



Physician Marketing: Getting Homecare More Physician Referrals by Understanding Physician Referrals

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At the heart of most physician homecare marketing efforts, the homecare provider tries to create reasons a physician should refer to homecare -- specifically the homecare agency funding the marketing efforts. Why not position a homecare agency to receive referrals from physicians because of physician referral behavior long established before an agency spends a cent on marketing?

Q. What is the point of homecare agency marketing to physicians?

A. To make the phone ring with a physician referring a patient to the homecare agency.

But physicians have been referring long before there were even homecare agencies. They have been referring to *other physicians* and ancillary healthcare individuals. There are specific reasons physicians refer to these resources. By understanding why physicians refer, *at all*, allows homecare to become a viable and attractive physician referral resource for the exact same reasons. An intelligently focused "narrow-casted" marketing campaign directed to specific, time tested, reasons for physician referral will succeed with less effort and expense than typical "interruptive advertising" or broadcast marketing programs.

The most common referral a physician makes is to *another doctor*. In general, Physicians refer to other physicians in four ways.

1. They need opinions and/or procedures for their patient that they are incapable or unwilling to provide.
2. They need a second opinion for their own or patient/family satisfaction.
3. They want to satisfy the demand from another person they are unwilling, or unable to satisfy.
4. They want to get rid of the patient.

As a surgeon, when I receive a referral from a pediatrician about a patient with "possible appendicitis," it means they wanted a "surgical opinion," (presumptively an opinion from someone who deals with appendicitis patients more often than themselves), and in the event of diagnosis confirmation, they want someone who knows how to remove an infected appendix or solve the problem masquerading as appendicitis. The referring doctor is looking for expertise in an area that they are not expert in. Physicians additionally may have very distinct areas of expertise despite being the same specialty. In my practice, I have one pediatrician who will send me all of his patients requiring any wound care beyond application of steri-strips on wounds that technically don't even require steri-strips. I have another pediatrician who can repair, quite well, simple lacerations but will refer me complex lacerations.

One internist would send me patients with a cancer diagnosis that was well beyond surgical treatment. The patient often wasn't even fully aware of the diagnosis. Why would this physician send me patients? I eventually came to recognize the reason was simply to break the extent of the bad news to the patient and family because the referring physician found it personally too difficult. What services can *you* provide a physician's patient that a particular physician simply cannot, or will not provide? What areas of care is homecare "expert" in that physicians are not? Knowing your potential specific referring physician's referral pattern and their specific referral needs may help you secure a homecare referral.





Family members often push for referrals. They want a separate opinion, or frankly, an alternative physician. I personally have sought out a second opinion referral for my patient *myself* to reassure *me* that I haven't overlooked anything to help my patient. Understanding that sometimes the referral is simply for patient/family/or even physician reassurance will allow the referral source to frame the encounter in a helpful and useful fashion. What instances exist in your homecare opportunities to reassure a physician, patient, or patient's family that you can provide? This is why carefully directed marketing efforts to family members for appropriate patient care may produce desired referral results.

Physicians will sometimes give a referral to another physician through the insistence of other healthcare team members. When physicians would "refer" to me a patient simply to start an IV, or insert a NG tube, it was because for whatever reason the nursing staff was unable to do so, and moreover, the referral source physician wasn't inclined to bother themselves. Debriding a decubitus ulcer or even disempacting a patient was something the referring source physician could do, but simply would decide that it was "surgical" and needed a surgeon to deliver the care when the nursing staff made the request for the referring physician to attend to. What services does your homecare agency provide that may satisfy patient needs identified by others that the attending physician chooses not to do? What services could you provide an internist that are "surgical" and likewise, what "medical" services could you provide to a surgeon? Directing specific marketing to hospital or physician office nurses can give those nurses the assurance that patient needs will be met at home even if the attending physician would not probably initiate or treat themselves.

Finally, sometimes a physician will refer a patient they simply don't like for any number of reasons. Perhaps the patient is perceived as potentially litigious, unreasonably demanding, consumes too much time, or, bluntly, is "nuts." A referral gets some direct care of the referring physician source out of the loop. Out of network insurance physicians will refer the patient to an in network physician to save the patient extra out of pocket expenses. When these patients receive homecare that reduces a physician's direct involvement, homecare is credited by directly helping the physician. When a physician doesn't feel he or she can't spend the time educating patients and their families, a homecare referral is a wonderful option for patient education and training. Furthermore, if there are overt or concealed physician/patient conflicts, homecare can intervene as a third party and ultimately improve patient care. Additionally, sadly, as physicians spend less time with patients, many patient psycho-social needs are left unfulfilled. Homecare agencies may also have more resources to deal with these issues than many physician offices.

Physicians don't just refer to other physicians. In both inpatient and outpatient settings, physicians often refer to ancillary healthcare providers to give patients specific information and care that is routinely referred. Dietary/nutrition, PT/OT, Speech Therapy, Massage Therapy, Social work, Pharmacy, or specialty instruction such as ostomy care, diabetic teaching, wound or pain management may be commonly referred to by the physician. Physician understanding that your homecare agency provides these already commonly referred services could expand a physician's referral sources to include homecare. A single phone achieving referrals to multiple disciplines is a physician time saver and reduces the total number of patient follow-up contacts.

Common to these broad groupings of narrow-casted marketing opportunities is education. The time and effort your agency spends on "Education Marketing" for physicians, family members, hospital and office nursing staff to increase awareness of what your agency can provide by physician referrals will ultimately lead to increased referrals because they follow a conventional path of least resistance. Your "homecare referral" path will simply become another means of established physician referral behavior fulfillment.





By appreciating how physicians naturally, spontaneously, refer patients to physicians and ancillary healthcare providers, homecare agencies can capitalize on similar opportunities that exist in their own homecare practices. Physician education using a phrase similar to “just as you would refer a patient for [reason...], our agency can help you in similar instances” may turn out to be a very inexpensive, and effective, marketing tactic. With education, positive changes for your agency will result by changing “physician economic behavior.”

There is an inherent unfairness to coding....after all I have to employ a coder....but do you think an insurance company employs “decoders!”

We typically disagree not over basic goals, but rather we bring different perspectives and purposes to efforts and w fail to understand different perspectives and purposes.

While I wear a white coat...even OIG fraud investigators are wearing white hats. They’re not really the bad guys, fraudulent doctors are the bad guys, but so are over zealous investigators who hound honest doctors.

There is a cost to building bridges of understanding, but to ignore the need, and to not budget the cost to build will result in far more loss simply because there would be no return on investment today in educating each other to our mutual needs.

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