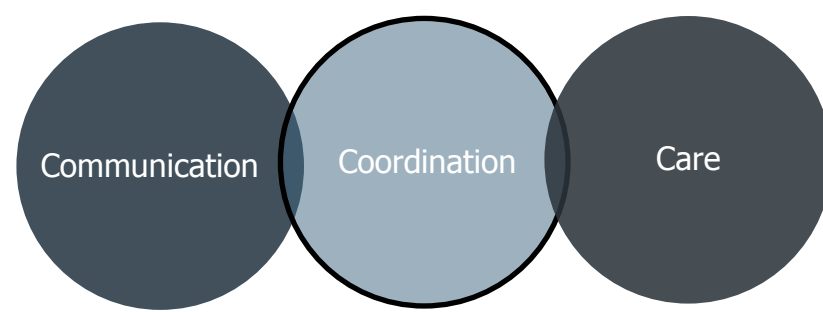
For patients with rare and complex conditions, Cincinnati Children's Hospital Medical Center is a global referral destination. Each year, we serve thousands of patients with elusive diagnoses and conditions requiring advanced sub-specialized expertise. With every new patient, we get closer to developing standardized methods for diagnosis and treatment.

If you have a patient with a complex need, chances are, we've seen it before. Refer to Cincinnati Children's and find out why U.S. News & World Report lists us in the Top 10 in every ranked sub-specialty.

25+	2nd	3rd
fellowship/apprentice-student training programs make our pediatric training program one of the largest and most specialized in the country.	in National Institutes of Health (NIH) grant funding among all pediatric programs, with more than \$500 million awarded over the last five years.	in the nation among all Honor Roll hospitals in U.S. News and World Report's 2011 Best Children's Hospitals ranking.

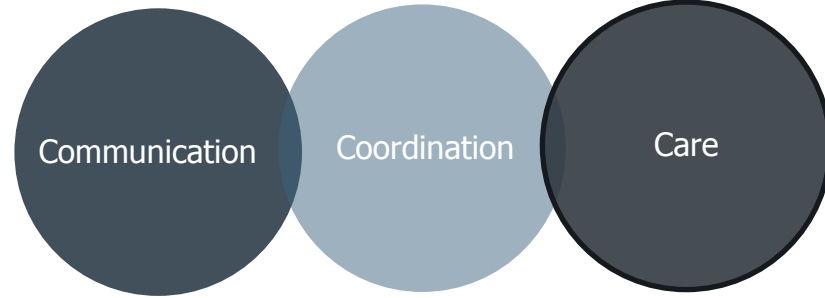
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Streamline



- Capture referring physician information in EPIC
- HIPAA guidelines and second opinions
- EPIC access for specialists
- Discharge summary for next steps in on-going care
- Integration between CRM and EPIC

New Standards



- Hospital transfer improvement
- Coaching with Physician Priority Link staff
- Perinatal inpatient care nurse liaison

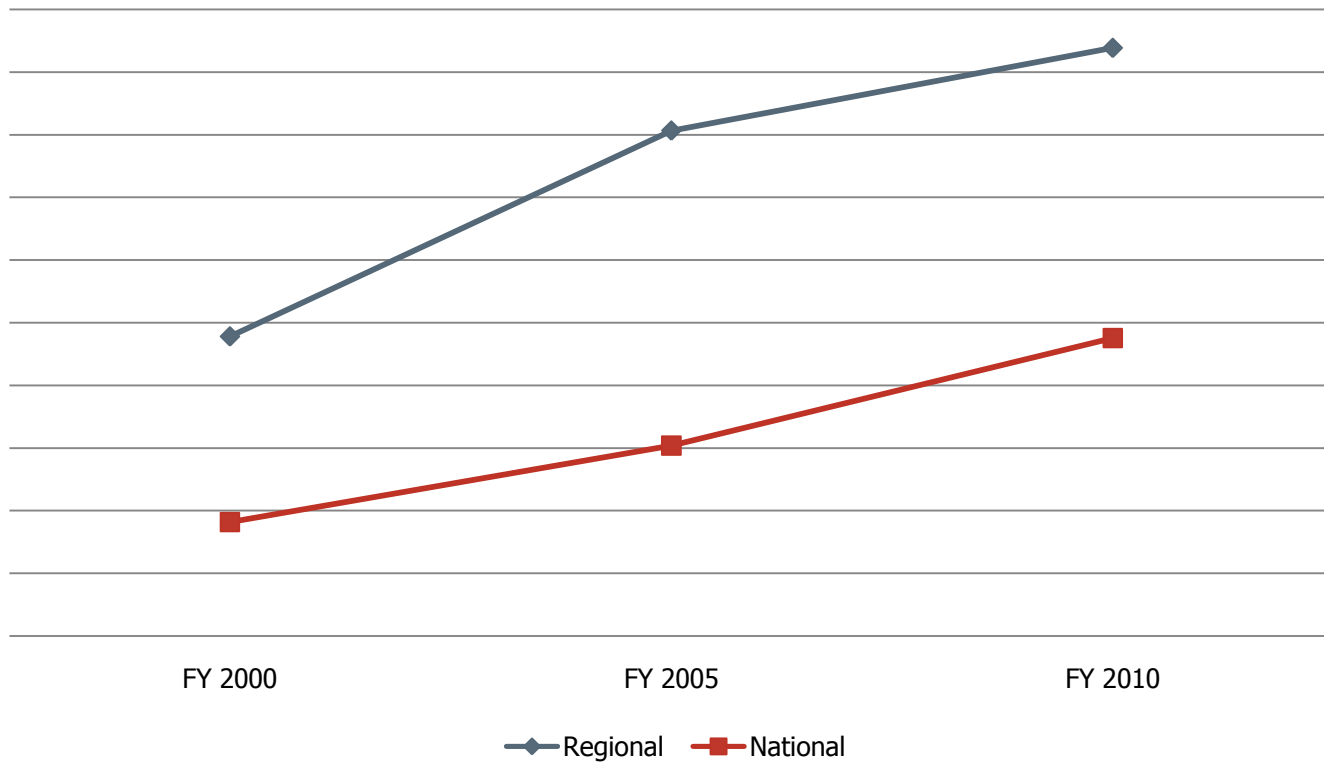
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Results to Date

- Positive engagement with targeted service lines
 - Staff now engaged in service recovery with physician liaisons
 - Reviews of reports with faculty
- Expansion to national scope
 - FTEs plus travel budget increases
 - Marketing creating national campaign
- Activity increases
 - Registrants to physician portal
 - Volume

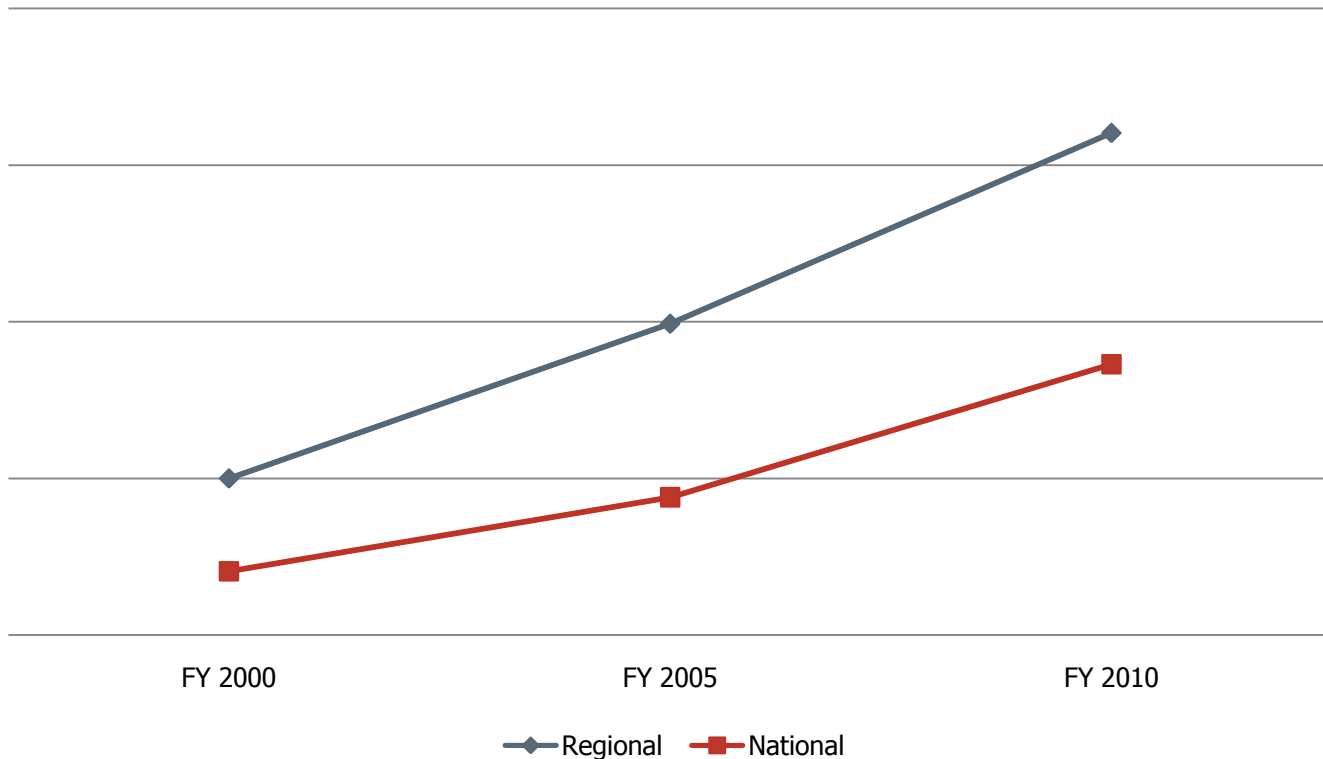
Inpatient Discharges

(Regional and National)



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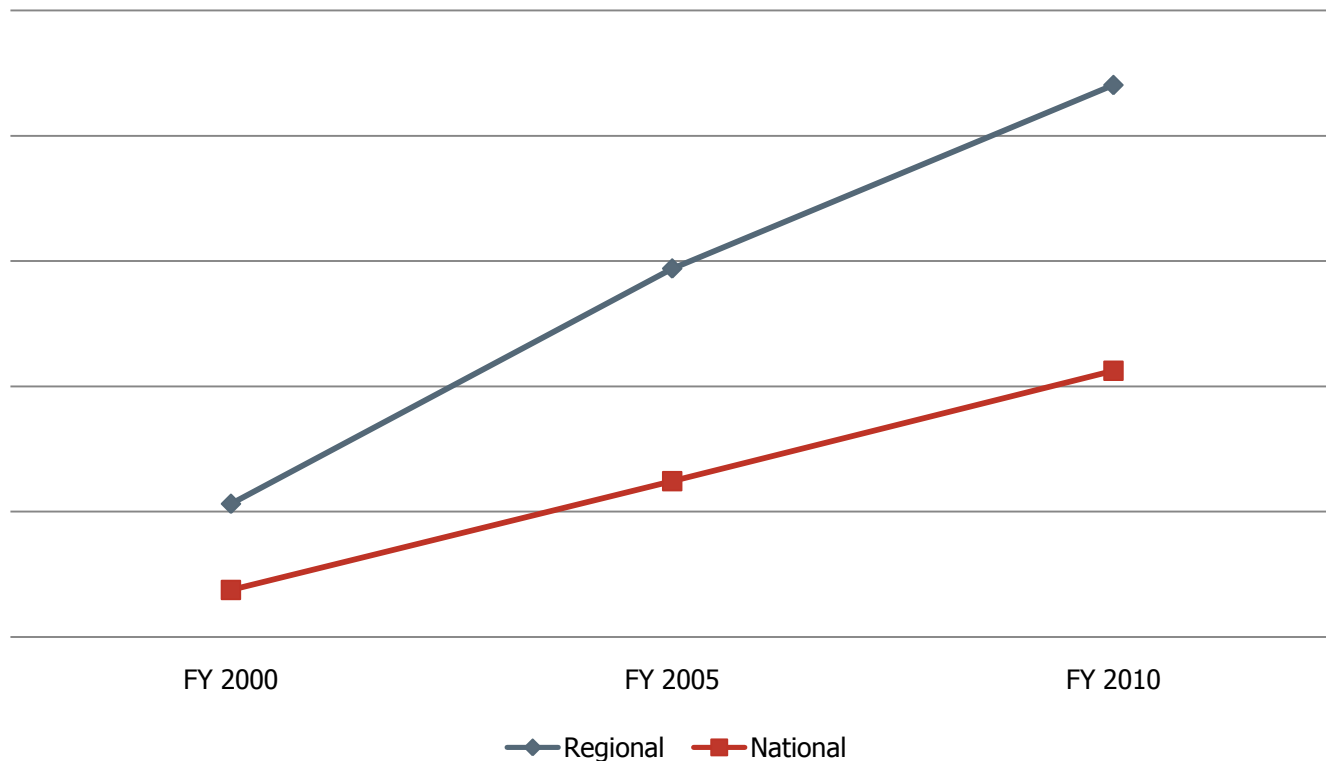
Inpatient Days (Regional and National)



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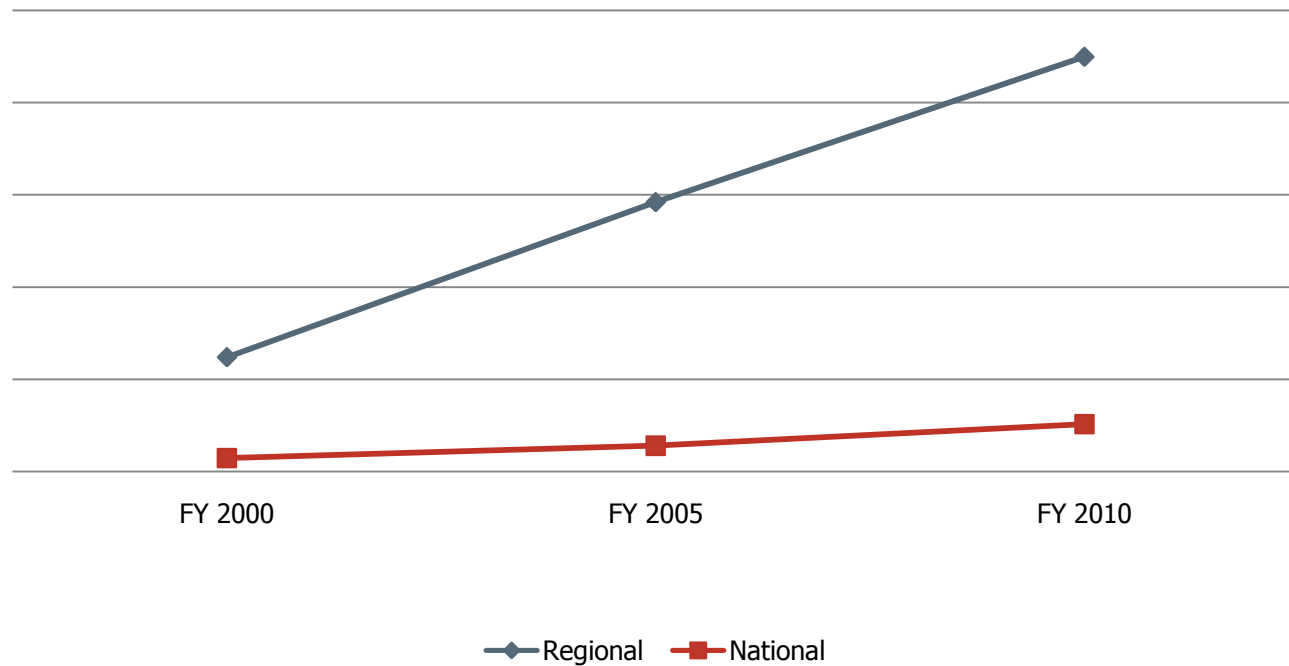
Short Stay Discharges

(Regional and National)



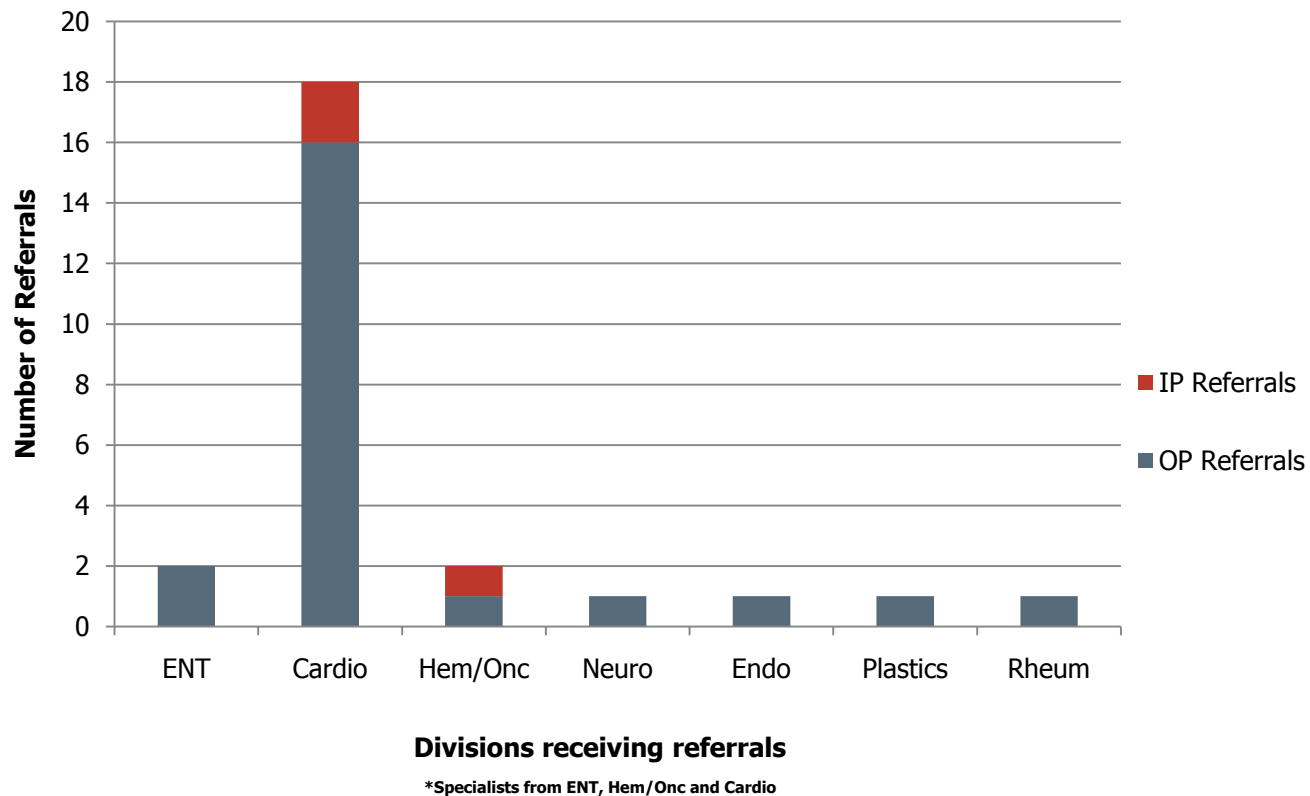
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Outpatient Visits (Regional and National)



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Referrals from WV specialists that Physician Services met with* in 2011



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In Our Plans

- Further optimize EPIC for transition of care
- Identify ways to improve the communication process
- Other specialty programs are seeking our assistance
- CME department now working with divisions to heighten awareness



Lessons Learned

- Make sure you have lists ready
- Engage the clinical leaders early
- Get buy-in from other process owners (e.g., IT)
- Ensure alignment on deliverables and action



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John McKeever
President

Gelb, An Endeavor Management Company
1011 Highway 6 South, Suite 120
Houston, TX 77077

281-759-3600

www.endeavormgmt.com

jmckeever@endeavormgmt.com

Patty Branson
Sr. Director Physician Services

Cincinnati Children's Hospital
3333 Burnet Avenue
MLC 5002
Cincinnati, OH 45229-3039

513-636-6033 (office)

513-636-7431 (Fax)

Patty.Branson@cchmc.org

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