Effective Marketing to Physicians to Overcome Barriers to Referrals

Kristin Jordan, Director, Research & Strategy
Transcend Hospice Marketing Group
kjordan@hospice-marketing.com
Hospice-Marketing.com

Maggie Chipman, Director, Strategy & Development
Transcend Hospice Marketing Group
mchipman@hospice-marketing.com
Hospice-Marketing.com

AGENDA

- Starting the conversation
- What doctors want
- Countering the fears
- “Selling” hospice to doctors
- Questions and answers
“Quite honestly, a lot of physicians are uncomfortable sitting down with patients and having these conversations.”

Source: Dr. David Fisher
Chicago Tribune, September 6, 2009

2009-2010 FOCUS ON END-OF-LIFE CONVERSATIONS

- 26% of 4,188 physicians surveyed said they would discuss hospice

Source: Cancer, January 11, 2010
“Doctors are competence junkies, and we tend to avoid things we’re not good at. This is one of them (e-o-l conversations).”

Source: Dr. Susan Block
Professor of Psychiatry
Boston.com, September 2, 2009

“Every medical study ever conducted has concluded that 100% of all Americans eventually will die.”

Source: CBS 60 Minutes Report
The Cost of Dying
November 22, 2009

END-OF-LIFE CONVERSATIONS — NECESSARY BUT NOT HAPPENING

Why?
• Doctor’s job is to cure
• Uncomfortable discussing death
• Don’t want to lose “control” of patient
• Often overestimate amount of time left
NUMBER ONE REASON DOCTORS DON’T HAVE E-O-L CONVERSATIONS

GETTING INSIDE DOCTORS’ HEADS

What doctors want
- Time
- Satisfied patients
- Evidence-based practice (proof that what they are doing is making a difference)
- Good outcomes
- Recognition (professional, financial)
- Autonomy in decision-making

How does hospice threaten these wants?
- Time
  - Fear that advance care planning discussions will take too much time
- Satisfied patients
  - Fear that patients may feel doctors are “giving up”
  - Fear that services will be withheld
GETTING INSIDE DOCTORS’ HEADS

How does hospice threaten these wants?

- Evidence-based practice
  - What evidence exists that hospice care benefits patients?
  - Evidence that doing advance care planning makes a difference?
  - Many doctors still cite SUPPORT trial
- Good outcomes
  - Concern that shifting to a palliative care approach will affect outcomes data

EFFECTIVE MARKETING TO PHYSICIANS

GETTING INSIDE DOCTORS’ HEADS

How does hospice threaten these wants?

- Recognition
  - Launching into a realm of care that physicians may not feel confident about – could damage reputation
- Financial impact of referring patients to hospice
- Autonomy in decision-making
  - Fear that hospice will “take over” their patient
  - Lack of familiarity with hospice care means their treatment choices are limited

EFFECTIVE MARKETING TO PHYSICIANS

COUNTERING THE FEARS

Meet doctors where they are

- “How do you think hospice can enhance or supplement your care for your patients?”
- “What has been your experience with hospice?”

“If you don’t know where you are going, you will wind up somewhere else.”

Yogi Berra
COUNTERING THE FEARS

Time
- Sample conversation catalysts
  - "What’s your understanding of your illness?"
  - "If we come to the point that all our attempts at curing this illness do not work, how do you want us to approach your medical care?"
  - "We may not be able to hope for a cure, but that doesn’t mean we have to give up hope. What things are you hoping for?"
  - "In spite of our best efforts, your disease is worsening. But I will continue to be your physician even if we can’t cure you. I’d like to refer you to a specialist in palliative care who can help manage your pain."

COUNTERING THE FEARS

Satisfied patients
- General data on patient satisfaction
  - Hospice
  - Advance care planning discussions
  - Individual hospice data

COUNTERING THE FEARS

Evidence-based practice
- Preventive care
  - Doctors are "sold" on certain recommendations
  - Ex: colon cancer screening – why do we test everyone?
    - Colon cancer is common
    - Intervention is usually curative
    - Long lead time
    - Cost-effective
  - The same criteria applies to advance care planning discussions that help avoid a "bad death"
- Recent studies
COUNTERING THE FEARS

Sample conversation catalysts
- "If you had a choice, when the time comes, would you prefer to die at home or in the hospital?"
- "It is important to me, as your physician, to understand your health care wishes if you become very ill. This is something I try to talk about with all of my patients long before any unexpected crises. Have you ever given thought to what type of care you would like to receive if you suffered a serious illness or injury, from which you were not likely to recover?"

GOOD OUTCOMES

Case studies of ICU patients, family discord, etc.
Stories are powerful
Doctors will identify with stories about a "bad death"

RECOGNITION

Support from hospice MD if uncomfortable managing pain meds, etc.
Financial myths
- Can still bill
  - The "GW" modifier
  - Non-hospice diagnoses
COUNTERING THE FEARS

Autonomy in decision-making
- Can maintain control
  - Reassuring that the primary MD can be as involved or uninvolved as he/she wants
  - Assistance from hospice MD available for shared decision-making

SPEAKING DOCTORS’ LANGUAGE

- Patient satisfaction
- Quality of care
  - Shift to palliative approach does not jeopardize quality, the goals are just different
- Assistance with difficult cases
  - Hospice provides a specialty service, just like gastroenterologists and cardiologists

SPEAKING DOCTORS’ LANGUAGE

- Advocating for the patient
  - Taking advantage of a Medicare benefit
  - Offering the best supplemental care to support the primary care physician’s approach to his/her patient’s terminal illness
PITFALLS/TURNOFFS

- Never appear to be “trolling” for patients
- Doctors may interpret some of the benefits of hospice as “withholding care”
  - Decreased hospitalization rates
  - Decreased utilization of resources
- Don’t give the impression that you think you know more than the doctor, even if you do
  - Lead, don’t preach

WHAT YOU CAN DO

RESEARCH

- Community-specific research on potential patient demographics
- Understanding profile of physician more likely to refer
  - Specialty
  - Age/gender
  - Medical degree
  - Years practicing
BRAND YOUR HOSPICE

- Key is the design and branding of physician communications and how to deliver to doctors
- Own a position in the marketplace that no other hospice can duplicate

This is important …
Being a “me too” brand may help physicians refer to hospices more often … but we want them to refer to YOUR hospice. BRANDING will help set you apart.

MESSAGING

- Frame conversations to physicians, nurses and staff
- Meet their need to take care of patient
- Give them facts and statistics

HAVE A STRATEGIC CMO OUTREACH PROGRAM

- Peer to peer is most persuasive
- Create database of admissions by referral source
- Decide priority of doctor visits by specialty
  - Family Medicine (PCPs)
  - Cardiologist
  - Oncologist
  - Pulmonologist
  - Etc.
HAVE A STRATEGIC CMO OUTREACH PROGRAM

- Hospice provides:
  - Highly specialized symptom management
  - Access to an interdisciplinary team to address specific needs of the entire family
  - Physicians can be as involved or uninvolved as they prefer
  - Physicians can share decision-making with CMO
  - Best possible end-of-life experience for their patients

HAVE A STRATEGIC CMO OUTREACH PROGRAM

- More than half of all hospice patients' diagnoses
  - Heart failure (cardiologists)
  - Liver failure (hematologists, gastroenterologists)
  - ALS, MS (neurologists)
  - Kidney dysfunction (nephrologists, urologists)
  - Lung disease (pulmonologists)
  - Alzheimer's, Parkinsonism (neurologists, geriatric psychiatrists, geriatricians, PCPs)
CORE INDICATORS FOR HOSPICE CARE

- Provide diagnosis-specific information cards

Chronic Heart Failure
- NYHA Class IV disease – discomfort with any activity,
  Angina, SOB, CHF, symptoms at rest
- Symptomatic at rest despite optimal diuretic/vasodilator therapy
- Ejection fraction <20%
- History of cardiac arrest or CPR, PE, DVT, MI or unexplained syncope
- Revascularization not recommended or refused

EFFECTIVE MARKETING TO PHYSICIANS

CORE INDICATORS FOR HOSPICE CARE

- Multiple hospitalizations without stabilization or improvement
- Recurrent/intractable infections
- Weight loss of 10% in past six months
- Physical decline
- Skin breakdown
- ICF score of 3 to 4 and PPS score of 40% or less
HAVE AN ACTIVE LIAISON VISIT PROGRAM

- Hire liaisons who are trained sales people
  - They already understand physicians and how to communicate
  - They will be tenacious and goal-oriented
  - Have a “territory” of specialists
  - New physician referral follow-up

HAVE AN ACTIVE LIAISON VISIT PROGRAM

- Have a planned way of thanking physicians for referrals
  - Send them a card of thanks
  - Consider including their name in a print ad on National Doctor’s Day thanking them for quality end-of-life caring
  - Send a simple gift when they’ve reached certain milestones e.g. 10, 25 or 50 referrals
  - Send an e-o-l appropriate book
  - Make sure to pass along comments of satisfied families

HAVE AN ACTIVE LIAISON VISIT PROGRAM

- Nurses in physician practices are important outreach targets
- Visit once a month to begin cycle of recognition, acceptance, discussion, buy-in
- Host an event to inform, tour the facility, discuss issues
- Be sure the communication loop between hospice and practice is active, efficient
HAVE AN ACTIVE LIAISON VISIT PROGRAM

- At the close of conversation, always finish every visit with something similar to ...
  
  ... the next time you need to refer a patient for end-of-life care, remember [hospice name]. I have left referral pads at both the nurse’s station as well as with the front office staff.

ADD’L SUGGESTIONS TO SUPPORT YOUR MARKETING INITIATIVES

- Use paid media to reach the physician demographic on public radio, symphony advertising, local newspaper, etc.
- Utilize consistent branding for all communications
- Establish physician portal on website that enables physicians to access branded hospice materials
- Execute a public relations plan geared toward physicians to increase word-of-mouth

EVALUATE ROI OF DIRECT-TO-PHYSICIAN PROGRAMS

- Programs typically take 2-3 years to show evidence of success
- Prepare your management team and board for success based on existing metrics and realistic goals
- Evaluate DTP programs on an annual basis
- Tweak programs as necessary
- Repeat ...
REMEMBER FOUR NEEDS OF PHYSICIANS

- Time
- Good outcomes
- Recognition
- Autonomy in decision-making

QUESTIONS

Kristin Jordan, Director, Research & Strategy
Transcend Hospice Marketing Group
kjordan@hospice-marketing.com
Hospice-Marketing.com

Maggie Chipman, Director, Strategy & Development
Transcend Hospice Marketing Group
mchipman@hospice-marketing.com
Hospice-Marketing.com