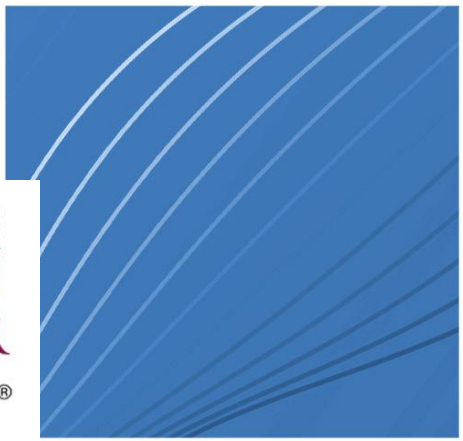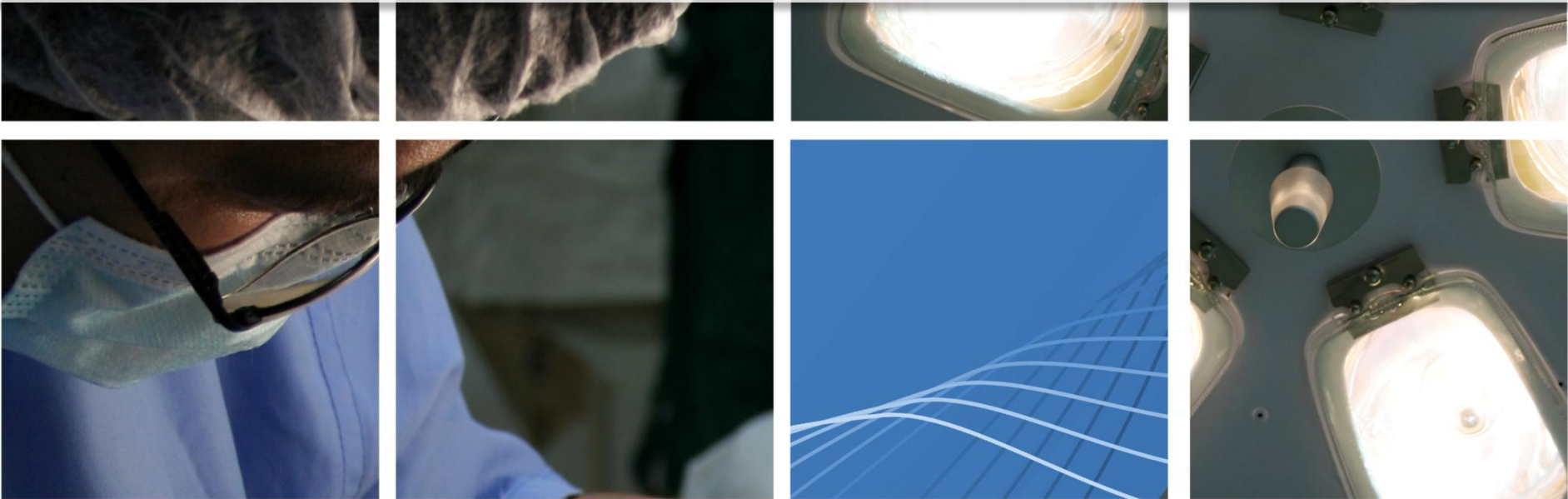# Step-by-Step

Building a Regional, National and Global Physician Community

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
Making Cancer History®

Gelb

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
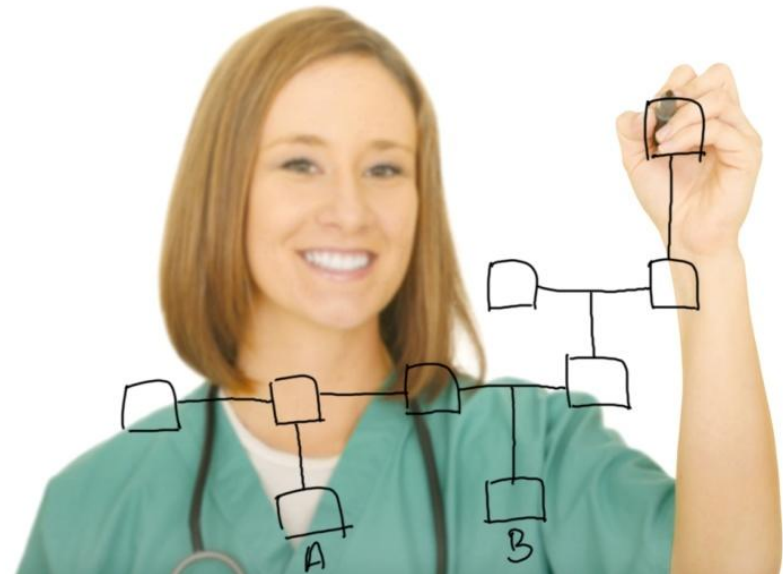
Operations

- 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

← Medical Center

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."

Source: "Growing the Top Line; 5 Strategies to Expand Your Business." _Healthcare Financial Management, May 2007._

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).
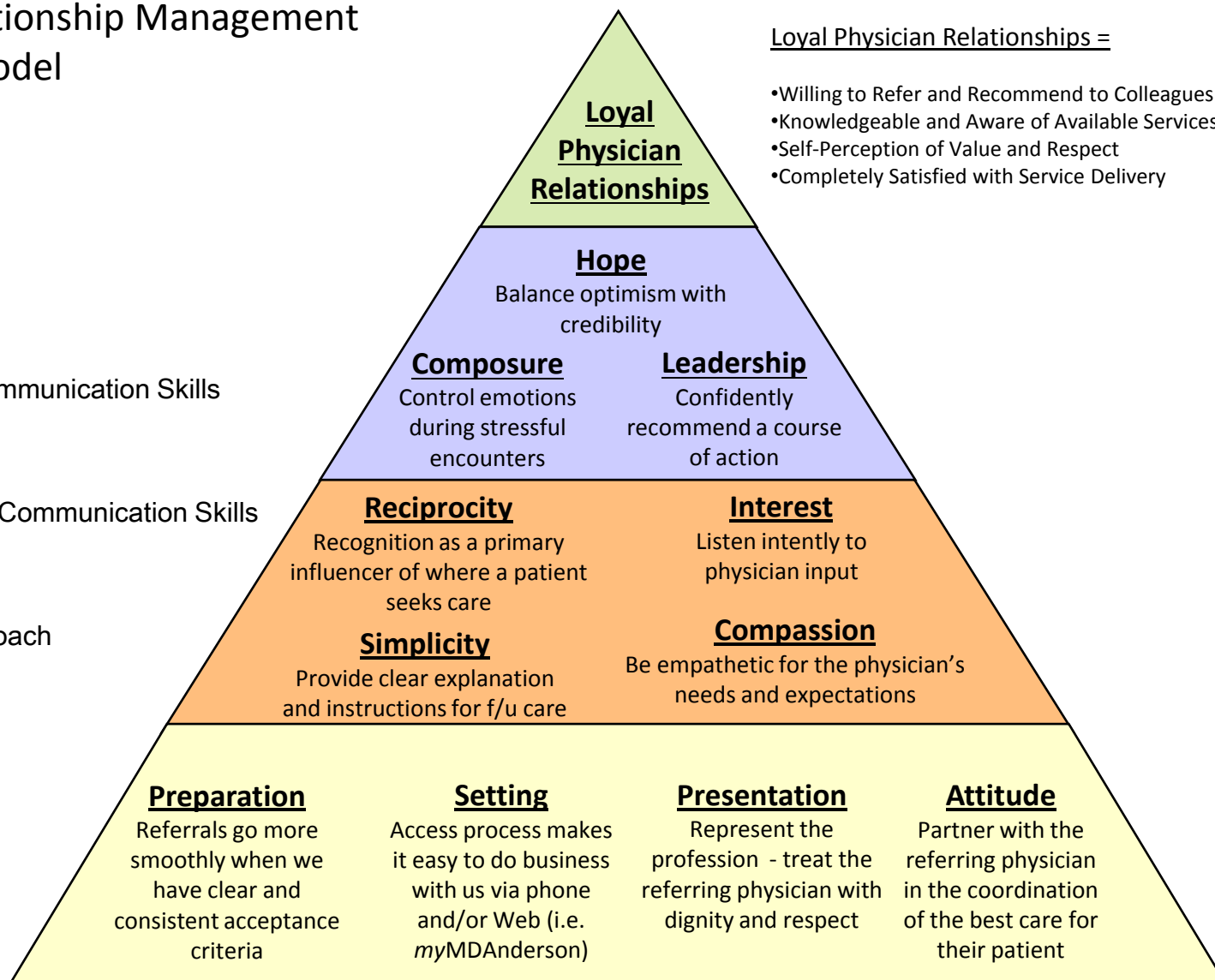
Physician Relationship Management Conceptual Model

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

Legend:
- Ultimate Goal
- Advanced Communication Skills
- Fundamental Communication Skills
- Pre-visit approach

Loyal Physician Relationships

Hope
Balance optimism with credibility

Composure
Control emotions during stressful encounters

Leadership
Confidently recommend a course of action

Reciprocity
Recognition as a primary influencer of where a patient seeks care

Interest
Listen intently to physician input

Simplicity
Provide clear explanation and instructions for f/u care

Compassion
Be empathetic for the physician's needs and expectations

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. *my*MDAnderson)

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

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

Global Oncology

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

Operations, Access & Systems Improvement

- Physician Portal
  - *my*MDAnderson for Physicians
- EMR Access
- Involved Provider Database
- Patient Data Validation process
- Clinical Safety and Effectiveness
- Baldridge Quality Criteria
- Satisfaction Survey Process
- Call Center Collaborations

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
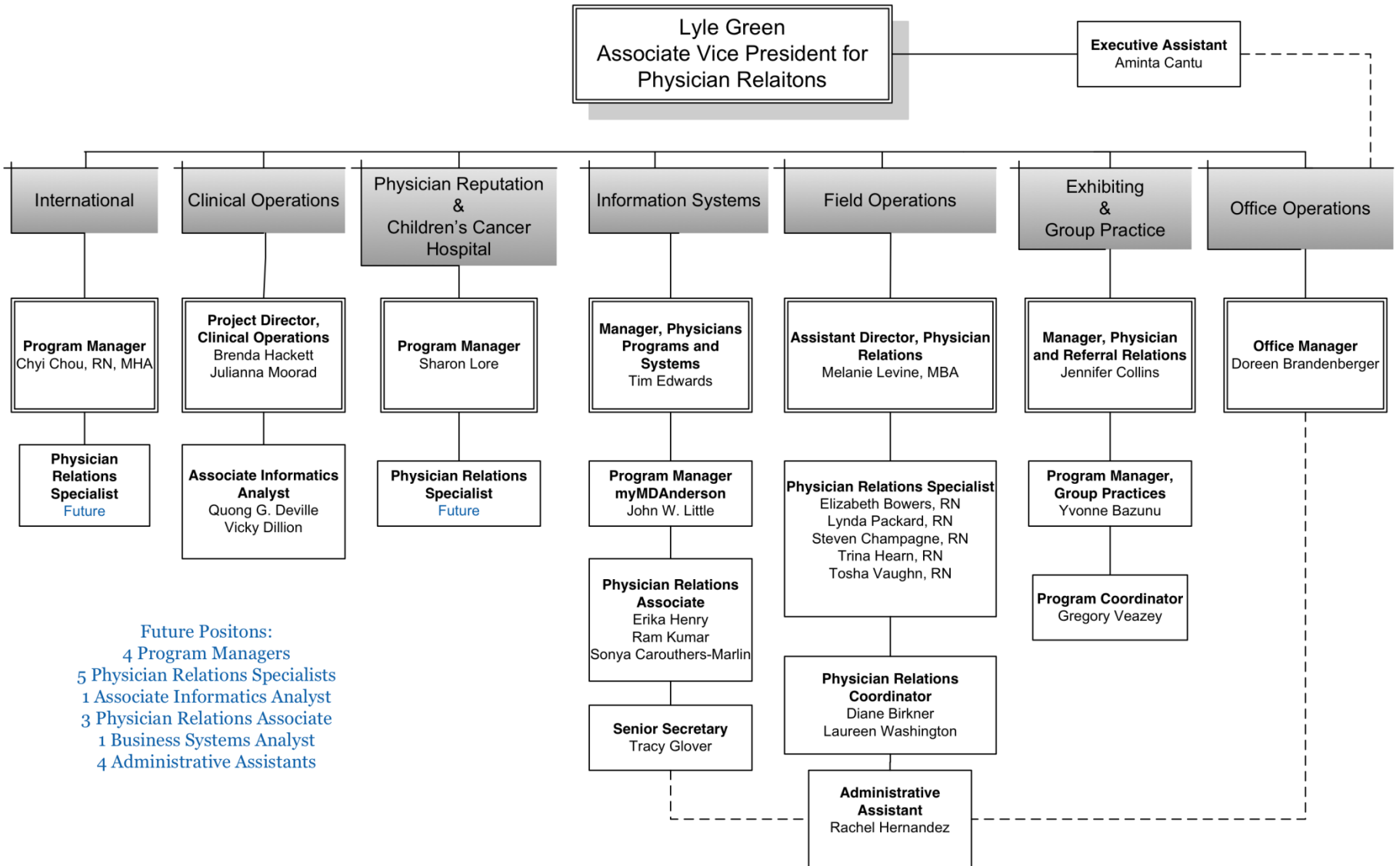
PROCESS

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)
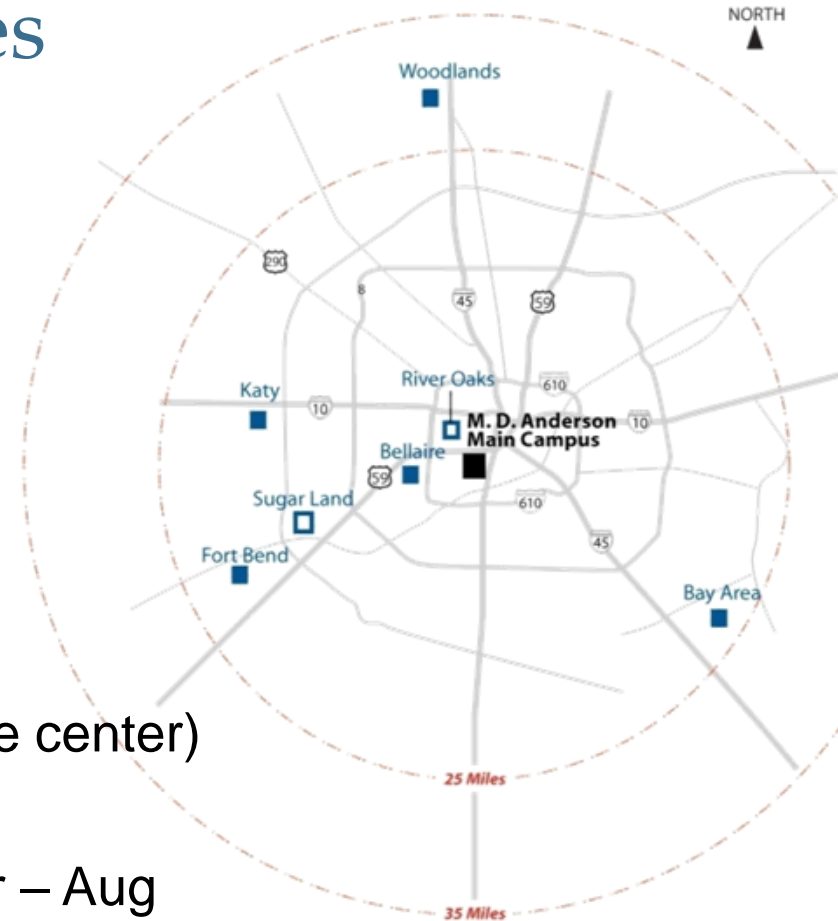
International Physician Relations

- 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

- <u>Assess referring physician satisfaction</u> 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 <u>important factors</u> that <u>influence referring physician decisions</u> about where and to whom to refer a patient for cancer care.

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

- Obtain feedback that supports organizational efforts to develop strategies aimed at <u>optimizing the referral of appropriate patients</u> 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
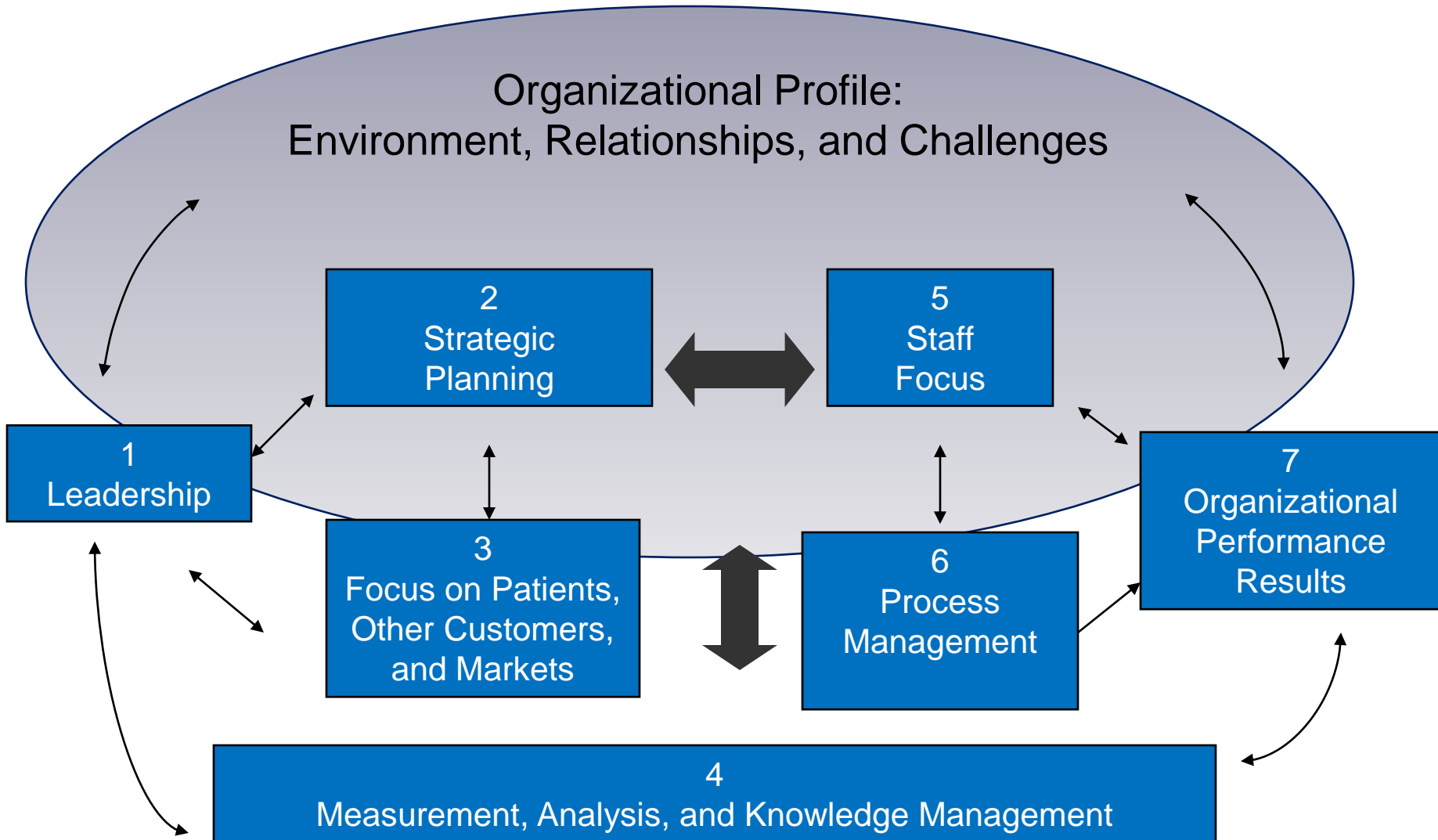
Reputation Management

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.
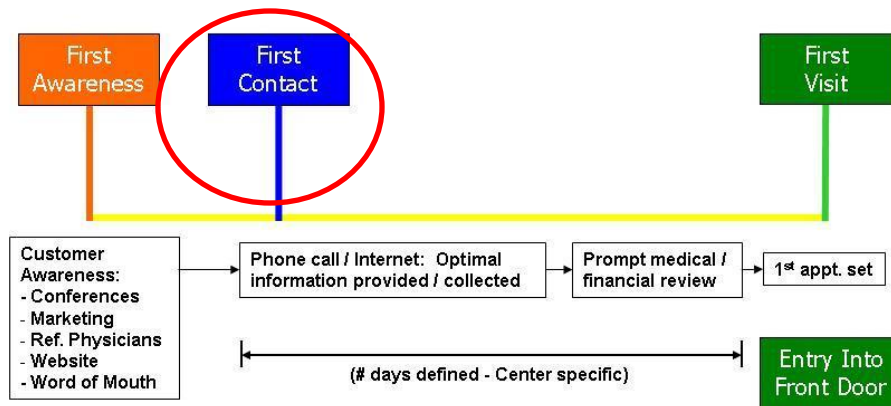
Physician Advisory Board

- 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

Improving Access and Customer Service

The Optimal System

First Awareness

First Contact

First Visit

Customer Awareness:
- Conferences
- Marketing
- Ref. Physicians
- Website
- Word of Mouth

Phone call / Internet: Optimal information provided / collected → Prompt medical / financial review → 1st appt. set

(# days defined - Center specific)

Entry Into Front Door

- 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

TECHNOLOGY

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)

Physician Portal Design and Development Strategy

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

	August 2006	August 2007	August 2008	March 2009
Physician Users	555	1,643	3,417	4,155
Intl. Physician Users			384	492
Physician Office Staff	120	284	430	462
New Patient Referrals	237	826	2,942	4,163
New Intl. Patient Referrals			62	118
Total Reports Viewed	2,067	7,040	24,778	35,114

*my*MDAnderson for Physicians

How did you hear about *my*MDAnderson?

- 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%
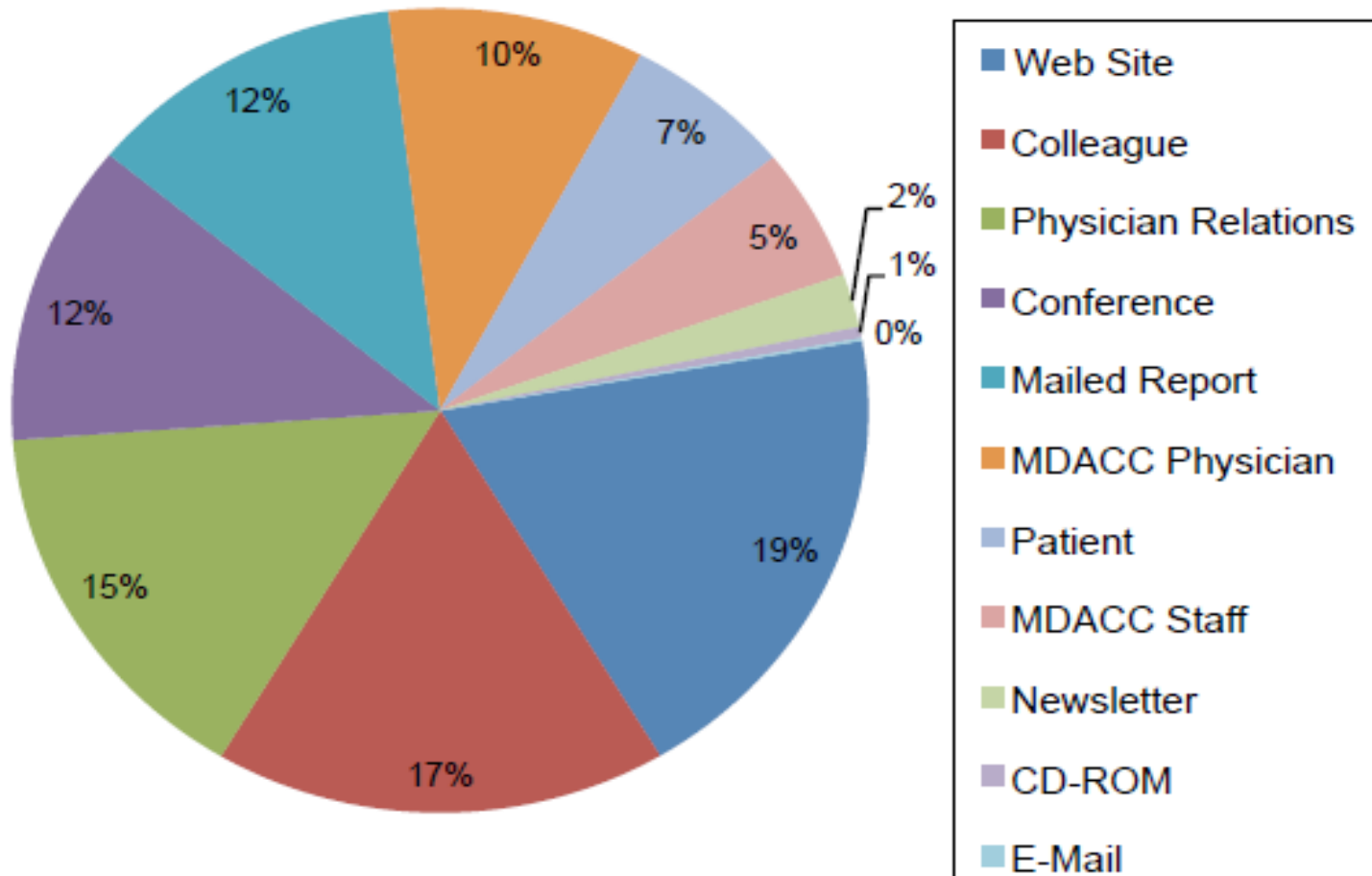
Physician Community and Web 2.0

- myMDAnderson for Physicians - https://my.mdanderson.org

- Office of Physician Relations - http://www.physicianrelations.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
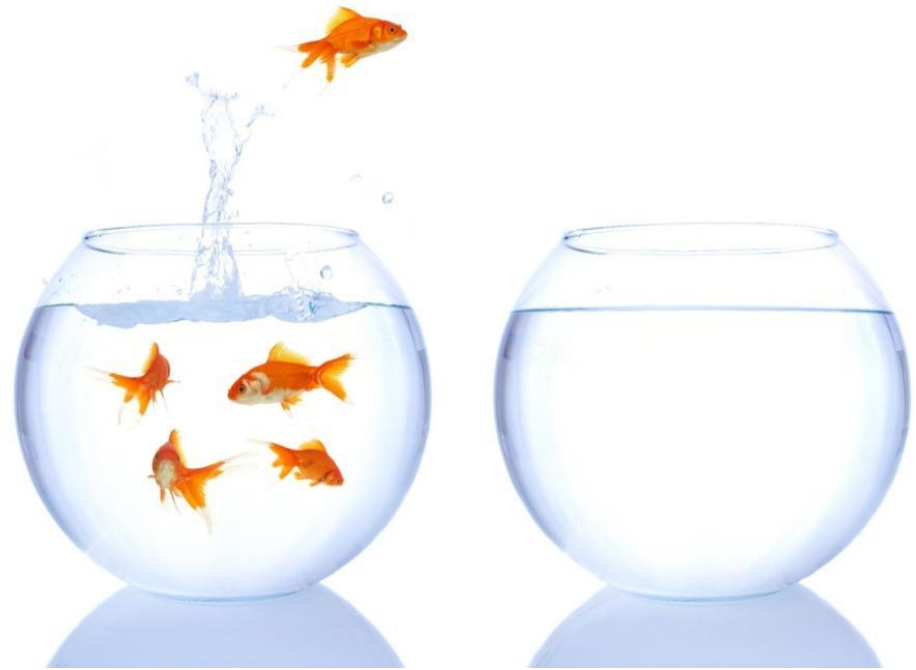
Physician Referred Patients

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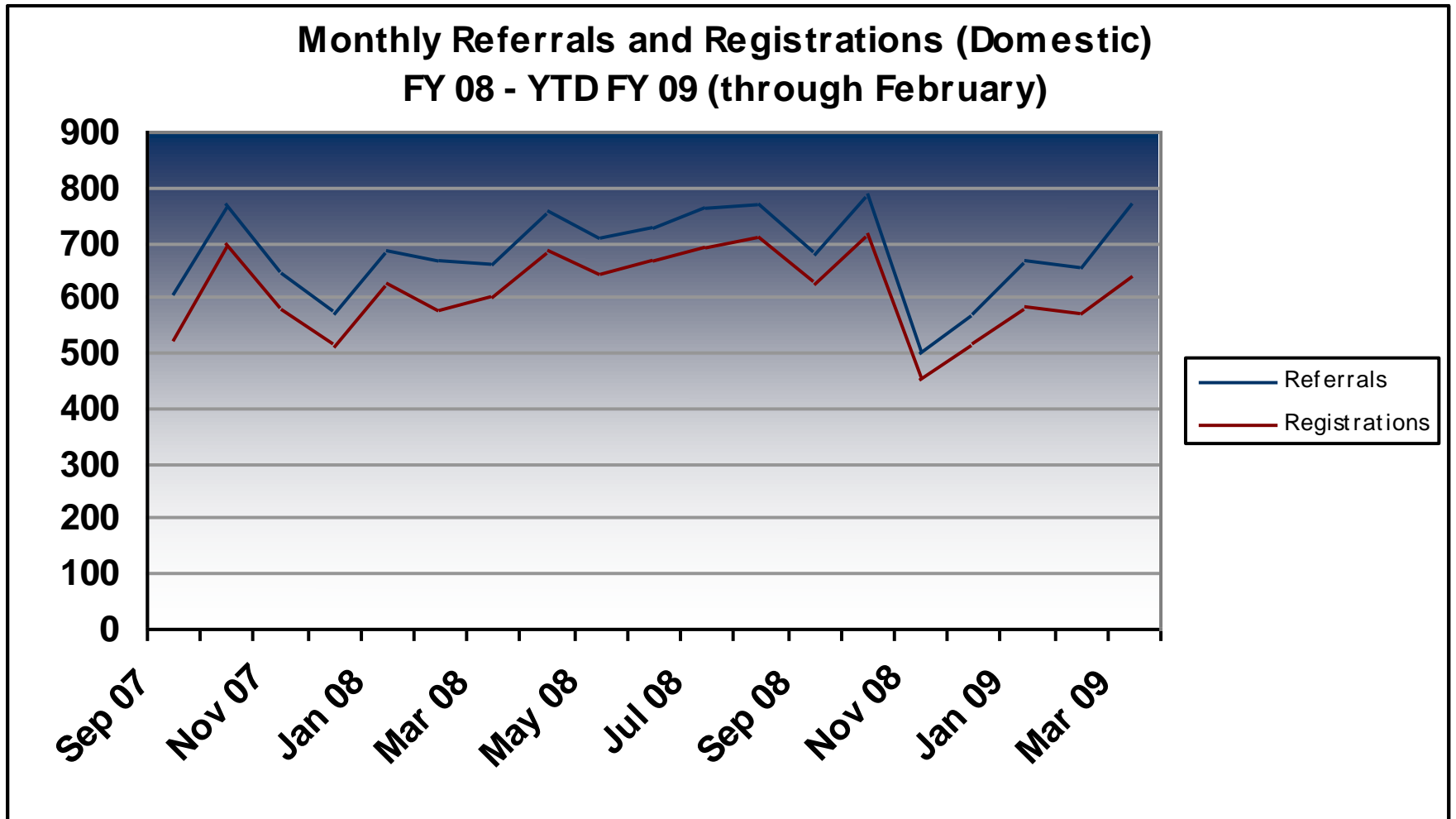
Physician Referral Activity

- 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

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 Managemer
  - ROI vs. ROR

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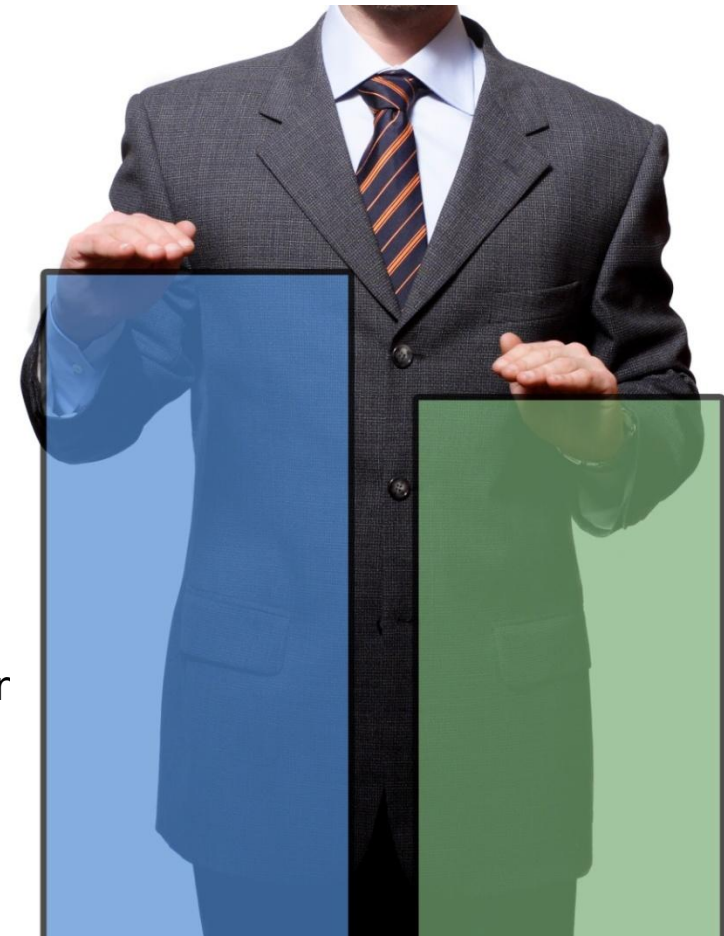
"The essence of strategy is choosing what <u>not</u> to do."

Michael Porter
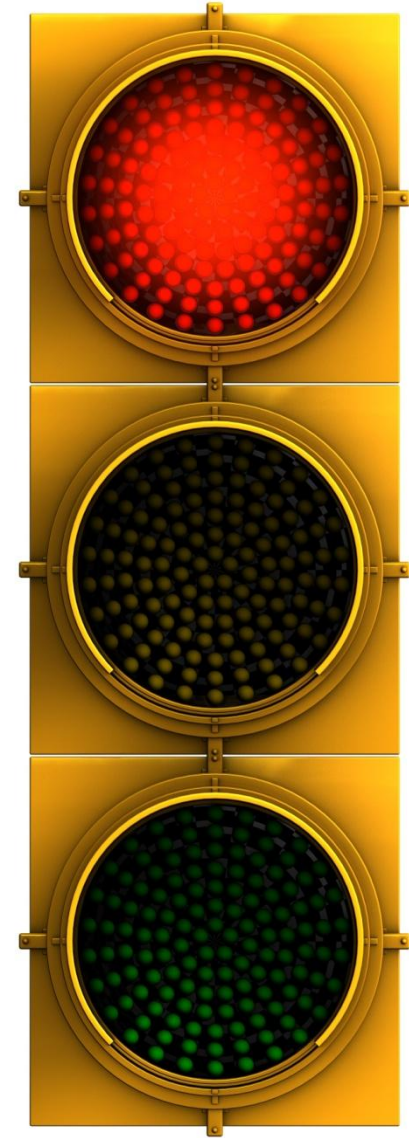
Step Three: Adaptations

- 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?

Discussion

	1 to 2	2 to 3	1 to 3
Role			
Communication			
Collaboration			
Operations			

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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