

Creating Enchantment with Referring Physicians

Forum For Healthcare Strategists



Agenda

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

1.0

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

Cleveland Clinic: Physician Relations Center

Grow referral volume by providing excellent service to Referring Physicians, office staff, and their patients.

Long Term Objectives	Measure
Improve referring physician/ office satisfaction	Net Promoter Score
Grow referral volume	YOY growth Referrals % total volume
Ensure timely patient-specific communication	Days > patient event*
Engage employees in team success	EI Gallup

In 2012, Cleveland Clinic needed to create a foundation to achieve these objectives by dedicating people, establishing processes, and improving technology.

*Pt event time may differ by specialty

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

Barnes-Jewish Hospital
Cleveland Clinic
Cincinnati Children's Hospital
Duke Medicine
Froedtert Health
Mayo Clinic
MD Anderson Cancer Center
Memorial Sloan Kettering
Menninger Clinic
Texas Children's Hospital
The Ohio State University
University of Chicago
University of Colorado
University of Michigan

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 of 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

2.0

APPROACH

Philosophy



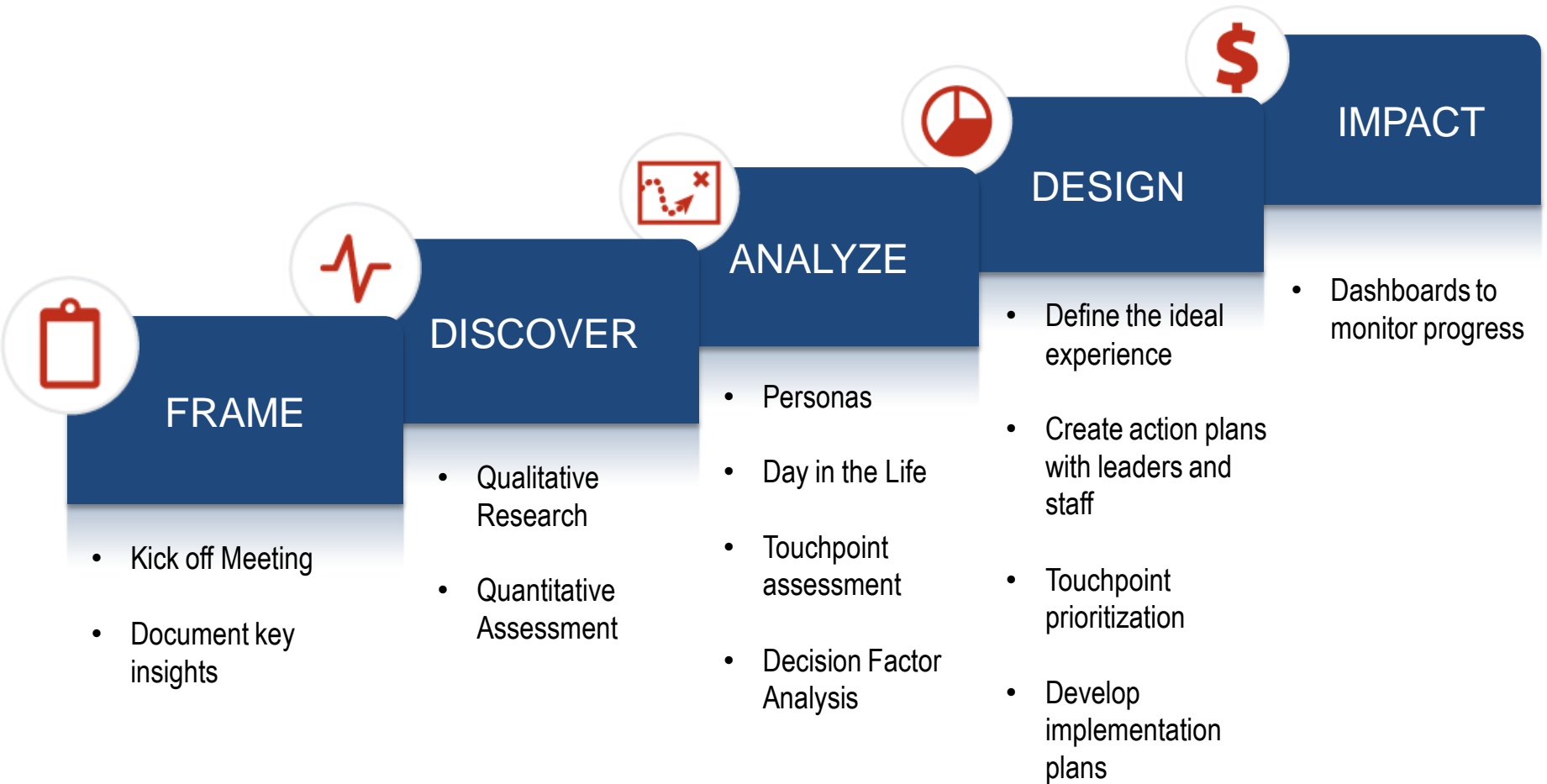
Culture and your **brand** promise are linked through the **experience** delivered.

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

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

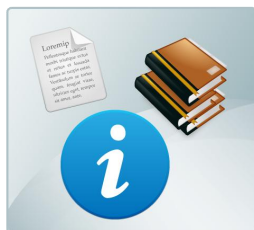
We call this desired state **enchantment**.

Scope



The Experience Map

Awareness



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

- Cleveland Clinic Faculty/Staff
- Patients and their Families

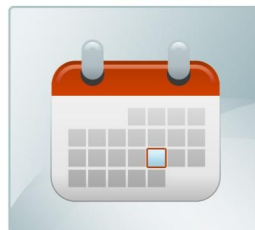
Need



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

- Front Desk Staff
- Faculty/Medical Staff

Scheduling



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

- Faculty/Medical Staff
- Support Staff

Treatment



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

- Faculty/Medical Staff
- Support Staff

Transition of Care



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

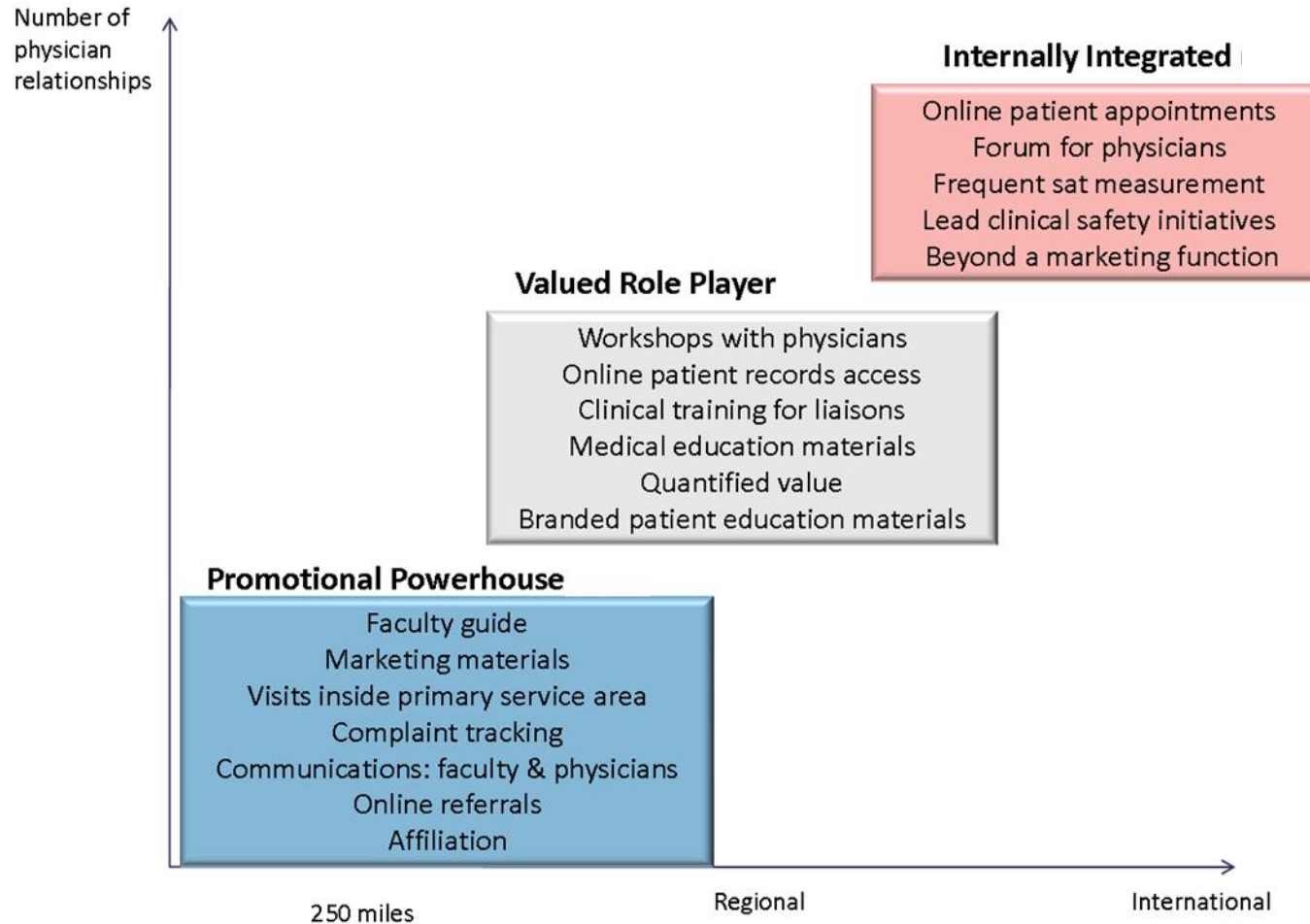
- Faculty/Medical Staff
- Support Staff

Primary Experience Stewards



Key Touchpoints

Goal: Evolve into Operational Integration



Source: Gelb Benchmarking Study

3.0

INSIGHTS

Overview



While Cleveland Clinic has a strong brand...

1

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.

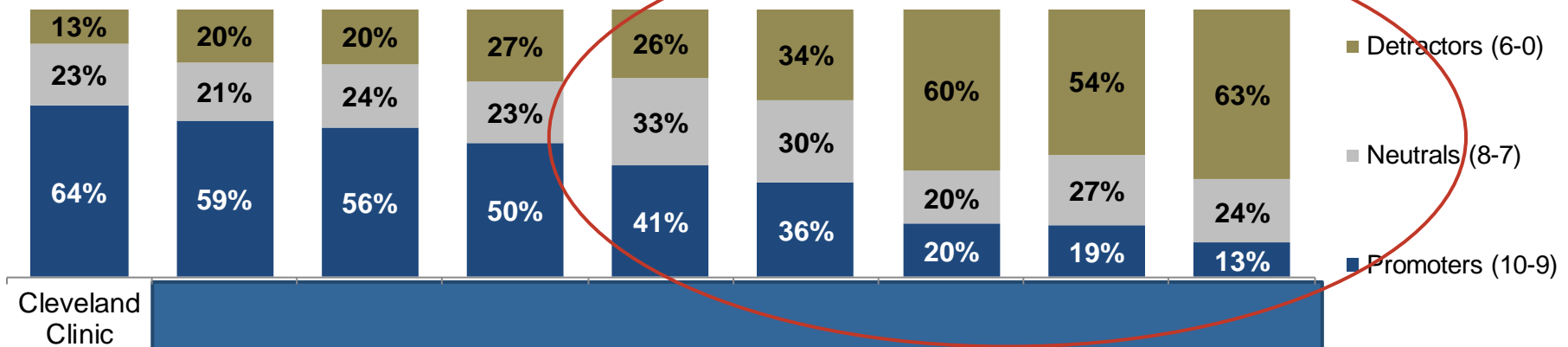
We found that most physicians (200 mi. radius) have referred patients to Cleveland Clinic in the past year, and recommend it most frequently.

Outreach isn't a problem - Current referrers and lapsed/non-referrers agree that Cleveland Clinic has the best physician outreach of any hospital tested.

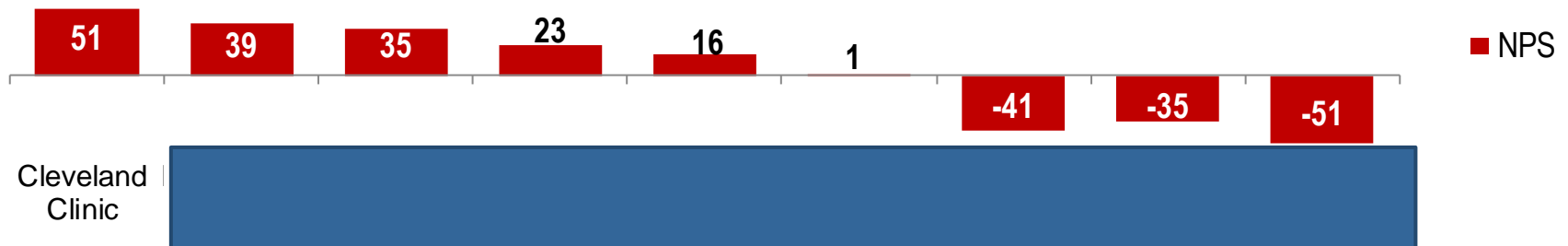
Cleveland Clinic's NPS is the highest among its competitive set, overshadowing locals

1

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

1

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

1

- 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

2

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.

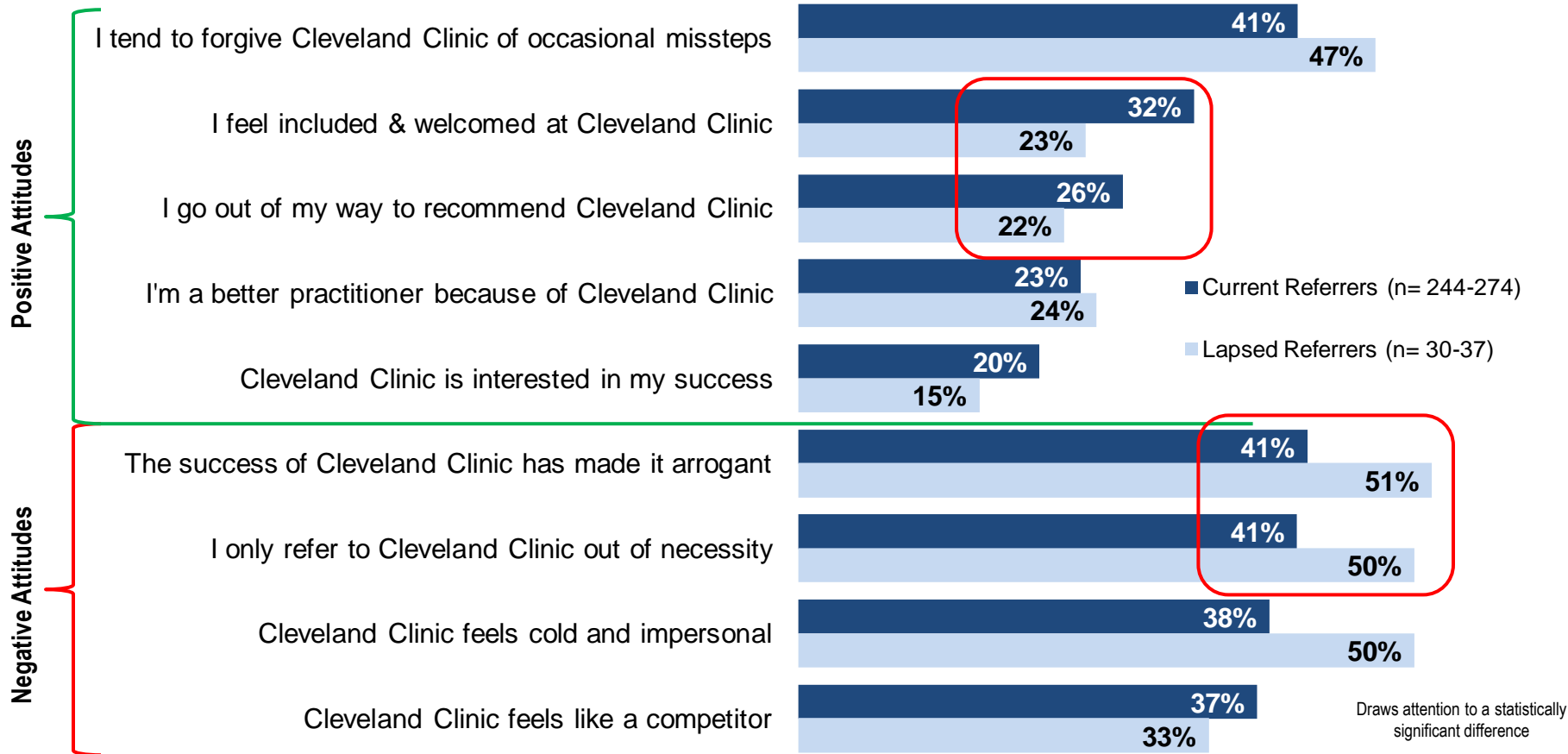
Given the differences between PCP and Specialist needs, the experience needs to be designed to accommodate such (e.g., communications).

Building more welcoming and inclusive relationships with referring physicians will complement your leading capabilities.

“Enchantment” attitudes in need of improvement

2

Physicians' Perceptions of Their Relationship with Cleveland Clinic



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

Barrier: Misalignment of process with needs

3

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

3

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

3

Follow-Up Communication Methods, Current Referrers	Phone		Fax		Email		Mail		EMS/EPIC		Dr Connect
	Desired Method	Method Used with CC	Desired Method	Method Used with CC	Desired Method	Method Used with CC	Desired Method	Method Used with CC	Desired Method	Method Used with CC	Method Used with CC
Acceptance of Patient	27%	17%	28%	18%	11%	5%	11%	15%	12%	6%	5%
Notification of Seeing Patient	8%	5%	36%	19%	14%	5%	16%	25%	14%	8%	7%
Lab & Test Results	3%	0%	41%	23%	11%	4%	22%	25%	17%	12%	9%
Progress Reports	3%	1%	36%	21%	14%	4%	25%	27%	17%	12%	9%
Complications	34%	6%	24%	14%	8%	4%	13%	17%	14%	8%	5%
Expiration of Patient	41%	6%	21%	11%	8%	3%	14%	14%	10%	8%	3%
Discharge Summary	1%	0%	39%	20%	13%	4%	27%	31%	17%	11%	8%
Follow-Up Care	5%	6%	35%	18%	11%	5%	26%	36%	18%	9%	8%

Contrasting Q10 vs. Q19

N= 277-353

Persona: Primary Care Providers

3



Primary Care Provider

“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.”

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 sub-specialist
- 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”

Persona: Specialists

3



“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 facilitates “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

4.0

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)

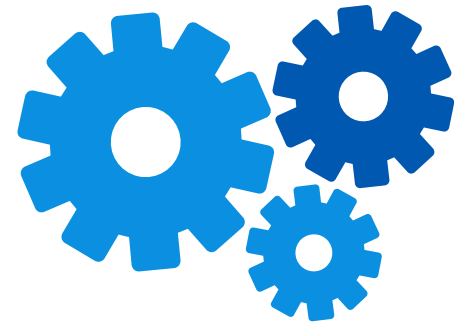
Action Planning (Workshops for Each)



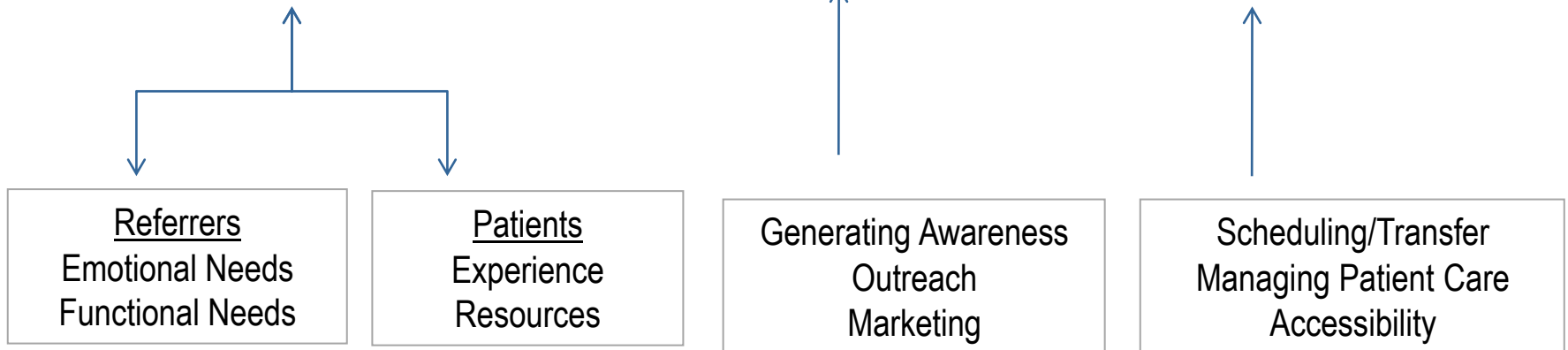
Care



Communication



Coordination



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

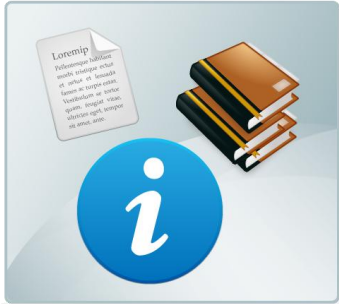
11:15 – 12:15 Lunch / Comm Planning

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”



example

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

Process Prioritization

Process	Urgency (H-M-L)	Impact (H-M-L)
Referring physician feedback and service recovery	H	M
Referral appointment escalation (expedited appointments)	H	M
Follow-up patient-specific communications (trigger, calls, documentation, outcomes)	H	H
Process for letting phys know his patient has chosen CCF	M	M
Process for consulting the referring physician for internal referral	M	M
Enterprise collaboration for messaging and promotion with referring physicians	L	M

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

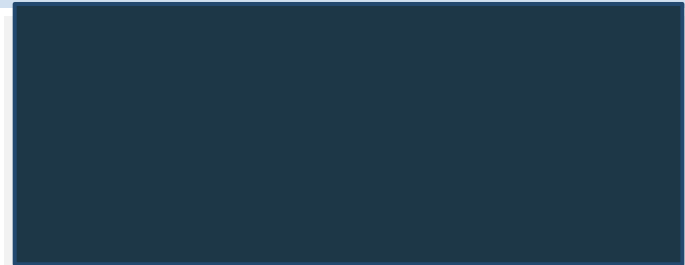
Message Mapping

How they see us today	How we want them to see us	How we will convince them
	Positioning Concept	Aligned Messages
Decision Drivers		
Attitudes to Overcome	Primary Differentiating Messages	Touchpoint Prioritization
Attitudes to Reinforce	Reasons to Believe	
	Lasting Impressions	Action Plan

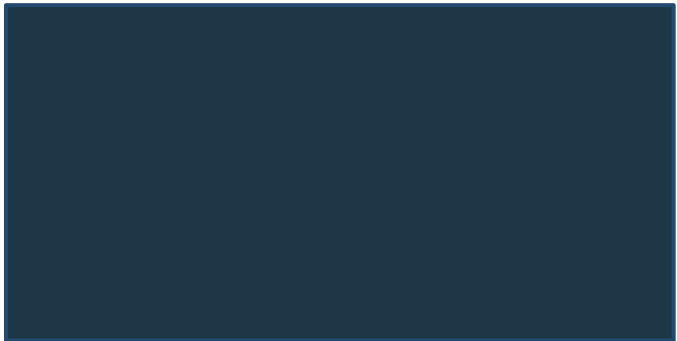
Message Map - Pilot

“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 .

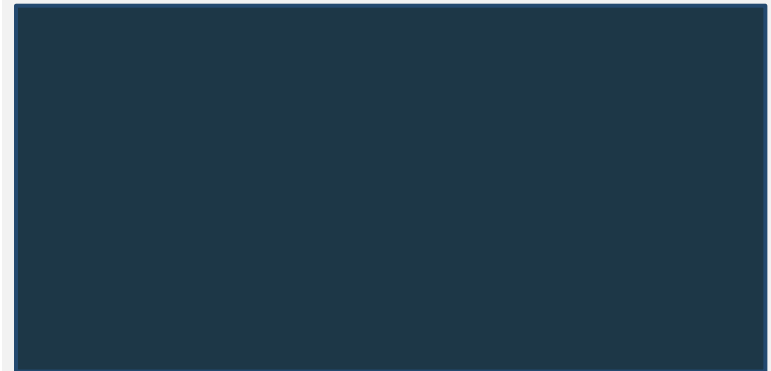
“One Stop Collaborative Care”



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



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

example

Market information standard report (annual?)

- SDI information
- Competitive intelligence reports

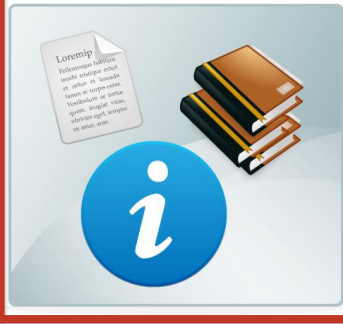
Lead strategic conversations with Institutes

- 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

Need



Scheduling



First Visit



Treatment



Follow-up



Key Activities

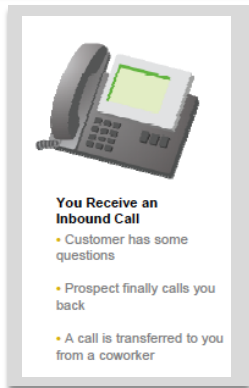
Potential patient calls call center for additional information



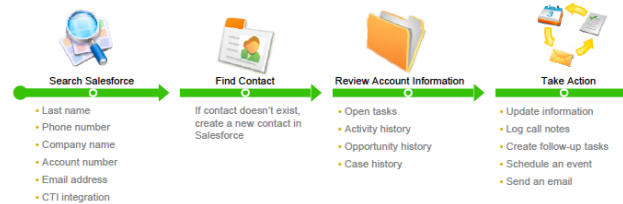
Pain Points

- Calls not returned
- Provided incorrect information
- Need to repeat their "story"

Internal Processes



How can CRM support/improve process?



Information Needs

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

Are we improving?



Assessing, Monitoring and Tracking

- Surveys
- Key Metrics
- Reports and Trends

Staff Pain Points

- Incomplete records
- Information needs
- High volume of calls

5.0

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



Gelb

An Endeavor Management Company

2700 Post Oak Blvd., Suite 1400

Houston, TX 77056

+1 713.877.8130

www.endeavormgmt.com

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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.

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