Effectively Deploying Physician Liaisons to Engage Physicians and Retain Patients

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Healthcare leaders deploy physician liaison staff for a variety of reasons – growing referrals, increasing engagement in ACO participation, providing information back to organization leaders. Whatever the objectives, these five measures can improve the results you expect from your liaisons.

1. **Assure physician liaisons are speaking with physicians**: Getting in to see physicians is not always easy. However, if the liaison persists (over time) and has a genuine purpose he/she can articulate that provides physician-specific value, their chances of gaining access are much greater. The issue is that liaisons do not always have a valid reason to see the physician; and are comfortable interacting almost exclusively with office staff, such as referral coordinators. Given the importance of referral relationships among physicians, it is unlikely that a physician would leave this decision to the coordinator. In a research study by Kyruus[1], self-reporting physicians said that they personally refer 70+% of their patients to a specialist.

2. **Prepare liaisons to have "physician-centered" conversations:** Liaisons often know what is important to physicians as a whole, however to understand the specific priorities and primary challenges of each physician, they need to ask questions – a skill many struggle to do well. Most liaisons are pre-disposed and even trained to be "tell-oriented" – delivering messages - and not accustomed to using questions.

   To avoid providing irrelevant information, the liaison can first share briefly and concisely about a service, and then ask: "*Before I go into too much detail about (name of service for name of condition), may I ask how able your patients are to adequately control this condition without further intervention?"*

   - If the physician says self-management / compliance is an issue for some patients, or asks for more details, then the liaison can initiate a deeper discussion.
   - If the physician expresses "*no need*", the liaison can ask: *"What condition / type of patients / care need is more prevalent / a greater priority / important for patients".*

   When liaisons are stumped by a physician response, this is often a cue to ask a question. For example, the physician states: *"We are under contract with this health system and not in a position to refer outside the network".* The liaison can simply ask: "*Why is that?"* or, *"How well does that work for you and your patients?*" *What if the need for the patient was not something your network physicians do regularly?"*

   Note: *79% of the physicians surveyed in the Kyruus study acknowledged they refer out of their health system network.*

3. **Focus liaisons on physicians' needs:** Help liaisons focus on the needs of the physician and not the services the health system wants to promote. Here's why: Referring physicians typically send to the same specialists most of the time for two reasons: 1) they have had prior experience with the specialist; and/or, 2) they lack good information about other specialists, such as – those in the network. The research shows that referrals out of the health system or network can happen because physicians can lose track of who is in the network and who is not. With mergers, acquisitions, physicians changing networks or being recruited elsewhere, this is understandable.

   Although many health systems have electronic information or printed documents about physicians in the network most physicians are not likely to rely exclusively on this resource, particularly if they have a self-developed specialist network they are comfortable using. For a physician to turn to an online description or

[1] Kyruus: https://www.kyruus.com/

printed booklet of specialists is similar to a consumer opening the yellow pages to find a physician. Referring physicians want to be comfortable with physicians to whom they refer, feel confident their patients will be satisfied and be returned to them, and receive timely reports from specialists. The liaison can provide this valuable connection between network specialists and PCPs.

4. **Work with liaisons to determine and offer personal value-add:** For example, a key way for the physician and the health system to retain patients is by having staff schedule the referral or follow-up appointment before the patient leaves the office. It is well-documented that this practice avoids otherwise lost opportunities for providing in-network care. And yet, on average the physicians surveyed estimated that only 42% of the time patients are scheduled before they leave the office. The liaison can talk with employed / ACO network physicians about the benefits related to this practice, such as improved care coordination, PCP-directed care management, patients receiving appropriate care / diagnostic, and limiting the potential for more costly out-of-network care.

5. **Instill the knowledge that trust isn't built overnight**: Liaisons need to realize that engaging physicians and building trust is a process that happens over a series of interactions. One of the biggest mistake liaisons make is trying to accomplish too much in one meeting, which is nonproductive and not the best first step toward building trust and long-term relationship. The "*this may be my only chance*" thinking only serves to making getting in again more difficult.

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Harkins Associates provides multiple learning venues for liaisons and business development staff including topic-specific webinars and one-on-one telephone coaching, field coaching, on-site training, and train-the-trainer programming.

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