

Chapter 7

How Do I Grow a Practice: Marketing, Word of Mouth, Getting Referrals

Valerie Halpin

Building a Practice Starts with Service Excellence

The first step to growing a successful practice is the physician accepting responsibility for service excellence. The physician sets the tone for how the practice is run with leadership by example. This means treating not just patients with care and expertise, but also your staff and other physicians. Take the time to get to know your staff by name both in the office and the hospital. Greet them with a pleasant hello when you enter the room. This will go a long way to building collaborative relationships with patients and other healthcare professionals. It cannot be stressed enough that the way you treat the people around you will reflect on you, and determine how they treat you. The classic axiom of the successful General Surgeon is: Affable, Available, and Able. Service excellence meshes well with this axiom.

V. Halpin, M.D. (✉)

Weight and Diabetes Institute, Legacy Good Samaritan Hospital,
1040 NW 22nd Avenue, Portland, OR 97209, USA
e-mail: vhalpin@lhs.org

Building Referral Sources

Where do patients come from? The first step is identifying where referrals come from. Depending on your specialty, referrals may come from returning patients, friends, and family of your previous patients, other physicians, taking call, or direct to consumer marketing. Each one of these areas requires a different strategy to develop the referral source.

Referrals from Other Patients

This is an area that will take time. You have to take care of a few patients before any will send you their friends and family. Make sure it is clearly posted in your office that you are accepting new patients. How you take care of your patients really matters and will determine if they will keep coming back or send someone else to you. To achieve this, tools like **AIDET** can be used by you and your staff. **AIDET** is an acronym for five communication behaviors used to achieve patient satisfaction. Patients and their families have a lot of anxiety when they are accessing healthcare and this can help manage it. **AIDET** stands for:

Acknowledge patients by their name and with a smile at every encounter.

Introduce yourself to patients by your name and what your role is. You may think you do not need to identify yourself as the surgeon, but patients see so many people when they are in the healthcare setting, that it may not be obvious to them what your role is. This is true in both the office and the hospital settings.

Keep patients informed of the **duration** of the encounter. In the office, your staff should let patients know if you will be delayed and give them the option of rescheduling if a delay does not work for them. In the hospital, you can let families know what is the expected time a case may take and when you will be speaking with them afterwards. Keep them informed of how they will be notified of delays. When you speak with the family following surgery, let them know what

the expected time in recovery will be and when and where they can expect to see their family member again.

Provide a clear **explanation** of what you are going to do during the encounter. In an office visit, this could be a simple explanation such as “I’m going to ask you some questions about your medical history to learn more about why you are here and do a physical exam. When we are done with that part we can discuss what additional testing we need to do, and then treatment options.”

Finally, say **thank you**. You can thank patients for the opportunity and privilege of caring for them. If you are running late, thank them for waiting. This helps build a relationship of mutual respect and demonstrates your understanding that their time is valuable too.

Germane to a surgery practice are a few more rules that can be added.

Responding to patient calls. Have a mechanism of returning phone calls in a timely and professional manner. In the beginning when you are not busy, do it yourself. Consider calling all of your patients personally a few days after outpatient procedures or after hospital discharges. This will go a long way to set yourself apart from other providers. Once you have established a strong reputation you do not necessarily have to do this for all patients yourself, you can have a delegate do it. It is helpful to continue to do so with your most difficult patients, or patients who seem to be calling your office a lot. You can often provide much greater reassurance to your patients than anyone else on your staff can. Reassurance is the most common thing that patients need when they call the office after procedures.

Schedule realistically. Be honest about scheduling your cases and clinics. Don’t overextend yourself. A case that took you 1 h in residency may take you two or more when you first start out on your own. You may be in a new facility with a new assistant, new OR staff, and new instrumentation. All the members of your team (including yourself) will need time to learn your routines. Review your operative schedule weekly

with your scheduler. Schedulers often do not understand the nuances of cases. You cannot rely on them to schedule cases for the correct amount of time until you have adequately trained them.

Transitioning to a new practice will also lengthen the amount of time it takes you to get your other work done including rounding and communicating with consultants. Plan that extra time into your schedule. Everyone around you will respect you more for being able to accurately plan your (and therefore their) time.

Clinic visits may also take longer when you are first getting started. Allow for a ramp up period. As more and more practices are utilizing electronic health records, allow some additional time to build and refine templates and order sets.

Finally, if you have family responsibilities, allow some cushion in your professional schedule so you can meet them. Don't plan your work schedule so that you will be down to the last wire to get your child from daycare on time.

Referrals from Other Doctors AKA "Relationship Building"

Identify existing relationships. What are the preexisting referral patterns to your practice? Will some of those patients be distributed to you? How will that be decided? Are you hospital employed with a big primary care or medical subspecialty base? Learn about recommended referral patterns within your organization. Make sure that you are included in any queues that distribute referrals in your specialty. In the age of electronic health records, take the time to make sure that your contact information is available and accurate.

Build relationships with referring physicians. Whether you are starting in an established group of the same specialty or you are new specialty type within your practice it is important to build relationships. Take the time to **meet the physicians** in your region that could refer to you. Large practices and hospital systems have outreach personnel to help schedule meet and greets with referring physicians. Identify that person and

get started. Participate in social/professional activities such as town hall meetings or your local medical or surgical society if available. Go where other doctors go. If there is a doctor's dining area in your hospital, eat there. Introduce yourself. Learn about the other providers there and learn their needs so that you can identify yourself as a possible solution.

Make it easy for them to refer patients to you. Don't make them do all the work. If they have talked to you personally, offer to take it from there and either make the appointment or call the patient yourself. Make sure your office staff are well educated on the referral process and the scope of your practice. Once you have seen a patient, respond back to the referring physician quickly in the form of a copy of your note or a consultation letter that is clear and well written. Get back to the referring provider before your patient does. The fastest way depends on your local practice environment. Electronic health records can be immediate. Learn what your referring provider prefers. Sometimes email and fax are still the fastest options. If you have a complicated patient, communicate directly with their other medical providers, in particular regarding areas of conflicting management. While electronic communication is efficient and easy, some complicated conversations are better had over the telephone or in person. Consider calling referring physicians after you have operated on one of their patients, in particular those patients who will need ongoing follow up from that physician. If you use consultants or hospitalist services in the hospital, communicate frequently with the other providers. This will help to minimize miscommunications and improve patient care, as well as build your relationship with other physicians.

Be available and accessible. Be willing to see new patients at the convenience of the patient and the referring physician. Offer to see patients same day or on days you are not normally in the clinic if it is urgent. Give the referring physician your email and cell phone number. Answer your cell phone when called.

Establish yourself as an expert. Determine what types of patients you want to see. Provide educational talks on your specialty at local grand rounds, at regional or state society meetings, clinic administrative meetings, CME events, quality meetings, etc. Build a schedule that allows you to see those types of patients quickly. When you start doing a new innovative technique or even just something new to your practice, send out a letter to referring physicians identifying the new service.

Be willing to take some of the both difficult and bread and butter cases. This will go a long way to establishing loyalty from your referring providers. They really don't like it if they've sent you a lot of good cases and then you refuse to take a lesser case. Take care of them with the same level of attention that you would a more ideal case.

Send patients back. Some doctors may not like to send patients to you if they end up losing the patient all together. Make sure you send patients back to referring physicians and take the time to make sure they know that you have. If you identify other health maintenance needs such as colonoscopy, mammograms, and diabetes exams, send them back to their referring primary physician.

Taking Call

Plan to take call for your specialty at your hospital. This can help provide you with new patients until your elective practice is up and running. It also builds good will within your local medical community. Find out who makes the schedule and how calls are assigned. Is it part of a medical staff requirement or your contract or is it voluntary? Take your share. Try to align your call responsibilities to fit in well with your elective practice. For example, if you are taking call at a busy hospital, don't take call the night before your clinic and then have to cancel your clinic for an emergency case. If you are proactive in signing up for call, you can potentially get the shifts that work for you, rather than shifts that compromise your ability to meet your other professional and personal obligations.

Direct to Consumer Marketing

The two most important steps in marketing are to do your research and to make a plan. Determine what types of patients you are trying to market to. Establish your digital presence online. Find out from your practice management what online marketing materials already exist. Make sure you are added to all websites and social media sites with a professional photograph. Encourage your happy patients to fill out online reviews. Promptly respond to any negative online reviews taking care to acknowledge any concerns and present a plan for improvement. Some specialties can purchase services that generate a periodic electronic newsletter where you can brand it with your practice, but you do not have to develop all the content. This is a way to keep reminding patients about you. Participate in community health fairs or events.

There are many other more expensive resources such as local and national consulting agencies, as well as television, radio, and print ads. These are great if you have a lot of financial resources, but not necessary if you can build on all the other elements discussed above.

Tracking Referral Sources

Establish a way to track your referral sources. You should discuss this with your practice administrator. If you are in an integrated health system with electronic referrals, there may be a report that is automatically generated for each practice with electronic referrals. If you don't have this capability and for patients that are not referred in this manner, there are any number of ways to obtain the information. Your office staff can ask patients when they call to make an appointment or when registering them at their first appointment. It can also be a simple check box on your registration questionnaire. You can purchase online and mobile services available that can streamline this process for you. Once you have this data, use it to your benefit. Has a certain physician stopped

referring your patients? Find out why. Are you receiving more referrals from one physician, make sure you send them a letter thanking them for the referrals.

Schedule practice building into your weekly routine. It requires your attention to ensure it is a priority with your staff. Make sure this is a regular agenda item at your administrative meetings. Allow time in your schedule to do the activities that you will need to do to build the type of practice you want.

Prioritize your Referral Base

Make sure you take care of the physicians who do refer your patients. This means going the extra mile when it is not always convenient. Make sure you can get their patients in quickly. Be good to their staff. It is often office staff who actually do the referrals. When you call to talk to other physicians, be courteous and kind to their staff. Show off your charming personality and great bedside manner. If you are rude to them, they will not forget it.

Referral Rewards

Incentivize patients who refer others back to you. This can be something as simple as a handwritten thank you note or coffee cards, on up to discounting out of pocket elective procedures. You can also send them information on something that may be of interest to them such as information on a new medical treatment or procedure.

Summary

Growing a practice is based on strong physician leadership and service excellence with focus on building relationships, being responsive and available. The one part of the axiom

Affable, Available, and Able that was not touched on was ABLE. Your greatest source of continued referrals from patients, their friends, and other physicians are good outcomes for your surgical patients. If you are just starting out and have a difficult case scheduled, make sure you have help available if needed. Don't put yourself on an island. Nothing can stall a career faster when getting started than a string of complications to your first patients.

Bibliography

1. D.A. Popowich. Reputation, reliability, and responsiveness. Building and maintaining a referral base. SAGES 2015
2. 11 Secrets to doubling doctor referrals to your hospital or practice. Healthcare Success Strategies. c 2012