

New Physician Launch Pad

Over the years, Memorial Health System has had the good fortune to work with physicians who not only are committed to providing the best healthcare possible but play an active role in bringing new clients to Memorial. These doctors have helped make Memorial what it is today—a thriving health provider and community partner. The loyalty and satisfaction of their patients is the foundation of Memorial's success. What follows is the collected advice of five of these physicians, doctors skilled in the art of attracting new patients and keeping them.

A recent article from *JAMA* considered how physician competence might be defined and assessed. Outside of cognitive, technical and integrative dimensions of physician skills, Drs. Epstein and Hundert discussed the importance of emphasizing the following dimensions of a doctor's skill set as well:

Context

Clinical setting

Use of time

Relationship

Communication skills

Handling conflict

Teamwork

Teaching others (eg, patients, staff, and colleagues)

Affective/Moral

Tolerance of ambiguity and anxiety

Emotional intelligence

Respect for patients

Responsiveness to patients and society

Caring

Habits of Mind

Observations of one's own thinking/emotions/ techniques

Attentiveness

Critical curiosity

Recognition of/response to cognitive and emotional biases

Willingness to acknowledge and correct errors

It's in these categories that the cadre of physicians interviewed for this piece largely focused their advice. They assumed cognitive, technical and integrative skills and pointed to these broader “abilities” as areas that distinguish a physician in the mind of a patient.

A Doctor is *Who*?

Certainly this core group of physicians stressed the importance of providing excellent medical care. But “care” was defined broadly and contingent on much more than an ability to diagnose and treat illness or injury. Doctors had to use social skills to build a comfort level with their patients, they had to know their patients beyond their medical issues, and they had to be willing to move outside traditional appointment structures. Doctors, in their minds, were also leaders in the office, the final models for staff attitude and work ethic, and actively aware of office management and operations issues. More than that, they saw physicians as community members, people who traveled back and forth between the worlds of office and larger local affairs, visible and invested in the immediate environment that shapes their clients and themselves. Embracing all these varied definitions of physician gives these doctors unique appeal to their patients, at the same time making their careers more rewarding.

Managing Relationships: A Physician “Gets Around”

Again and again, our physicians stressed the importance of nourishing relationships with **Patients, Staff, and Community**. At least one physician added the most important relationship of all: a physician's own family and friends. Dr. Bob Sweeney noted that physicians learn things from their personal relationships that carry over to what their patients too must experience. Prioritizing family and friends in the midst of so many other, less intimate, relationships, “makes you a better physician.”

Patients

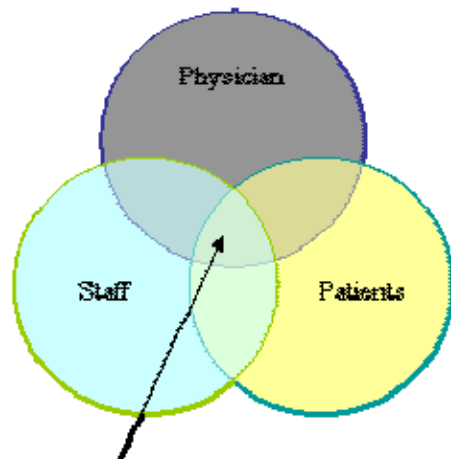
Dr. Charles Hagenow believes the key to success for the office is “to treat every patient as if they were the most important person the doctor will see that day.” He says that he doubts patient expectations have changed that much over the years, but family structures have, making people busier than they were in the past, and requiring the medical community to be more accommodating of schedules. Availability is a critical principle of Dr. Hagenow's office. Extended hours worked for him as he built his patient base. One day a week he had late hours, and twice a week he offered patients early morning hours. “There are lots of working patients who appreciate this accommodation,” he says.

Dr. Mike DeStefano tried to adjust hours, but his office staff had a hard time covering off times. Nevertheless, he continued to look at ways to make the patient experience in his office the best it could be, clearly prioritizing patients before anything else. “Patients come before phone calls, interviews, and most everything else,” he says. He made very conscious decisions about the environment of the office. In the waiting area, for example—the first thing a patient sees—he believed it was important to include fabrics, furniture and artwork that reflected the same feeling a comfortable living room might. He stocked it with a large selection of magazines—“something for everyone, not just parenting or mom magazines”—and he made sure they were always current. He used to use pre-packaged materials and information to give patients, but now his office creates their own materials, branding them with their practice logo and a look distinct from other offices. He advocates keeping a full schedule: “even if you have only three patients a day—make sure they're all there at once.” For him, giving the appearance that the office is full cultivates an atmosphere of success. When an office is busy, a waiting list can keep it that way,

giving unscheduled patients the chance to take canceled appointments. But even in scheduling, sensitivity is crucial. Dr. DeStefano uses the example of a woman who has just miscarried. She shouldn't be scheduled to come in when the waiting room is filled with pregnant women.

Dr. Vincent Henderson says his interaction with patients is based on this philosophy: “listen twice as much as you speak.” He stresses the need for patients to be heard and have specific problems addressed directly. Dr. Hagenow says doctors should always sit down in the exam room to give patients a sense of ease and let them know that the focus is on them. Most importantly, he says, is the obvious advice to “be honest. If you don't know something don't try to fudge it or trick a patient. Tell them you don't know and you'll find out. Use consultants or refer a patient to someone else if you need to.” Dr. Hagenow makes a special effort to track what patients tell him, unrelated to medical issues. “Sometimes the most important thing a patient tells you is when they're leaving the room.” If he hears that one of his patients is going on a trip or painting a room in their house, he writes it down so he can ask them about it they next time they meet. In this way, he builds relationships on a medical and a personal foundation.

In short, each of these highly successful physicians returned to the concept of putting the patient above all else—through availability and flexibility, through environment, through the quality of medical care, and the sensitivity with which that care is delivered.



Dr. DeStefano says that as active leaders in how things are managed, doctors have to recognize where the common ground is between themselves, staff and patients. They also have to know where they might be “micro-managing.”

Staff

Dr. Henderson says that for him, communication with staff is the most important factor in office success. “The staff you work with is the best advertisement for your practice,” he says. He fosters an environment of open communication and strives to treat everyone he works with equally, consciously giving staff empowerment and education opportunities. Dr. Hagenow agrees. “Support staff is everything,” he says, pointing out that a physician sets the tone for his or her office. By the time a patient sees the doctor, the experience of coming to the office is

already well underway. How a patient is greeted or given information, how he or she was treated on the phone when the appointment was scheduled—these are the interactions that pave the way to the exam room.

Dr. DeStefano says that sometimes checking your ego can be helpful in terms of office management. “You can't do it yourself,” he says. Micro-managing reduces the ability of other people to do their jobs. At the same time, physicians can't just “doctor,” but have to be a part of the team of the office. He recommends that all physicians “step up to the front lines” and play an active role in office governance, which will help a doctor understand how the system of his or her office works, and how it can work better.

Dr. Ken Shively agrees that distinguishing between what a physician can do and what his or her staff can accomplish more efficiently is important. “Physicians need to understand that their training is medical—not business.” He emphasizes the necessity of hiring exceptional managers and surrounding yourself with people whose skills complement yours. By finding the best possible staff, and training and supporting them well, doctors perform at their best capacity.

Dr. Ken Shively's
3 Things You Need to Build A Practice:

1. Availability. People want to see a doctor when they are ill or injured. If that can't see their physician, they'll go to a Med-Point or an emergency room, and be disappointed that they couldn't see their own doctor instead. Offering hours in the evening or at other “non-traditional” times can be very popular, as well as make your practice “different” than others. Offering availability for a variety of services or health choices can also be successful. Dr. Shively's office tried acupuncture.
2. Affordability.
3. Ability. A physician's medical expertise is often what gets them to a place like Memorial in the first place. But without skills in other areas as well, their capacity to serve the public will always be limited.

Dr. Shively notes that medical schools often teach these three qualities, but in the opposite order.

Community

All of these physicians agreed that far more than any other method of “advertising,” new patients came to them by word of mouth. They had heard about the office from a friend or family

member who was pleased with the quality of care he or she received, or else—they'd simply come upon the doctor's name *out in the community*.

Dr. Sweeney, who's served on the South Bend Community School Board for twelve years, says that word of mouth is the number one way to get new patients. And besides patient referral, establishing a strong community presence out beyond the walls of your office is what spurs word of mouth.

Most of these doctors have visited some combination of schools, churches and civic organizations to talk about their expertise and get to know people. "It's not enough to be a physician," says Dr. Sweeney. "You need to be in the community."

Dr. Hagenow points out that after availability, a physician must be "exposed." Community exposure lets people understand that your commitment to health includes certain individuals (your patients) *and* the greater community. "Exposure" can happen in other medical settings too. Soon after Dr. Hagenow began his own practice he frequently filled in for doctors on vacation or slowing their practices. As older physicians retired, he was able to obtain their clients. He also worked in the emergency room at a local hospital and attracted patients from his work there. When he visited nursing homes, he met other potential patients. Dr. Henderson mentions the importance of knowing colleagues who might someday offer you referrals. Stopping in to say hello to other physicians and specialists are simple ways to build these relationships.

These professionals agreed that brochures and more conventional advertising could be helpful, but that nothing compared to maintaining a strong personal reputation in the community through direct interaction. Being a strong community member and inspiring current patients to want to recommend their doctor to friends keeps the word of mouth spreading.

Like everything, recognizing strengths is just as important as thinking about areas of improvement. Without taking time to do this, a doctor might not have a clear sense of what it is that makes patients value him or her, and what qualities about the office patients view as advantageous over other options. Administering short exit surveys to patients can easily provide honest feedback. Coding the surveys by payor type, a physician may find that younger patients value his or her approach, while the Medicare population is not as satisfied. Adding a "How did you find out about us?" question lets an office track the paths that patients take to find a physician.

Relationships in Context

"One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient."

- Frances Weld Peabody in "The Care of the Patient"

An article by Mayer and Cates from the *Journal of the American Medical Association* reads: "patients' perceptions of service satisfaction have a clear impact on their perception of quality of care... While the technical competence of health care is well established and, at times, breathtaking in its accomplishments, it is no longer enough to ensure that patients are satisfied, regardless of whether the missing element is called customer service, patient satisfaction, caring competence, beneficence, or good old-fashioned bedside manner . " In the end, physicians who have succeeded at Memorial over the years repeatedly name these general terms and others for considering *how* care is delivered. They offer quality health care that can't be separated from the context of that care—from a patient's mood to the physical surroundings in which the care takes place, to the larger community in which patients and physicians live together as neighbors and citizens. "It's fun to be a part of patients' lives," says Dr. Sweeney. "You have to want to be a part of that." These doctors attest to the fact that understanding these contextual factors takes what some might view as "more work," but that through this understanding *all* their work becomes more satisfying to them—yet another measure of success.

Works Cited

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