

Building Staff to Staff Relationships in Physicians Offices

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- Do you focus on “Internal Marketing?” Ref: Steve Yastrow, “Brand Harmony” 2014.
- Traditional marketing communications play a relatively small role in creating customer love.
- Marketing isn’t what marketing people say it is. Marketing is what customers say it is. As far as the customer is concerned, everything is marketing because every point of contact with your company is an opportunity to evaluate you.

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- Every point of contact your clinic has with customers is a marketing contact, so it is pretty easy to see that everyone in your clinic, well beyond the marketing department, affects your marketing. Everyone, even people who never talk to customers, have a direct or indirect effect on the customer/patient care experience.
- This influences your reputation and referrals.

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- Hearing healthcare care clinics that practice great internal marketing recognize that the most valuable marketing media are the people who work for the clinic.
- The best companies focus not just on customers outside the clinic, they are also focused on internal marketing within their own four walls.

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- Practice great internal marketing – “What is your clinic’s brand promise? Why should customers and patients care about what you do?”
- How much better would your clinic perform if everyone in the clinic were able to give a clear, compelling enthusiastic answer?

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- Your external, market-facing brand can never be better than your internal brand, because it is the people inside your clinic/company who create the customer experiences that make possible your external brand. If you want to do real marketing well, focus on internal marketing within your own clinic.

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- The best measure of a strong internal brand is if everyone in your clinic has a “shared belief of who we intend to be”.
- This is what you want to aim for, because it will unify your team in creating an overall experience of “Brand Harmony” for your patients and your customers.

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- Internal marketing is hard to do successfully, however employees of all job levels are eager to learn what it takes to “Be the Brand”, and once engaged in the process will act effectively to reinforce your brand story.
- “Be the Brand” is an empowering imperative. It is an invitation and encouragement, not an order from the boss.
- Create a participative, genuinely interactive program that engages employees about what they need to do to “Be the Brand”.

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- Now let's move to the priorities of "external marketing".
- Audiology and Medicine must be aligned in their patient care priorities.
- Questions Frequently Considered by Physicians when making referral recommendations. Ref: "Selecting a Specialist" – N. K. Choudry PhD., J. M. Liao, MD., Harvard Med School. Jama. Nov 12, 2014.

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- Consultants Clinical Expertise:
- Does this Audiologist/HIS have enough expertise with the problem for which the patient requires consultation. (eg specialized training, focus of his/her practice, length of time since certification)?
- Do other physicians also refer their patients to this specialist?

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- Consultants Clinical Expertise:
- Does the Audiologist/HIS have other experiences (eg. published research) that represent expertise in this particular clinical area?
- Is the Audiologist/HIS affiliated with a good institution (and other specialists or services) where the patient will receive outstanding care?

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- Interactions Between Patient and Consultant:
- Can the patient schedule an appointment with the Audiologist/HIS in the appropriate time frame?
- Is the Audiologist/HIS practice location easy to get to?
- Does the Audiologist/HIS accept the patients insurance? What are the out-of-pocket costs for consultation likely to be?

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- Interactions Between Patient and Consultant:
- Does the Audiologist/HIS communicate well with patients and their families?
- What is the quality and promptness of the Audiologist/HIS support staff and the quality of the facilities?
- Does the Audiologist/HIS have genuine concern for the well-being of his/her patients?

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- Interactions Between Patient and Consultant:
- Does the Audiologist/HIS practice style match with the expectations of the patient?
- Does the Audiologist/HIS have personal attributes (eg. sex, age) that are important to the patient?

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- Interactions Between Referring Physician and Consultant:
- How well will the specialist communicate with the referring physician?
- Does the Audiologist/HIS use the same electronic health records as the referring physician?
- Will this Audiologist/HIS provide good continuity of care and follow-up communication?

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- Interactions Between Referring Physician and Consultant:
- Does the Audiologist/HIS have infrastructure for communication during an emergency or after hours (eg. is the AuD/HIS part of practice group, does that plan have a coverage pool)?
- Will the AuD/HIS return the patient to the referring physician for ongoing care?

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- Interactions Between Referring Physician and Consultant:
- Will the AuD/HIS refer other patients to the referring physician in return for having referred patients to him/her?
- It is important to note that groups such as Press Ganey, along with a number of websites, such as Healthgrades and Angie's List are working to measure and publicize information about patient satisfaction more systematically.

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- How to get started? Ref: Bob Tysoe, "Disease State Marketing", Audiology Practice 2013.
- First create a list of primary care physicians who are close to your own practice, who currently refer to you, who are in multiple physician offices, and whose practice is busy and who have a high potential to refer to you, the Audiologist/HIS.

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- How to get started:
- Send a letter of introduction expressing your interest in providing quality care for their hearing impaired patients, with a patient centered approach.
- Focus on the needs of their practice, and their patients needs as your priority.
- Promise to show up with a “patient care” folder that they can use to refer the patient in need.

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- How to get started:
- Showing up means patients come first.
- Park away – the closest parking spaces are for sick people.
- Wait at the end of the receptionists line, patients care always comes first.
- Be respectful and quiet – people are sick there.
- Ask the receptionist for their rules governing medical industry representatives, & follow them.

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- How to get started:
- It is ok to ask for a couple of minutes of the nurse, the referral coordinator, or the doctors time. If granted don't steal their time, this is disrespectful and you may not be invited to the back office again.
- Physicians want more time, and the latest information, that allows them to get to the right outcome. Again don't steal their time, and be sure to provide the latest clinical research that validates your request that they use your product or services related to hearing loss.

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- How to get started:
- If they are busy, write a personal note and attach it to your promotional literature.
- Thank the receptionist, and give her a “Reese’s Peanut Butter Cup” as a nice reward – it is your responsibility to let them know you like them, first.
- Physicians are human, just like you – get to know their professional interests, and their practice needs.

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- How to get started:
- Making consistent contact with each member of the physicians office staff is just as important as meeting the doctor – this is “The Total Office Call” strategy.
- Create a learning champion in each office so that they can represent you after you leave.

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- How to get started:
- Doctors may have pre-conceived ideas about the efficacy of hearing aids. You will want to provide an in-service in these technological marvels, during a lunch and learn. Bring a hearing aid demonstration kit. Add in some old technology so they can see how much progress has been made.

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- How to get started:
- Physicians may want to provide input where their patients are concerned. Especially if the patient does not have a care-giver, or family member to help guide the patients decision making.
- Respect this, listen. A mutual concern for the patient involves working together as a team to achieve the best possible outcome for the patient.

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- How to get started:
- Provide them with patient educational brochures (from the NIH at nidcdinfo@nidcd.nih.gov in both English and Spanish.
- Hearing aid manufacturers have these and the nurses/medical assistants appreciate them.
- Also provide business cards, maps, provider bio cards, screening certificates, insurance plans that you honor.

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- How to get started:
- We interfere with patient care if we stay too long, talk too long, block hallways, and fail to observe patient privacy regulations. Should the physicians office ask you to sign their HIPA privacy forms, do so without complaint.
- Physicians want to know about efficacy, side effects, and cost. Their priority is always efficacy so validate your ability to diagnose, treat, and provide the highest quality care.

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- How to get started:
- Most of us like to be around upbeat, can-do, problem-solving people, who are not greedy, have a healthy level of compassion and altruism, and care more about the patient than their paycheck.
- Smile a lot, exhibit a positive attitude, no matter what you find in each clinic you visit.

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- How to get started:
- Coach all the physicians staff on how to refer a patient to your practice
- “Core Message” – “The Earlier We Treat, the Better the Outcome”.
- Create a primary care physician target list by getting permission from each patient that you see in your practice, to allow you to mail the audiogram to their family doctor. Now you are healthcare partners.

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- How to get started:
- Abnormal audiometric result or other findings requiring a further referral, phone the primary care physician, or his/her nurse/medical assistant and explain the results of your evaluation. You are now partners in the comprehensive care of the patient, and your interventional skill may do more than diagnose hearing loss, you may save a life.

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- How to get started:
- Inform the “referral coordinator” about insurance and payment plans you honor and provide a lists of plans, and benefits covered.
- Inform them that you do all the paperwork, and that you make access to hearing care easy.

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- How to get started:
- Obtain each physicians business card for your direct mailing campaigns.
- Provide the physician with the latest clinical research on the deaf and hard of hearing patient.
- Provide “Anatomy of the Ear” posters for patient exam rooms, with your logo etc.

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- How to get started:
- Explain other professional skills you may have that will benefit the physician's practice.
- Provide Pure tone screeners, with a "Patient Type Guide For Which Patients are Most Susceptible to Hearing Loss". Ref: Bob Tysoe.
- Provide professional courtesy discounts where appropriate.

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- Schedule "Lunch and Learns" as often as your budget allows – lavish spending is not necessary. This is your opportunity to educate, develop peer to peer relationships, and shorten the time it takes to develop "like, respect, and trust".
- Take an audiogram and case study, and enlighten them about how to decipher them, and they will appreciate your professional skills.

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Building Bridges to Primary Care Physicians

- How to get started:
- Fruit baskets, Reese's Pieces are appreciated, and occasionally, a big, fluffy, chocolate cream pie to say "thank you for your referrals" each time.
- Keep the patient educational materials well stocked in the front office, and the back office.
- Provide promotional samples: eg. Ear plugs, pure tone screeners, ear wax removal kits, pocket talkers, and other items with your branded label on them.

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- How to get started:
- Always show up, once a month – commitment and consistency are a sign of integrity.
- Keep your practice "top of mind" – brand name recognition, and brand name loyalty are vital in this market where space in the customers mind is limited.
- Respect other providers – no put downs, ever! Bring new information so they can make new decisions that may be appropriate for some of their patients, and your services.

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- When you mail, hand deliver, fax a patient report to the primary care physician, include a thank you card for the referral.
- Add in a relevant clinical research article if the patient history allows you to conclude an association, correlation, or cause and effect between an existing co-morbid condition and hearing loss.

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- “They want to know how much you care, not how much you know”. Be “interested” as opposed to “interesting”.
- Read the book: “The Power of Nice” by Linda Kaplan. Nicer folk always finish first in this environment.
- Read the book: “Influence, the Psychology of Persuasion” by Robert B. Cialdini PhD. We seek to persuade people to do what is in their healthy self interest, with integrity, as opposed to “sell” them something that benefits mostly ourselves.

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- Volunteer to provide free hearing screenings at local health fairs the physicians may be sponsoring.
- Speak at Diabetes Support Groups about diabetes, pre-diabetes and hearing loss.
- Speak at smoking/cigarette cessation groups about smoking, second-hand smoke and hearing loss.

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- Quarterly Lunch and Learns are acceptable, for introducing new technology, new services, new research, new providers & staff.
- Invite the physicians and staff to your practice.
- Keep an accurate record of the content of your calls, staff names and titles, who you spoke to, what promises were made, and any follow up required for the next visit.

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- Communication Strategies – every point of contact with you or your practice is an opportunity for the customer to evaluate you.
- Ten ideas to build awareness, and access, through a communication plan:
 - 1. Email blast.
 - 2. Internal Learning Fairs/Conferences.
 - 3. Learning Websites.

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- 4. Informal Video Testimonials – loop videos.
- 5. Radio-Style podcasts, conference calls, or webinars with CEU's.
- 6. PDF Posters/Flyers or brochures with fresh messages.
- 7. Postcards for each person or physician you wish to reach with a specific message.

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- 8. Build the information into a test, performance planning, annual review, next visit discussions etc.
- 9. Leverage intra-organizational social media – highlight and offer an instructor led training offering/educational resources thru intranets/sharepoint/or other internal communication method. Include Skype, etc
- 10. Short videos from your Clinic, Provider, Opinion Leaders, about new ideas, resources, updates on patient care strategies, your mission.

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- Summary, goals, and benefits:
- Goal: The Audiologist/HIS should be a part of the comprehensive team of care givers striving to assist the hearing impaired patient to minimize impairment and maximize function.
- Goal: We seek to “educate to obligate” the primary care providers /G.P.’s regarding the premature hearing loss in patients with co-morbid conditions that pre-dispose the patient to an increased risk of hearing loss.

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- The Better Hearing Institute, Hearing Healthcare Marketing Co, Hearing Aid Manufacturers, leading Universities, Sycletnet, major ENT groups, and Audiology/HIS providers have all validated the increased number of new patient referrals when hearing healthcare providers practice interventional audiology, and enter into patient care partnerships with primary care physicians who must now practice preventive medicine in the emerging new healthcare landscape.
- “Thank you for your attention.” – Bob Tysoe, Hearing Healthcare Marketing Co., Portland OR. Contact: robert.tysoe@netzero.net; Cell 503 863 9250.

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