

## The Business Side of Medicine™

# The case for hiring a physician liaison for relationship marketing

**EDITOR'S NOTE:** In part one of a three-part series, a marketing plan for using a physician's liaison as a strategy to help find new patients and achieve specific growth goals was detailed. In part one, we covered tailoring clinical and administrative operations to be more time-sensitive and reliable than your competitors when dealing with referrals. Part one can be found in the Practice section of the August/September issue on the website at [www.VeinTherapyNews.com](http://www.VeinTherapyNews.com).

By David Schmiege



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The majority of doctors who retain Vein Specialists of America to market their vein practice want to communicate a caring and compassionate branding message that strongly differentiates them from everyone else. They want to grow by winning new doctor referrals, maintain current referral patterns and recapture referral sources that have slipped away.

We know it's vital to distinguish your brand and reputation in a way that builds trust and inspires patient and professional referrals. It's increasingly important to reach men and women in the workplace, to ethically raise your visibility with direct-to-consumer marketing and to extend your presence in the medical community through the use of a physician liaison.

### FINDING THE RIGHT CANDIDATE

Our experience in this area has taught us that if you are going to have a successful physician liaison, it takes more than finding someone with an outgoing personality. Your physician liaison needs to have the ability to listen and understand what your referring physician is truly saying. They should have great attention to detail and excellent organization and follow-through skills. They need to be problem solvers and be able to facilitate solutions, calling upon resources within your practice. And they need to have "conceptual" selling skills so they can be your communication eyes and ears.

Can you get this from an entry-level hire? Perhaps, but it is going to take time, training and someone to mentor your new liaison, which in many cases practices cannot devote. Ideally you should be looking for someone that has been in a sales capacity in a physician services environment and has already been through a variety of sales training programs. To hire a "marketing" versus a "sales" person or move a clinical person into a physician liaison role, is often a difficult transition for them due to their lack of experience making sales calls.

### SETTING OBJECTIVES FOR YOUR PHYSICIAN LIAISON

One of the challenges for a physician liaison role, particularly if it is new to a practice, is staying focused on the job responsibilities. Inevitably what happens is that if something even has the slightest orientation to a sales and/or marketing responsibility, most people in the practice will direct it to the physician liaison. As this continues over time, the physician liaison becomes engulfed in day-to-day "stuff" and is not able to get into the field, fulfilling what they were hired to do... calling on current and potential referral sources each day. To avoid this all too common situation, it is important to set clear, measurable and quantifiable objectives for your physician liaison so that they know what is expected of them.

Some of the measurable goals that can be established for a physician liaison include:

- Number of visits per week to referring physician offices
- Number of meetings facilitated for practice MDs with referring physicians
- Number of lunch and learns coordinated with referring practices
- Number of social events scheduled with your practice and referring practices
- Number of referral coordinator lunches scheduled
- Number of speaking engagements/community events coordinated
- Submission of weekly activity report
- Written documentation of all relationship marketing activities

### MENTORING YOUR PHYSICIAN LIAISON

A challenge for many vein practices is what do you do with this person? For practices that have no experience with a physician liaison, the short answer is that you need to mentor them, provide them with an opportunity to succeed, give them clear direction, and monitor their activities not only through their reports but also by spending time with them in the field making calls on your referral sources. Giving them a list of your referring physicians and telling them to make calls and deliver referral pads is potentially a recipe for disappointment.

On a weekly basis you should meet with your physician liaison and review the planned activities for the week.

Questions that you and the physician liaison should discuss include:

- What are the objectives of your calls?
- Who are you going to call on in the practices?
- Who in the practices determine where referrals are sent?

- What do you want to accomplish with the calls?
- What have been their referral trends?
- Have there been any problems expressed by these practices?

In other words, you need to strategize with the physician liaison on their calls. Leaving them on their own to do this will likely not yield the results that you are looking for.

## TRACKING PHYSICIAN LIAISON ACTIVITIES

On a weekly basis, the physician liaison should submit an activity report. The physician liaison should document what practices they visited, who they spoke to, what information they left with the practice, and any issues that were identified and follow up that may be required.

## TARGETING THE REFERRAL INFLUENCER

While private practices are physician owned and controlled, the bottom line is that the physicians don't necessarily always influence where the patient is sent for additional testing or consults. More often than not a referral coordinator, check out person or mid-level will play a key role in where the patient is referred. As part of the physician liaison's role, they need to determine who coordinates referrals within these practices and then target them from a relationship building standpoint.

## INVOLVING PHYSICIANS IN THE "RELATIONSHIP MARKETING" PROCESS

One of the most effective marketing initiatives is getting your vein physician(s) face-to-face, developing relationships with your current and potential referring physicians. Your physician liaison should be a conduit to facilitate these encounters. An effective relationship building technique is to bring your physicians to referring physicians office for a "check in" with the physicians and staff regarding how your practice is performing on behalf of their patients. It does not need to be a formal, sit-down meeting, but the fact that you are showing them that you value your relationship will end up paying dividends.

## REPORT GENERATION

As part of your physician liaison's responsibilities, they should be the "go-to" person for collecting, analyzing and disseminating reports related to referral activity.

Some examples of tracking reports include:

- Monthly referrals by referring physician
- Monthly new consults by referring physician
- Monthly referrals, new consults and total visits per office location
- Source of self-referred patients by month (e.g. friend, print ad, direct mail, etc.)
- New patients generated as a result of community screening programs.

## CONSIDERATIONS

Implementing a physicians liaison program is a very viable initiative to enhance relationships, increase visibility and grow referrals for your vein practice. However, to have a successful physician liaison program and an overall effective marketing strategy, you first need to have a strategic marketing plan before you can "work the plan."

Marketing is a process rather than an event. To position yourself to "market," you need to develop a plan, looking both internally to evaluate the current state of your practice and externally to analyze your market and define specific goals, tactics and action plans. **VTN**

**EDITOR'S NOTE:** *In the next issue, we will conclude this three-part series on making the case for a physician's liaison for relationship marketing. In the next issue, we will conclude the case for hiring a physician's liaison by comparing the results of five practices in 2011 and 2012 when they did not use a physician's liaison to 2013 when they did.*

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