

### **IMPROVING**

## Referring Physician Satisfaction

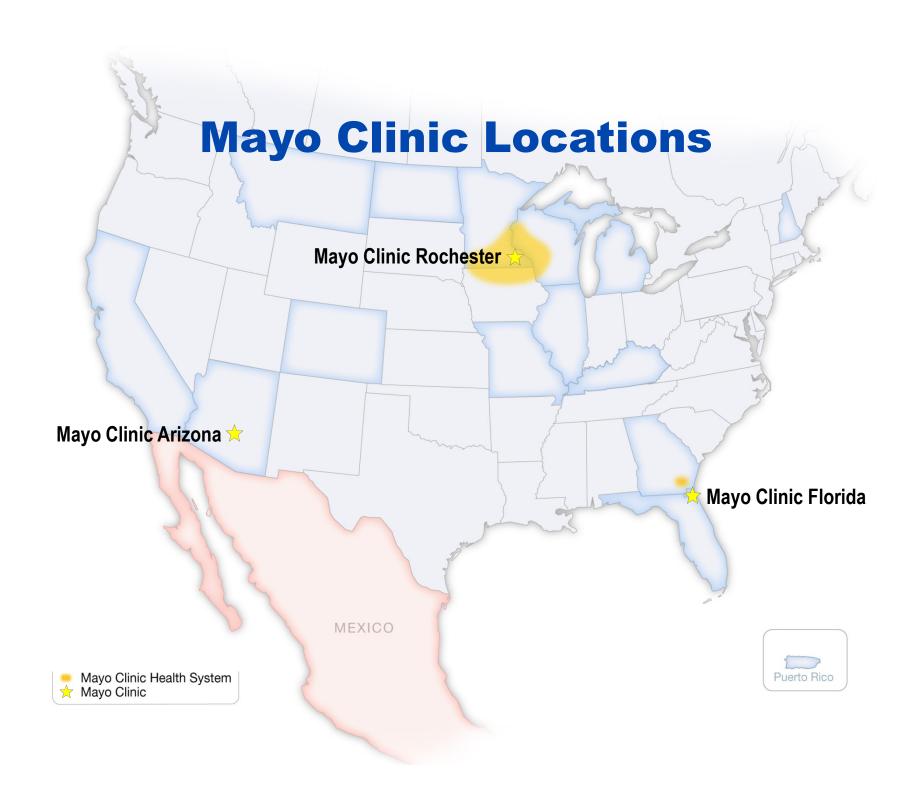


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## **Key Takeaways**

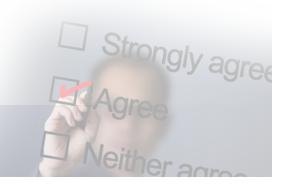
- Physicians (and patients) rely on word-of-mouth when treatment of a complex condition is not available locally
- 2. A common understanding of results is critical to acceptance
- 3. Use internal comparison options for comparing results with limited external comparisons
- Leverage all assets by clearly defining roles and responsibilities





# **Mayo Clinic's**Health Care Relationship Continuum

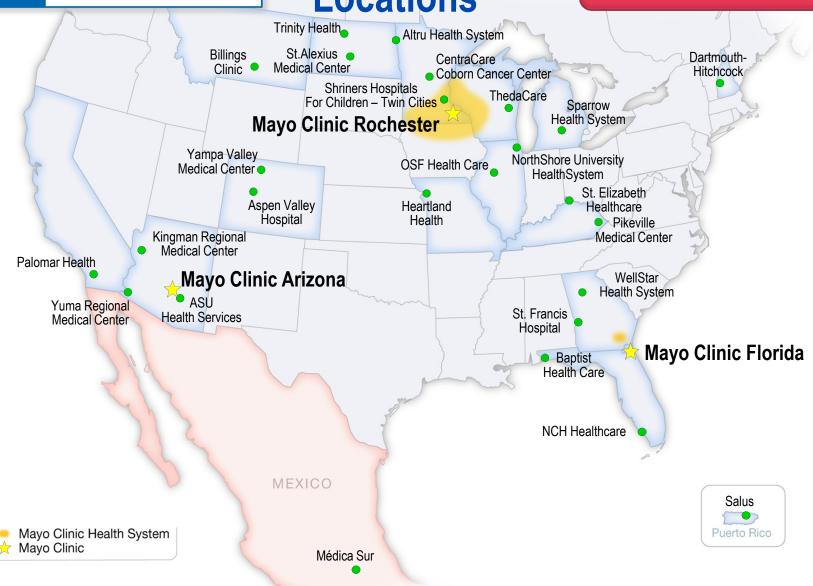




MAYO Care Network Member

# Mayo Clinic Locations

March 2014 26 Members



### **Size and Scope**

Number of internal physicians ~4,000

Unique physician referrals by site

<ul><li>Arizona</li></ul>	12,300
<ul> <li>Florida</li> </ul>	27,800
<ul> <li>Minnesota</li> </ul>	92,400

- Most referring physicians refer 1 patient to Mayo
   Clinic a year → a diverse set of referrers
- 1 million patients a year from all 50 states and 142 countries

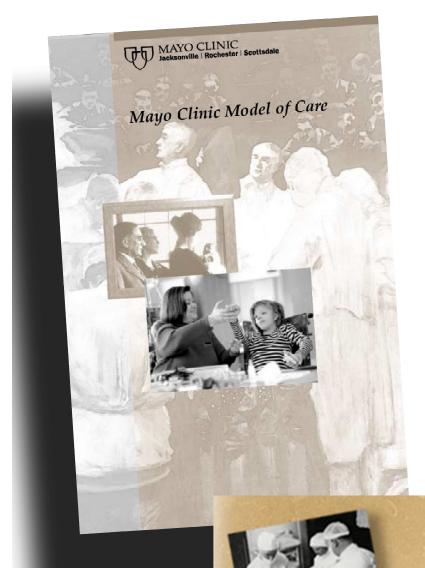


### **How This Works**

- Physician led organization
- Physician administrator partnerships
- Referring Physician Satisfaction roles and responsibilities
  - Marketing data stewards
  - Referring Physician Office data agents
  - Clinical Practice Leadership accountable for change







# Mayo Clinic Who we are...

Mayo Clinic Model of Care

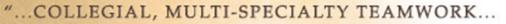
**Teamwork** 

Respect

**Innovation** 

Culture

Quality

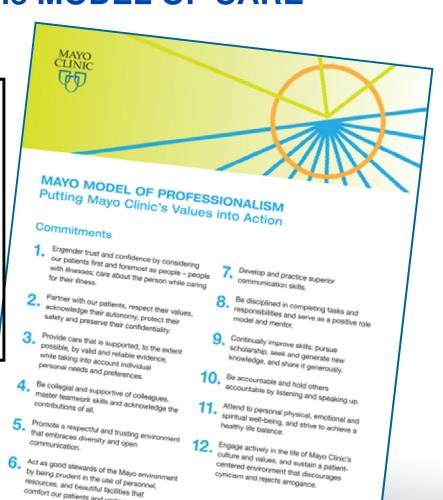


...PHYSICIANS TAKING RESPONSIBILITY
FOR DIRECTING PATIENT CARE..."



## **TEAMWORK** in the MODEL OF CARE

4. "Be collegial and supportive of colleagues, master teamwork skills and acknowledge the contributions of all."



Professionalism & Ethics

comfort our patients and visitors.

# Positive Relationships with External Physicians Benefit...

#### **Patients**

- Coordinated care and better patient outcomes
  - Smooth transitions, effective referrals, and efficient communication between referring physicians and Mayo physicians
- Physician referred patients tend to have complex conditions and will benefit the most from Mayo expertise

### ...and Mayo

- Significant portion of patient mix (~20%)
- External providers influence (positively or negatively)
   Mayo's overall reputation



## **Barriers to Making a Referral to Mayo Clinic**



No personal contact at an organization

Don't know how to make a referral

Location > patient convenience



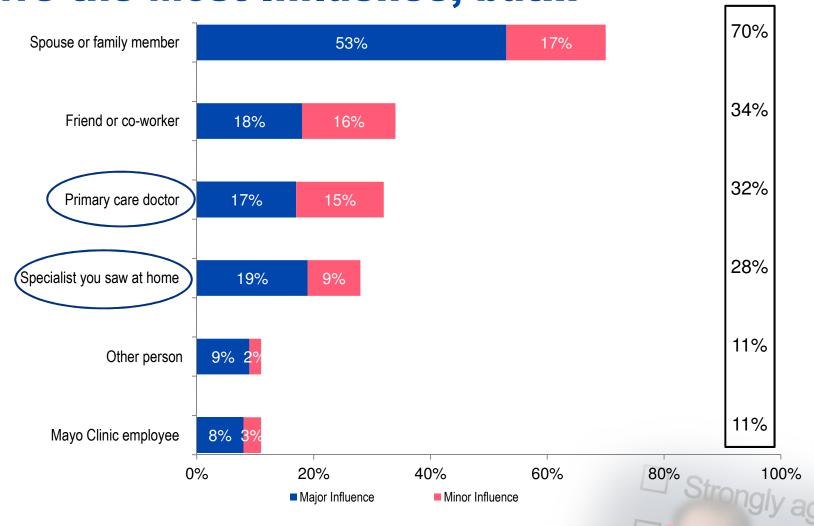
# Patients Come to Mayo Without Referrals, After Consulting Multiple Sources...

### Average # of sources cited as:

Tivorage ii or obaroos oitoa as.	2013 N=829	2011 N=953
<ul> <li>MAJOR influence / VERY important OR MINOR influence / SOMEWHAT important</li> </ul>	6.9	6.5
MAJOR influence / VERY important	3.6	3.6

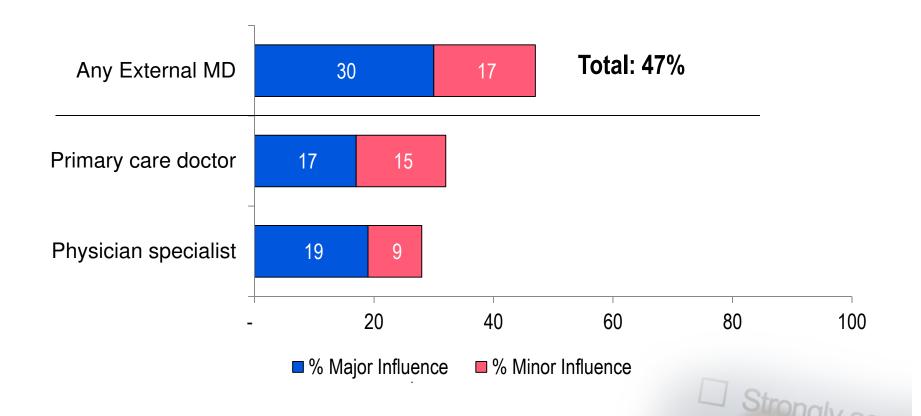


Of People Consulted, Family Members have the Most Influence, but... <u>Totals</u>





# **External Physicians Influence Nearly HALF of all New Patients**





# What are Referring Physicians Looking for When They Make Referrals?

# If treatment of complex condition is not available locally, providers rely on:

- Recommendations from colleagues (word of mouth)
- Reputation of medical center, physician or specialty program
- Timely appointment access and communication about the patient before, during and following care





People don't talk about good experiences, they talk about great experiences.

Remarkable doesn't mean remarkable to you. It means remarkable to me.

Am I going to make a remark about it?

If not, then you're average...

Seth Godin







### **Survey History**

#### Where We Were

- Small scale studies
- Specific service lines
- Campus specific, but not comprehensive

#### Where We Are Now

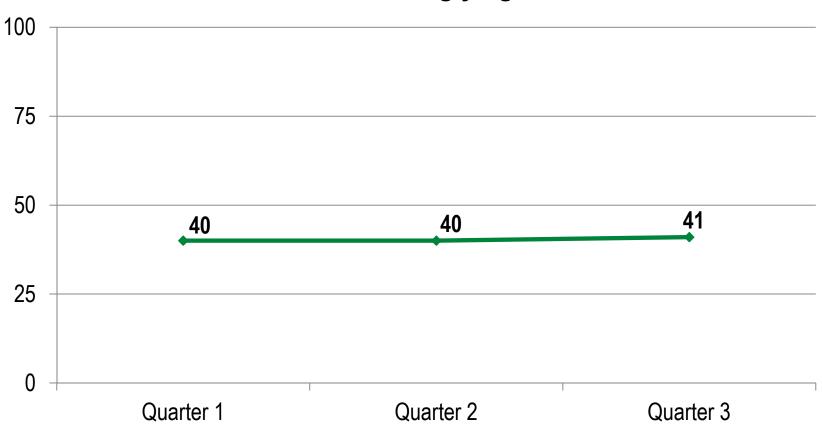
- All Destination Practice campuses
- Robust sample sizes → service line level data
- On-going quarterly reports



### **Trending Data**

## Question: The referral process was easy.

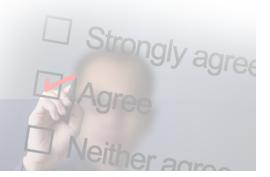
### **Percent strongly agree**





### **Survey Methodology**

- Mailed survey, completed by paper or online
- Monthly sampling
- Robust sample size
  - AZ and FL Campuses census
  - MN Campus random sample (oversampling for priority service lines)
- Response rate: ~15%
- Referrers surveyed only once/year, based on first referral in a calendar year





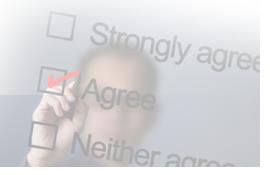
## Survey Design ►

Referral Variables  ☐ Referral requestor – MD, Nurse, Referral Coordinator ☐ Referral method – fax, phone, online ☐ Appointment expectations ☐ Date of referral – allows for trending	
Referral Process  ☐ Process was easy ☐ Knowledgeable and helpful appointment staff ☐ Timely appointment received	
Collaboration  ☐ Professional opinion respected ☐ Timely feedback ☐ Clear recommendations	
Overall Assessment  ☐ Refer again ☐ Recommend Mayo Clinic to a colleague ☐ First choice referral center	ag



# External Benchmarking – Not an option

- - Multi-specialty practice (an initial referral made to Pulmonary may result in thoracic surgery)
  - Internally employed physicians + external referring physicians = different comparison base
- INSTEAD -- We use internal benchmarking and compare campuses and services lines

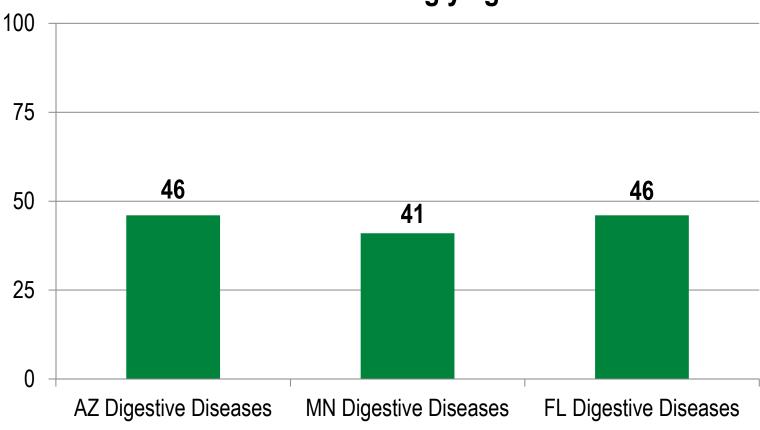




## **Internal Benchmarking**

## Question: The referral process was easy.

#### **Percent strongly agree**





# **Open-ended Survey Responses**Authenticate quantitative survey findings

### **Top Categories**

- Provide prompt, helpful feedback
- Make the referral process quick and easy
- Offer timely appointments

### **Sample Comments**

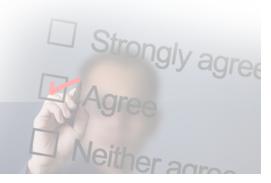
"Continue with current process. Feedback I received from surgeon and cardiologist was very good. I owe you many thanks."

"Mayo is excellent – except we never receive any follow-up!"

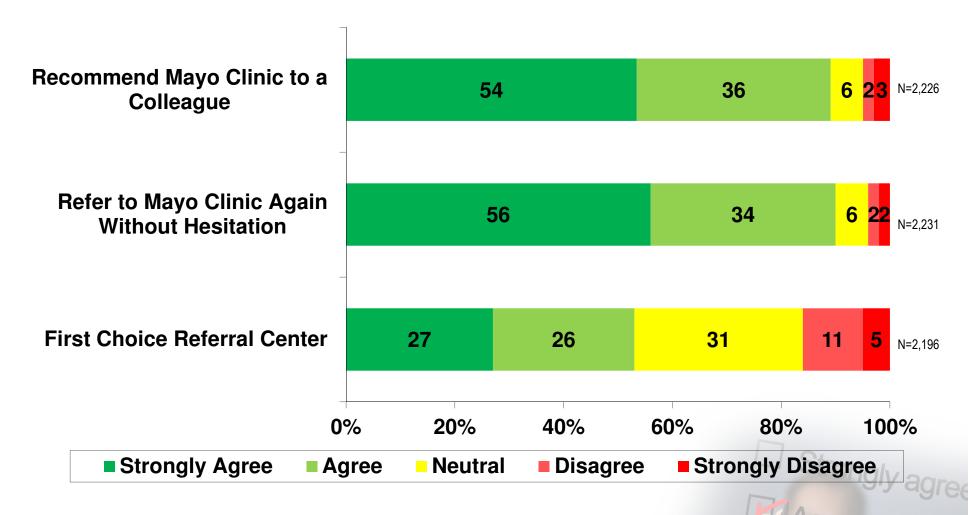


## What did we find in our study?

- Referral method impacts satisfaction fax, phone and online experiences differ
- Focus on care communication
- Improve ease and efficiency of referral process for referrers
- Campus and service line level data improve ability to identify best practices



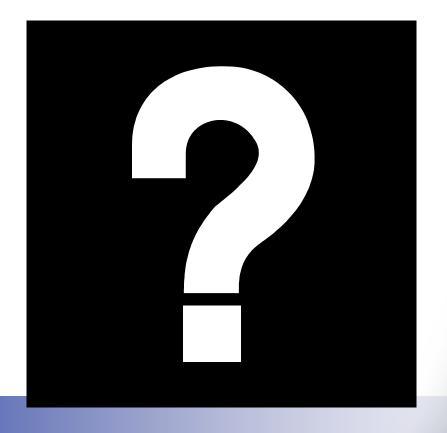
# Word-of-mouth is a critical aspect of the referral decision





### We have the data...

# So now what?







# Step 1: Coming to Consensus → Reporting

Response categories for analysis

☐ Strongly agree

□ Agree

□ Neutral

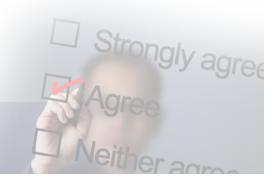
□ Disagree

☐ Strongly Disagree

% favorable

% unfavorable

- Sample size
- Relevant comparisons





## **Strongly Agree Responses**

All Respondents	% Strongly Agree*	n=
I would refer my patients to Mayo Clinic again without hesitation if medically indicated.	56	2,231
I would recommend Mayo Clinic to a colleague as a place to refer patients.	54	2,226
I believe the overall quality of care provided to my patient was excellent.	52	2,169
The person I spoke with to schedule the appointment was knowledgeable and helpful.	46	1,601
My professional opinion about my patient was respected.	45	2,121
I received clear recommendations for treating my patient.	41	2,138
The overall referral process was excellent.	41	2,193
The referral process was easy.	40	2,241
The overall process of transitioning care back to me was excellent.	39	2,093
I received timely feedback regarding my patient.	39	2,206
The patient received a timely appointment.	37	2,202
Mayo Clinic is my first choice referral center.	27	2,196
If needed, a Mayo Clinic physician was available in a timely manner for consultation prior to my referral.	21	1,138



# **Most and Least Favorable Responses**

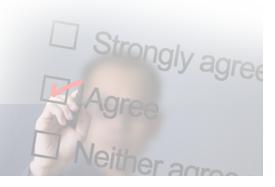
All Respondents	% Favorable*	n=
I would recommend Mayo Clinic to a colleague as a place to refer.	90	1,568
I would refer my patients to Mayo Clinic again without hesitation if medically indicated.	90	1,572
I believe the overall quality of care provided to my patient was excellent.	88	1,530
The person I spoke with to schedule the appointment was knowledgeable and helpful.	85	1,124
My professional opinion about my patient was respected.	84	1,501
The referral process was easy.	82	1,577
I received clear recommendations for treating my patient.	82	1,505
The overall process of transitioning care back to me was excellent.	81	1,479
The patient received a timely appointment.	80	1,554
The overall referral process was excellent.	80	1,552
I received timely feedback regarding my patient.	80	1,563
If needed, a Mayo Clinic physician was available in a timely manner for consultation prior to my referral.	55	813
Mayo Clinic is my first choice referral center.	53	1,548



# Step 2: Coming to a Common Understanding

- Take time to achieve consensus on data standards
  - Data displays
  - Interpretation
  - Standards for taking action

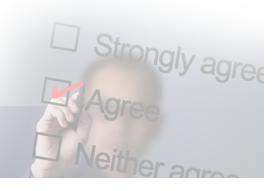




# Step 2: Coming to a Common Understanding

- Identify requirements for an institutional response
  - What are the best practices for acting on data?
  - What are the best practices for designing programs?
  - Are roles and responsibilities clearly understood?
- Partnering with clinical leadership
  - Change agents





## **Overcoming High-Level Barriers**

- Ensure data are perceived as comparable for internal benchmarking
- Understand and develop the levers that move the processes and improve the services
- Take into account Mayo's diverse referrer population and complexity/size/model of care

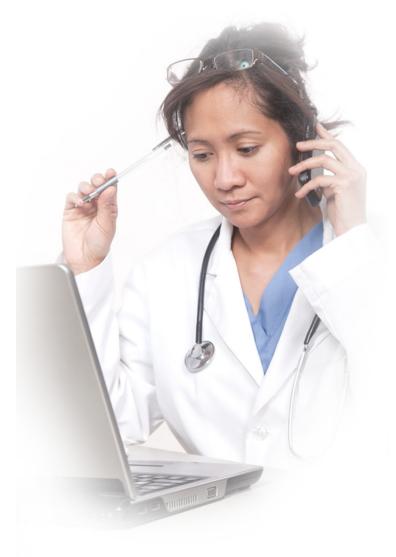


## **Diffusing Results**

- Enlist top leadership support
- Establish baseline measures
- Develop site and service line communication plan







## **Next Steps-Internal**

- Continue on-going data collection
- Track progress; regularly share results with sites and service lines
- Identify best practices and work with service lines on improvement opportunities
- Maximize relationship between Referring Physician Office and Marketing

## **Next Steps- External**

- Automatic trigger process for timely correspondence
- Increase physician visibility
- Improve referral process
- Improve technical footprint
- Maximize office visit impact





## **Questions?**

