How to Build a Physician Referral Network
A Brief Overview on Developing Relationships with Referring Physicians

By Betsy Ames and Suzanne Dewey

Fortunately, building a physician referral network requires neither hammers, nails, or any sort of carpentry skills, nor any formal knowledge of web-based computer interactions. However, it does require a basic understanding of how to establish and maintain human relationships. That’s why the sub-title for this article includes, “Developing Relationships with Referring Physicians”; because relationships are key to gaining and keeping referrals. So if you are one of the many who were blessed with excellent medical training but not afforded the opportunity to take Schmoozology 101, or if you feel more comfortable diagnosing foot fungus than you do making “small talk”, or if you are simply a poor soul with a brilliant mind but the social skills of a newt, read on!

The best place to start is by determining who you want referrals from and then working backwards by considering what those referring physicians might need. If you were the referring physician, how would you go about choosing a specialist for your patients?

a) Open a phone book, close your eyes, and point?
b) Ask a colleague who might be good?
c) Think back to doctors you have met, liked, and with whom you might want to work?
d) Rely on doctors with whom you already have an established relationship?

While “d” might be the most desirable answer, there may be gaps in the services that those already-established specialists provide. And while it might be helpful to ask colleagues who they like, it’s also possible that their recommendations may not suit your needs. That leaves “c” as the only reasonable choice, which means you, the referring physician, are more likely to choose someone who has made the effort to go out into the community and actually meet with you. After all, nothing beats a face-to-face introduction; it’s what elevates you, the specialist, above answer “a” and transfers you from the realm of the “unknown” to the “known”.

To begin, start by mapping out who you want to meet and where they are located. Keep track of any research you do or meetings you have. Focus on finding out what the referring physician most wants to have in a consulting relationship. The top two requirements usually are timely communication and courteous treatment of their patients. (Tip: Do not underestimate these concerns for they are the basis of future referrals.)

Most referring physicians will expect to hear back from you promptly about their patient’s care within 24 hours. They do not want the unpleasant experience of bumping into their patient at the grocery store before they have heard from you. It’s a good idea to fax or email them a letter the same day you see their patient and include:
• the diagnosis, medication, and treatment plan you recommend,
• a reference of educational materials you sent home with the patient,
• a “thank you” for the referral.

In addition, a phone call is in order if you recommend any significant procedure, change in medication, or treatment that would alter the patient’s lifestyle. Think about information flow from the referring physician’s point of view. Help them have an easier relationship with THEIR patient by providing timely and informing reports.

Most referring physicians will also expect you and your staff to treat their patients with prompt, courteous service. Often times, this means offering appropriate scheduling for those patients who need immediate attention. In these cases, it is important to keep in mind that the patient may be scared and to remember that he or she will be inclined to judge the quality of care based on how friendly and comforting the physician and staff were, because patients often have little basis to judge the quality of the actual clinical treatment. The patient’s experience, good or bad, will make it back to the referring physician and more than one complaint could cause the loss of that referral source. Happy patients make happy referral sources.

Once you understand what your potential referral sources want and have evaluated your capacity to deliver on their needs, it’s time to create and implement a communication plan. Determine when you will reach out to which physicians and how you will approach them. Consider including some of the following strategies:

• Utilize CME opportunities to build your network.
• Hold an open house for your colleagues.
  o Focus on “what’s in it for them”
• Send out a greeting to new physicians in the area.
• Make sure you know who is in your building.

When talking with a potential referring physician, always be sure to find out what they need. Don’t hesitate to provide information about yourself that shows how you can meet their needs, including your:

• background/ training,
• previous experience,
• current affiliations,
• special services you provide,
• personal interests or family.

Be sure to answer any questions the referring physician might have for you and invite him or her to visit your office and meet your staff.

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It is a good idea to keep yourself visible to current and potential referral sources:

- Hold seminars on current “hot” topics.
- Open your office for a demonstration of a new service.
- Send a personally meaningful gift and note to your best referral sources.

Keep in mind that building a network is a long-term process; give yourself time to take the steps that are necessary and then evaluate how successful your efforts have been.