We sent out a simple survey to ask physician relations staff about their priorities, wish lists and needs, as well as the topics they’d like to see emphasized in future articles, webinars and other sources of learning. The results point to a market that is still actively focused on securing the right referrals for the organization. The findings also suggest that our colleagues in the field are working hard to match their approach with internal expectations. Take a look at the results and see where you align.
Preparation for the future requires significant internal discussions about alignment and yet, many still share that the right volume is king. Leaders tell me the same thing: They have a tremendous desire to earn the right volume. This can be in terms of caring for patients from physicians who split their referrals or attracting doctors who are not referring. For 19.4%, it’s about working to ensure in-network business that currently leaks out. For that group of liaisons, their priority field effort is relationships and referral networks that currently leak out. For 19.4%, it’s about working to ensure in-network business that currently leaks out. For that group of liaisons, their priority field effort is relationships and referral networks that currently leak out.

The essential element to successful volume growth is a plan that defines what you can grow and who are the practices/doctors that are the right for those discussions. The obligation then is consistent, and the differentiated messages pull the right doctors toward your valuable offerings. (Remember, too, volume growth only counts if you measure it and talk about it!)

- Do you have clear messaging to internal stakeholders who distract you from the core priority with other “physician stuff”?
- Are there clearly defined areas of differentiation that you can use to earn referrals that currently leak out of the system? (Guilt is not a sales strategy!)
- Have you set a clear goal for the volume you plan to grow by December 2014? Have you written it down? Told anyone? And do you have a plan that, if well executed, will get you there?

The right tools and support to do the job are “difference-makers” for almost every profession. In the world of earning relationships, the physician relations team needs the right toolkit to be effective in a field role. In the survey we asked what an ideal toolkit included. What was on your wish list?

While many organizations are investing in data, the ability to work with the data in a time-effective manner continues to be a challenge. That is the likely reason behind that fact that 27.2% of respondents indicated they want more analytic support. Volume is demonstrated through the right data and the right tracking and reporting. Many larger programs have full time support for the data analytics and report generation. For smaller organizations, while it may not be cost-effective to have a dedicated FTE, there may be a shared analyst. The challenge is that most reps are great at relationships, not analytics. Only a handful love both; most of the time reps drift toward one or the other. Almost 50% of respondents told us that data elements are a top desire.

I suspect we all know a program (or individual that is the program) who craves enough staffing to have an impact. Sometimes the job description is too broad for those spread-too-thin programs. I think this one aligns closely with better internal support. Often, if there is clear internal support from marketing/communications, clinical operations and the medical staff office, the field reps will be able to spend more focused time in the field.

**Question 1** | List Your Organization’s #1 Priority for the Physician Relations Team

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume growth</td>
<td>60.2%</td>
</tr>
<tr>
<td>Reducing leakage/out of network referral loss</td>
<td>19.4%</td>
</tr>
<tr>
<td>Satisfaction and retention</td>
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</tr>
<tr>
<td>Managing physician complaints</td>
<td>1.9%</td>
</tr>
<tr>
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<td>6.8%</td>
</tr>
<tr>
<td>Other</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

**Question 2** | Wish List: What Could Enhance Your Physician Relations Effectiveness?

- Better data: 20.4%
- Analytic and reporting support: 27.2%
- More field staff: 12.6%
- Clearer direction: 14.6%
- Better internal support: 13.6%
- Other: 11.7%

Frankly, I was disappointed to see that the “big wish” for 15% of respondents was to have better direction. It is so challenging to perform this role well without clear strategic focus, direction and expectations. I feel for those who are in this situation. Future success will depend on clear collaboration with leadership. I think this response may empower us to take that pro-active approach of creating direction. (As they say, it’s easier to ask for forgiveness than to get permission!)

Included in the other category were topics such as better collaboration and support from marketing, more active involvement from leadership and a more role clarity and support. Field staff was also interested in training and role development for those challenging medical offices.

Boldly assuming that you are interested in attaining your wish list items, it begs the questions:

- What is my ideal data and what is my baseline? Sometimes we need to start small, use it, demonstrate what good data does to inform the program and then gradually get more/better data.
- Can the organization achieve a measurable return by supporting an analyst?
- Can we share a person for analytics with other business development or marketing functions like a call center?
- Can I show a financial model that demonstrates where an additional staff member will offer a great payoff?
- Have I created a direction for endorsement? Sometimes that approach stimulates internal leaders to react, adapt, change and/or bless any option that works.
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The essential element to successful volume growth is an ability to earn new referrals. It relies on the rep’s ability to keep doctors satisfied and to manage their complaints. The same holds true for issue management. The obligation then is consistent, and the differentiated messages pull the right doctors toward your valuable offerings. (Remember, too, volume growth only counts if you measure it and talk about it!)

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- Does the time you spend in each of your priority areas align with its importance?
- Do you have clear messaging to internal stakeholders who distract you from the core priority with other “physician stuff?”
- Are there clearly defined areas of differentiation that you can use to earn referrals that currently leak out of the system? (Guilt is not a sales strategy!)
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So much of the glow from successful field efforts is related to the impact of new referral growth. All of those day-to-day efforts to onboard new physicians and to keep those who are loyal are of critical importance for organizations.

When asked to score your program’s retention efforts, the combined average is a 3.5 – that’s a C+ or B- in school days scores. In each of these categories, responses covered the range from 1 to 5. My hunch is that a 3.57 for orientation, while not where it should be, shows improvement due to more attention. The physician relations department does not need to own all aspects of the onboarding, but it must be actively involved in the referral development portion.

Communication is a struggle. Messages are everywhere and yet it is a struggle to get the right communication to the right physicians at the right time. Just ask them, right? Physicians continue to tell me that they are bombarded with information that is not relevant. A good CRM can really help define this, but the tool is only as good as the internal plan. And the message, whether communicated through a field rep or other tools, must have that WIIFM (what’s in it for me) at its core.

Organizations can tell me, “Here are the pressing issues that our medical staff wishes we would deal with…”That means the problem is not due to a lack of insight; rather it stems from the fact that the same issues continue to surface without resolution. Ask yourself: Is it a lack of awareness or urgency that the liaison can fix? Or is it an issue that can’t be actively involved in the referral development portion.

Good retention is measured by satisfaction and involvement. Keeping the physicians in the loop, actively engaging them on topics of interest, providing consistent response to their issues (even when we can’t fix it), and making sure that doctors have a formal plan for connection are all key to meeting your long-term goals and ensuring your organization has the right physicians on its side.

If retention is a significant part of your physician relations effort, create a retention task force that can take on the most pressing issues for your team. With members from marketing, operations and/or the medical staff office, you will have the right resources to get action. Get leadership buy-in to ensure the group’s recommendations will get the proper level of attention. Questions the group will want to address may include:

- Has our physician satisfaction improved? If you have a recent satisfaction survey, use that as your guide. If you don’t, ask the liaison team to gather a quick score from those who are on your retention list.
- If no, what are the main contributors over the last six months? I suspect you know. Can you do anything about it?
- What are the doctors’ greatest frustrations with communication?
- Is there a formal onboarding plan that looks at all elements of new role success and extends out more than two years?
- What are five key tools your organization uses to ensure involvement beyond visits to the practice and standard meetings?

Currently, there is tremendous interest in how this role will evolve, the impact it will have and when the changes will occur. Physician relations teams are working to meet the needs of today while planning for role change.

The significant change is that 25% fewer respondents predicted that volume growth will be their top priority in 2015. In-network referrals increased by 9%. Satisfaction and retention was a top priority for almost 15%, an increase of 7%. Clinical integration and practice development was expected by almost 7% of respondents to become the priority.

Preparation for in-network referrals and satisfaction will likely require a shoring up of the existing skill sets as well as better targeting and more defined roles to bring along employed practices. Assuming clinical integration will be a dominant obligation, what skills will you need to develop to have candid conversations about length of stay, quality outcomes, and collaboration with others in the network? If your priority is to develop these practices who are the right support partners and will they be satisfying for both doctors and the organization? To make it work, you need to have the right business, personal and market place values.
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Beyond questions about the direction of your program and personal readiness, does the organization see your role in the same light? Here are some questions to ask to clarify the path for your future.

- Does leadership see your team as a natural go-to for clinical integration?
- How is your relationship with the employed practice leaders? Can you negotiate a win-win for your role in supporting in-network referrals? With this one, it’s essential to clearly define roles.
- Have you called-out a clear retention plan that affirms physicians’ value and validates the organization’s benefits to patients? Obviously, patient satisfaction is a huge opportunity, but an overlooked objective is to get the hospitalist team to proactively communicate with the practices.
- Do you have a personal or team development plan that gets you ready to talk about the detail of practice efficiency, collaboration and integration? Use the next six months to focus on new learning, new skills and internal positioning.
**About the Survey Respondents**

This survey was all about perceptions. We asked representatives to weigh-in and 103 individuals from across the country did just that. There was good representation from large academic medical centers and small rural facilities. Some respondents were members of a team while others were solo in the role for their facility. Many took the time to share personal suggestions and insights. It’s good stuff, so let me share a couple of the “take-aways” that we’ll be including in our thoughts and work.

- Rural markets are different. We’d like some special attention placed on programs that provide the service in smaller markets.
- Leadership support is critical. Consistent direction will be essential for our future.

**This question was all about you.** We wanted to understand which topics you’d like the team at Barlow/McCarthy to discuss in our blogs, webinars and national speaking opportunities. Our sense from this is that you want to hear more about best practices, tactical processes, tools and ideas that you can take and implement. Those hot topics are: increasing volumes and measuring impact. It is still about that focused field role and getting new volumes in the door. My opinion is that there is no “low-hanging fruit” that has not been picked. The volume movement now happens with a great deal of time and attention. If you are going to do all that, it’s imperative that you measure the impact—and get credit for it. Methods of demonstrating impact don’t have to be comprehensive and include absolutely everything, but they must be crafted in a way that leaders will find credible.

While our goal was to learn how to better serve you, I suspect that there are a number of field representatives who will take this list and formulate an internal plan for personal growth. Start with scoring your skills in each of the above categories and call-out the one where you feel most vulnerable. Take that area and list two personal skill development objectives and create a time line. Great field reps are very self-directed in their ability to get into practice. Can you use that same internal push to help yourself?

At Barlow/McCarthy we strive to offer tools and education that support your suggestions. We are always open to your thoughts and opinions in that regard, so give us a shout out if you have ideas. We’re looking forward to seeing great near-term volume results and teams that adapt to their organization’s needs for the future.

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**Kriss Barlow, RN, MBA**

Kriss is Principal with Barlow/McCarthy, a consulting firm with expertise in hospital-physician relationship strategy. She can be reached at (715) 381-1171 or contact her by email at kbarlow@barlowmccarthy.com.

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**Question 5 | Physician Relations Topics of Interest**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced retention strategies</td>
<td>45.6%</td>
</tr>
<tr>
<td>CRM or advancing analytics</td>
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<tr>
<td>Report formulas with detail</td>
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<td>Reinventing the role</td>
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<td>Earning internal support</td>
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<tr>
<td>Shifting to a new model</td>
<td>18.4%</td>
</tr>
<tr>
<td>Increasing volume growth</td>
<td>57.3%</td>
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<td>Measuring impact</td>
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