The Art of Building Referrals

Physician Marketing Training

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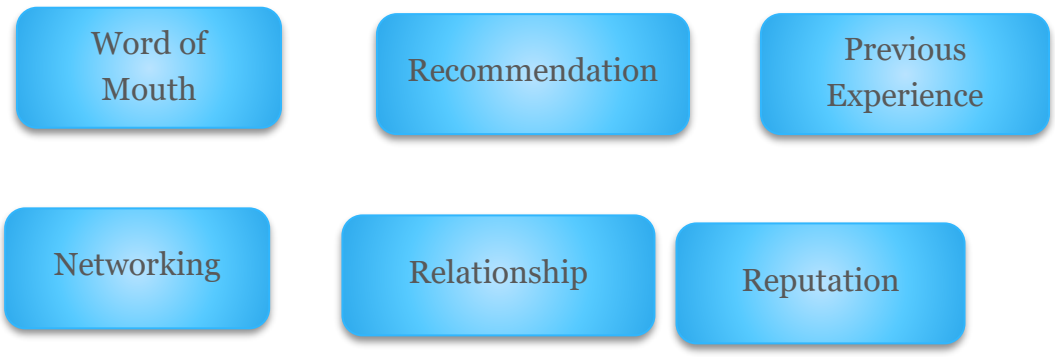
Why is Physician Marketing Important?

- Grow referral base and attract new patients
- Increase brand recognition and physician confidence
- Higher ROI than traditional marketing

How do Physicians Make Referral Decisions?



Job Description – Physician Liaison

The position of a physician liaison is relatively new in the medical field, but very important in the changing landscape of medicine. These liaisons are primarily responsible for developing relationships with physicians in order to facilitate beneficial referring practices for both health care companies and patients. They may work with primary care doctors and instruct them regarding audiologists in their network to whom patients should be referred. They also develop ways to consolidate and increase referrals, implement strategies to reduce red tape in receiving referrals, and create reports based on their work.

A high school diploma is required for this position, and some employers may require a bachelor's degree. Aspiring physician liaisons should be entirely familiar with the health care system and the latest regulations, including the Affordable Care Act, Stark Law, and anti-kickback statutes. Strong interpersonal skills are also important, as much of the job involves working directly with physicians and building a strong rapport and interpersonal network. A strong background in marketing outreach is beneficial for applicants.

Physician Liaison Tasks

- Responsible for building relationships with physicians and other health care leaders within a defined territory to achieve sales growth.
- Develop new client accounts, maintain existing accounts and develop long term relationships with current and prospective clients/physicians.
- Educate and disseminate information about Audiologists and balance/vestibular assessment and testing.
- Track and compile data for sales growth, physician referral changes, and implementing strategic goals for company growth.

Building Loyal Physician Relationships

- Willing to refer and recommend to colleagues
- Knowledgeable and aware of available services
- Possesses self-perception of value and respect
- Completely satisfied with service delivery

Defining Goals & Objectives

- How much do you plan to increase referrals?
- How often will you visit practices and which ones?
- How will you measure your goals and receive reports on the liaison's progress and findings?
- Create a road map for establishing or enhancing a physician relations program
- Develop communication strategy
- Identify and implement best practices
- Tracking and reporting

Territory Management

- Defining and managing territory
    - By location
    - By physician category
        - Top/Existing/First Time/Potential
        - By Specialty
- The Physician Office Visit
    - In Person
    - Direct Mail
    - Phone

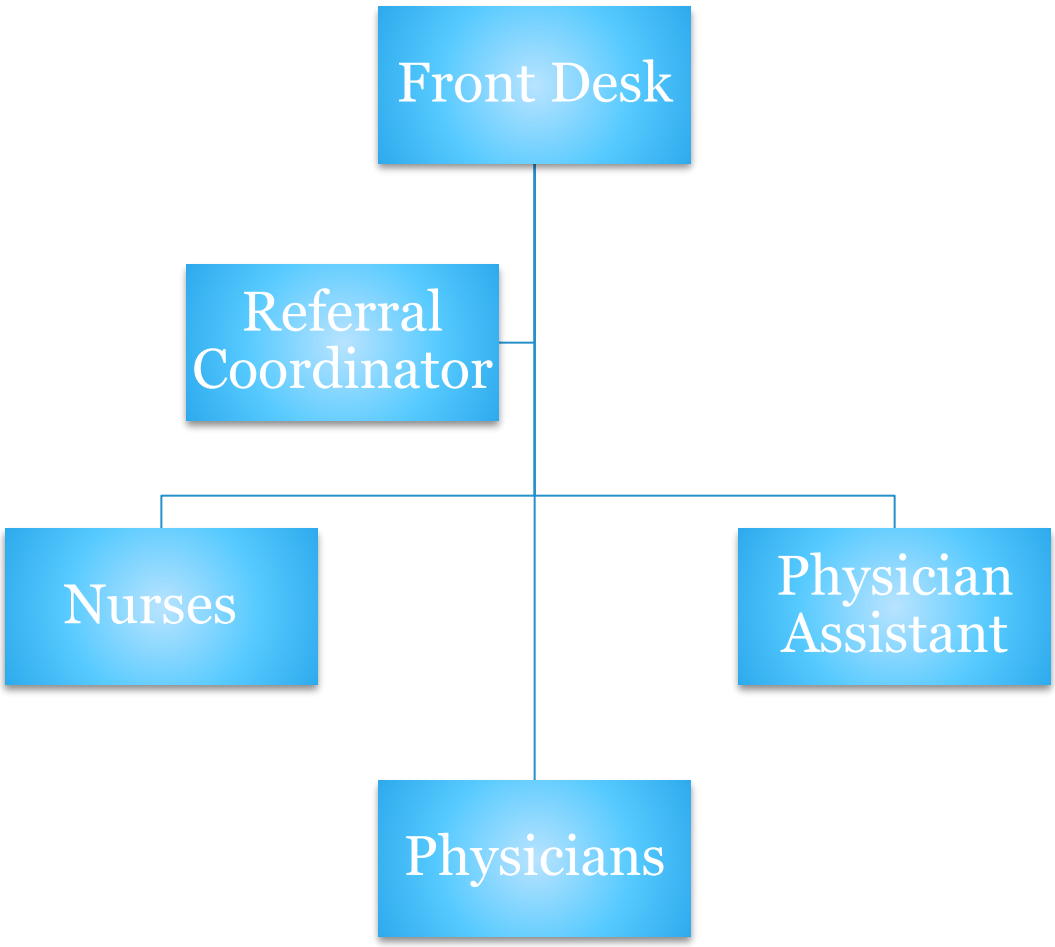
Preparing for the visit

- Call in advance
    - Ensure practice is open the day you intend to visit
    - Understanding that physicians are busy and may have limited time during the day for sales visits (this may also mean you won't ever see the physician for the first few visits).
    - Ask how many doctors are in the office so you bring sufficient materials
    - Let them know you will be making a short visit to introduce yourself
- Plot out your route for the day

Presentation is Key

- Be Confident
- Personable
- Engaging
- Professional
- Wear appropriate attire
    - Business Casual
    - Badge or branded embroidery

Who to Contact



- Make friends with front desk staff. Don't disregard them, as they are usually the gatekeepers.
- You may need to just visit the front desk staff the first 2 or 3 visits before asking for the referral coordinator.
- It is most important to reach the referral coordinator, nurses, and/or physician assistant
    - They will often be the ones to write the referrals.
    - Have direct line of communication to the physician.
- Do not expect the physician to want to talk to you (in person or phone). Once the relationship grows, they may want to but don't push it.
- Don't give up! Research shows that it can take 6-8 visits before you receive a referral

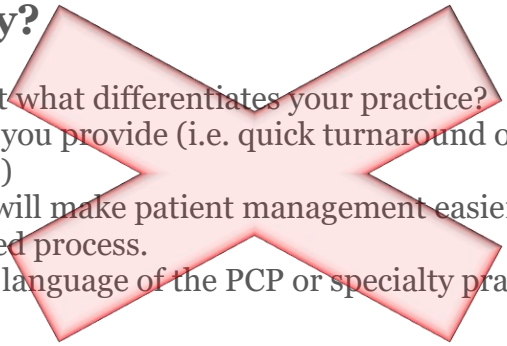
Visit with the Provider

What to Bring?

- Practice Information
  - Location
  - Hours
  - Phone
- Insurance Plans Accepted
- Referral Forms
- Business Card
- Journal article
- Giveaway items “swag” – pens, chocolates, cookies, etc.

What to say?

a) Talk about what differentiates your practice?
b) The value you provide (i.e. quick turnaround on reports, short wait times, etc.)
c) How you will make patient management easier and provide a streamlined process.
d) Speak the language of the PCP or specialty practice.



1. Get to know the provider. Be personable and treat them on your level. Look around their office for ‘talking points’ [eg. Sport-specific items, books, children/grandchildren pictures.] Physicians often would rather talk about themselves -> this is a relationship **builder**.
2. Talk about **yourself**. Don’t throw into them everything you can do for them, all your specializations, etc. Again – be personable and relatable. If they get to know **you** on a personal level, then you build rapport.
3. In between getting to know the provider and talking about yourself, add in items a-d listed above.

Visit with the Front Office Staff

What to Bring?

- Practice Information
    - Location
    - Hours
    - Phone
- Insurance Plans Accepted
- Referral Forms
- Business Card
- Journal article
- Giveaway items – pens, chocolates, cookies, etc.

What to say?

1. If the front staff person tells you they still have the information you provided before, then just remind them of services you offer.
2. Still drop off 1 or 2 research articles supporting your talking points. The new article will mean something new to talk about.
3. Be perceptive. If you are feeling they are stand-offish, take note and bow out – thanking them for their time and let them know if they need anything to reach back out to you. [making sure to hand them your card… again]

Talking Points by Specialty

Primary Care Physician – Dizziness & Vertigo

1. According to the Centers for Disease Control (CDC), dizziness is the 3rd most common complaint heard in physician offices, only preceded by low back pain and headache. Reference
2. Numerous systematic reviews report that dizziness and vertigo is the number #1 complaint of individuals 65 years of age and older. Reference
3. Benign Paroxysmal Positioning Vertigo (BPPV) affects nearly half of all individuals over age 70 years. Reference

Tell them how you can help!

1. VNG is the accepted "gold standard" assessment for the medical evaluation of dizziness. Our battery of diagnostic testing can quickly help identify whether the origin of dizziness is coming from the ear, brain, or elsewhere. Reference
2. BPPV can easily be treated with simple repositioning maneuvers performed in office. Often, the patient is better in just 1-2 visits. Reference

VNG, Rotary Chair, VHIT, etc…

Talk about the technology you have, especially if it is unique in the community.

Talking Points by Specialty

Primary Care Physician – Falls

1. Balance is a complex integration of inner ear, vision and sense of touch (somatosensory). Reduced function in one or all three increases fall risk. Reference
2. Falls are the leading cause of accidental death in individuals 65 years of age and older. Reference
3. Researchers have found that older adults who have already fallen or who have a fear of falling are at the greatest risk of future falls. Understanding the cause of fall (i.e. inner-ear weakness, muscle weakness or low vision as well as other underlying medical conditions is an important first step in keeping them safe, able to stay in their homes, and "age" in place. Reference

Talking Points by Specialty

Primary Care Physician – Diabetes

1. The inner ear (hearing and balance system) has the smallest blood supply of any organ system and is adversely affected by diabetes. Reference
2. Diabetics are up to 60% more likely to have vestibular (inner-ear balance) problems with nearly half having BPPV. Reference
3. Diabetic patients with other common co-morbidities of retinopathy and neuropathy are more likely to have vestibular loss as well. This means that possibly all 3 of the sensory systems of balance are damaged, increasing fall risk and the subsequent consequences (i.e fractures, wound care, mild traumatic brain injury (mTBI). Reference

Talking Points by Specialty

Primary Care Physician – Concussion

1. The American Academy of Neurology's 2013 white paper suggests that mTBI – concussion is a growing medical concern affecting those playing sports and subsequent to falls. Reference
2. The most common concussed individual is an adolescent female soccer player. There is emerging research that multiple concussions have a cumulative effect. Reference
3. An mTBI concussion may have 2 components; cortical and labyrinthine. This explains issues of balance, dizziness and trouble with reading. Reference

Tell them how you can help!

1. Vestibular involvement, dizziness, and BPPV commonly occur in concussed individuals. VNG testing can help check inner-ear balance function and may be helpful in better differentiating cortical vs. labyrinthine involvement for proper triage for successful treatment and outcomes. Reference

Talking Points by Specialty

Primary Care Physician – Migraine

1. According to the recent research, migraine is a common genetic neurological disorder that affects 1:4 females and 1:6 males. Vestibular migraine is the leading non-ear related cause of vertigo in children and adults, and in females, it is strongly influenced by hormonal triggers. Reference
2. Vertigo, as a migraine aura, with or without headache, affects 25% of all migrainous individuals and may cause temporary or permanent vestibular issues. Reference
3. Migraines and motion intolerance are three times more prevalent in the BPPV population. Reference

Talking Points by Specialty

Primary Care Physician – Vision

1. We use our eyes as well as our inner ear in keeping our balance. Patients with low vision or other ophthalmologic conditions should be considered higher risk for falls. Reference
2. Studies have shown that older adults with glaucoma have greater balance problems especially in more challenging environments. Reference
3. Research shows that individuals with impaired visual acuity in their best eye have increased risk of falls. Patients who complain of being unsteady or off balance should have eyes and ears checked every year. Reference

Talking Points by Specialty

Internal Medicine – Dizziness & Vertigo

1. Making sure to assess for Vitamin D deficiency and complaints of recurrent BPPV are important, especially for individuals who have, or are at a higher risk, of osteoporosis. Reference
2. Numerous systematic reviews report that dizziness and vertigo is the number #1 complaint of individuals 65 years of age and older. Reference
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Neurology – Dizziness & Vertigo

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Neurology – Falls

1. Balance is a complex integration of inner ear, vision and sense of touch (somatosensory). Reduced function in one or all three increases fall risk. Reference
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Talking Points by Specialty

OB/GYN – Dizziness & Vertigo

1. According to the Centers for Disease Control (CDC), dizziness is the 3rd most common complaint heard in physician offices, only preceded by lower backache and headache. Reference
2. The National Institutes of Health (NIH) reports that more than 1 in 20 children (ages 3-17) have dizziness or balance deficits. Reference
3. Benign Paroxysmal Positioning Vertigo (BPPV) may only affect pediatric-age patients in about 4% who complain of dizziness, but this population may not be able to explain their symptoms. This is where neurodiagnostic testing can be beneficial. Reference

Tell them how you can help?

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2. BPPV can easily be treated with simple repositioning maneuvers performed in office. Often, the patient is better in just 1-2 visits.
3. Vitamin D – Osteopenia, Osteoporosis, BPPV
4. Relationship between migraine and hormonal issues

Talking Points by Specialty

OB/GYN – Migraine

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Talking Points by Specialty

ENT – Dizziness & Vertigo

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ENT – Migraine

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Talking Points by Specialty

Endocrinology – Diabetes

1. The inner ear (hearing and balance system) has the smallest blood supply of any organ system and is adversely affected by diabetes. Reference
2. Diabetics are up to 60% more likely to have vestibular (inner-ear balance) problems with nearly half having BPPV. Reference
3. Diabetic patients with other common co-morbidities of retinopathy and neuropathy are more likely to have vestibular loss as well. This means that possibly all 3 of the sensory systems of balance are damaged, increasing fall risk and the subsequent consequences (i.e fractures, wound care, mild traumatic brain injury (mTBI). Reference

Talking Points by Specialty

Sports Medicine – Concussion

1. The American Academy of Neurology's 2013 white paper suggests that mTBI – concussion is a growing medical concern affecting those playing sports and subsequent to falls. Reference
2. The most common concussed individual is an adolescent female soccer player. There is emerging research that multiple concussions have a cumulative effect. Reference
3. An mTBI concussion may have 2 components; cortical and labyrinthine. This explains issues of balance, dizziness and trouble with reading. Reference

Tell them how you can help!

4. Vestibular involvement, dizziness, and BPPV commonly occur in concussed individuals. VNG testing can help check inner-ear balance function and may be helpful in better differentiating cortical vs. labyrinthine involvement for proper triage for successful treatment and outcomes. Reference

Talking Points by Specialty

Optometry/Ophthalmology – Vision

1. We use our eyes as well as our inner ear in keeping our balance. Patients with low vision or other ophthalmologic conditions should be considered higher risk for falls. Reference
2. Studies have shown that older adults with glaucoma have greater balance problems especially in more challenging environments. Reference
3. Research shows that individuals with impaired visual acuity in their best eye have increased risk of falls. Patients who complain of being unsteady or off balance should have eyes and ears checked every year. Reference

Push/Pull Strategy

It is important to remember that the success in building physician referrals is to think PUSH-PULL. The PUSH is done by the physician liaison. The PULL is the provider calling and building the relationship with the doc and extenders e.g. PA, ARNP.

PUSH

The role of the liaison is brand awareness and keeping your practice top of mind.

The liaison will educate the medical practice:

1. *Who we are and what we do –*
    a. DO NOT focus on "the test"- discuss how people can get their life back, return to regular activities, stay safe - reduce falls, etc.
    b. MUST DISCUSS RELEVANT SPECIALTY TOPICS – diabetes, lupus, concussion etc. DO NOT TALK ABOUT DISORDERS OUTSIDE THEIR SPECIALTY UNLESS THEY ASK.
    c. Assure them you are a resource for the medical community- not competition- we do not take over the medical care of your patient.
    d. Discuss SAVINGS - lost cost of the full evaluation- fraction of the cost of one MRI
2. *Accessibility and affordability*- insurance plans accepted etc.

3. *Build relationships with the front office, referral coordinator etc.*
    a. DO NOT EXPECT TO MEET-SPEAK WITH DOCS- IF YOU DO, IT'S A PLUS. Tell your story in under one minute-

anything longer is a plus. Talk about the months talking points or other relevant topic- or answer any questions.
    b. DO NOT ignore the extenders- they may be the ones seeing patients and coordinating tests etc. Meet with the extenders if possible- easier and more productive.
4. Use the month's talking points with at least one of the associated articles
    a. National Health Observances - healthfinder.gov
    b. Search for pertinent article in the digital library – Zotero.org
    c. Be sure to stamp the practice name on the top of the article or staple your card.

PULL

The provider is responsible for building the relationship and trust with the referring practice providers and is the key to success. If the liaison succeeds in getting you referrals but the doc isn't happy, impressed or believes it helped in the management of the patient, you may just receive one referral and that's it. One and done. You are wasting money on the liaison program without a successful PULL.

What to say:

1. You call- not your front office. "Hi, this is Dr. Smith, I'm calling about your patient Wanda Jones, is Dr. Patel or one of the extenders available for a courtesy update?"
2. "Just a courtesy call, please don't take her out of the exam room…is her nurse or PA available?"
3. "Hi, this is Dr. Smith at ABC Hearing & Balance, just wanted to let you know we saw Ms. Patel- good news it was BPPV of her right ear- we've arranged to treat her and she'll see you as scheduled for her follow-up". Thank you for the referral and by the way she loves you!"

Strategies for Improving Results

Referral Practice Behaviors or Objections

1. We send right to PT.
    a. What will they treat without a clear understanding of the underlying dysfunction?
    b. Managed Care and Medicare have limits- which means the PT may need to burn up 3-4 visits really doing

evaluations to find out first what to treat and then it may be a best guess.

c. It's actually more expensive…. It is less costly to obtain a clear picture first; a full evaluation may only be about $450. Co-pays for PT may be $40-70 per visit plus the cost of therapy. It may not be cost effective and is disruptive to the patient to go to more appointments than would have been necessary. The total cost of the average outpatient therapy is about $1,600 plus the co-pays of another $200+.

2. Practice sends 1 -2 patients and never again.
    a. Bad PULL. Just as a restaurant they tried you once and didn't like you. Practitioner didn't fulfill the promise of the liaison. Possibilities are - patient not happy, poor report, no phone call. You need to do an autopsy on this to see what happened.
    b. DO NOT GIVE UP- PUT YOUR EGO AWAY- liaison needs to return and keep going for at least 3-4 more visits to see if it can be resurrected.
    c. Be sure to ask patients before they leave you…." Did you feel your appointment was helpful, how did you find everything, do you have any questions for me before you leave?" Patients and their physicians ARE customers.

3. The average ENT will send 12 patients per month for balance testing, more if they have an interest in dizziness, less if they do more cosmetic or sinus etc. So that is a target number of referrals…more of course if possible.
    a. So, in a practice of 4 ENTs, your potential target is 48 patients per month. If you are seeing only 12, question why?
    b. Autopsy required…is each ENT sending only 3? Or are all 12 coming from 1 doc. Need to see who the "champion" in the practice is- learn why this doc sends and others don't. Can he/she help you convert-educate the others?
    c. Maybe need to educate docs to full-scope of what's available DO NOT TRY TO OUT MEDICAL DOCTOR THEM…you will lose. DO NOT ARGUE …. educate slowly, gently, professionally over time through scientific articles- nice short handwritten notes etc. Time is on your side…. like water running over a rock, you will wear it down.

4. ENT practice does VNG (for example- nothing else).
    a. Respect their interest in making money for themselves and keeping their patients in-house. DO NOT TRY TO CHANGE THIS- you will lose. Simply offer to see any of their patients when VNG-calorics may be contraindicated e.g. PE tubes, etc. and offer to do Rotary Chair, cVEMP, ECOG etc. One day when their equipment breaks, or staff leaves- you may get it all!

Remember, you are the water, they are they rock- persistence and perseverance always win!

AIB's Referral Source Ranking

Ranking:	A	B	C	D	N
%age Referral	**Top 20%**	**21-35%**	**36-50%**	**Lower 50%**	**NEW (within 90 days)**

- Use of this ranking system will allow you to track referral patterns of your sources and will guide you in the **HOW**
- **Ranking: A** may only require a visit once every month (if your referral radius is small) for refreshing. (new script pads, monthly journal updates, and 'checking in').
- **Ranking: B** should be visited once every two weeks. One of those visits for the growth factor (updating them on how THEIR patients are doing, successes, etc) and one visit for refreshing.
- **Ranking: C** should still be visited once every two weeks, but your focus now should be on the **WHY**. Why are they not sending at the frequency we desire? Your **Ranking C and D** referral sources should now be given a deep dive into why their referral patterns are low. Good ways to build this? -> lunch and learn (provide lunch and a 15-minute presentation on services provided)

Tracking and Reporting

Sample Liaison Report

Dr. Last Name	Dr. First Name	Title	Specialty	Address	Phone	Visit #1 Date	Notes
Smith	John	MD	Family Medicine	123 Any Street, City, State, Zip	727-555-1212	1/12/19	Spoke with Julie, front desk,...

Sample Practice Manager Report – Based on EMR results

Dr. Last Name	Dr. First Name	Title	Specialty	Patients Referred Month 1	Patients Referred Month 2	Patients Referred Month 3	Patients Referred Month 4
Smith	John	MD	Family Medicine	0	0	1	2

Making the Program a Success…

Apply the Push/Pull Strategy

- The Liaison helps push the referrals to the practice.
- It is the doctor's responsibility to pull in more referrals.
  - ✓ Provide great service and follow-up reporting
  - ✓ Follow up courtesy call to the referring doctor thanking them for the referral
  - ✓ Have liaison hand deliver patient report with a thank you note. Idea gift: $5.00 Starbucks card.

Referring doctors who receive a courtesy call from the practice doctor will refer 1.5x's more patients.