



Physician Outreach Guidebook





Look Inside

1	Physician Outreach Guidebook	1
2	Health Care Landscape.....	2
3	Identifying & Mapping Physicians.....	4
4	Tailoring Your Practice Message to Physicians ...	5
5	Connecting With the Practice.....	7
6	Tracking Your Success	10
7	Common Questions.....	12

1. Physician Outreach Guidebook

Investing your time, energy, and money in a physician outreach program is an effective, lucrative strategy to bring untapped referrals into your office. It is a crucial element that fits into your overall marketing strategy.

Why Physician Outreach?

- Did you know 73% of the U.S. population talks to their primary care physician (PCP) about hearing loss before consulting anyone else, yet only 13% to 15% of PCPs test patients (Hearing Healthcare Marketing Company, 2016)? When you develop a meaningful partnership with physicians, you also plant the seed to grow meaningful relationships with their patients.
- With recent changes in over-the-counter distribution of hearing aids and online sales of personal sound amplifiers, physicians need to be aware of the limitations of use on those technologies to ensure that their patients are capable of accurately deciphering the differences, limitations of use, and benefits of varying technologies.
- Patient care is on the physician's top-priority list. When they are able to help serve their patients with the best care, they are in turn supporting their total body health.
- Educating physicians on comorbidity — the simultaneous presence of two chronic diseases or conditions in a patient — between hearing health and a growing list of associated diseases helps these physicians better care for their patients, allowing the patients to lead healthy, fuller lives.

- Physician outreach gives you another outlet to brand yourself as a community health care expert.
- Generally, it's more expensive to bring in a new patient with traditional marketing than it is with a physician outreach program. For example, it costs \$450 to \$550 for each new appointment through traditional marketing, whereas a physician outreach program is more of an investment in time.

What to Expect

You can do physician outreach successfully no matter what size your practice is as long as you consistently implement your strategy.

Utilizing this guidebook is going to help you organize, create, and implement that strategy.

Remember: It takes time to build and preserve your network, so stick with it! It can take six to nine months to generate one referral from a new physician relationship. The potential upside is worth the time and effort and will help you maximize your execution.

For example, if a practice gained three additional hearing aid opportunities a month through physician referrals while maintaining an effectiveness ratio (ER) of 1.3 and an average sale price (ASP) of \$2,500, over the course of a year this practice would generate \$123,229 in additional revenue!

What's your potential return on investment? Jump ahead to page 10 to calculate the potential for your market.

2. Health Care Landscape

Be the expert — know the layout of current health care conditions.

The Physician Quality Reporting Score (PQRS) has changed the way physicians approach patient care; they are now required to be more proactive about patient health. The higher their PQRS, the better their reimbursements are. This scoring system is based on a patient's total health and how diseases can be linked to health concerns or cause a ripple effect.

For a PCP to receive payments for a Welcome to Medicare Visit (IPPE) or Annual Wellness Visit (AWV), they must evaluate many preventive issues — including hearing loss. This has opened the door for hearing care experts to educate their peers on how hearing loss can be linked to other diseases or conditions.

Treating hearing loss is now viewed as a preventive medical approach:

- When treating hearing loss, the PCP takes a holistic approach and treats the entire patient.
- Hearing loss is now classified and treated as a life-threatening issue.

These two points combined lead us to what we call our comorbidity approach.

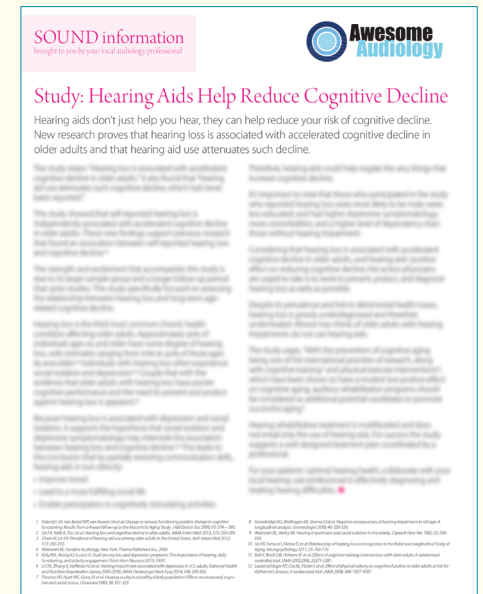
Comorbidity Approach

Comorbidity (*kō'môr-bīd'ī-tē*)

n. The simultaneous presence of two chronic diseases or conditions.

Educating physicians on the links between hearing health and numerous other health concerns brands your practice as the expert in the community. Utilizing this education, physicians can enhance the overall health of their Medicare patients while increasing their reimbursements by achieving a higher PQRS.

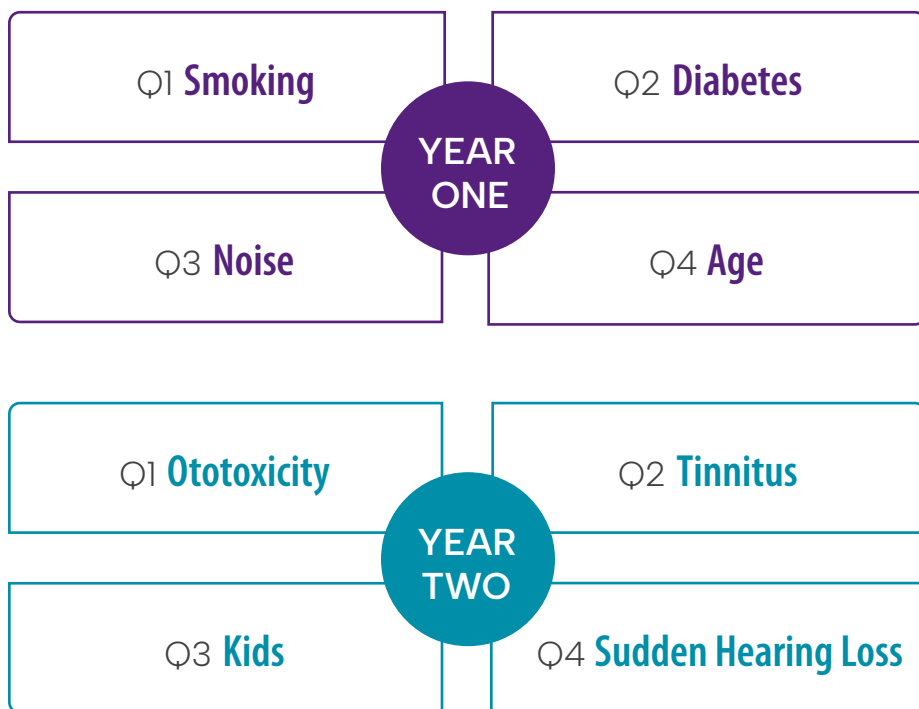
Building on this relationship with the physician should result in an increase in private-pay patient referrals to your practice. Our vehicle for educating physicians on comorbidities associated with hearing loss is through sharing relevant content (see **Figure 2.1** as an example).



↑ **Figure 2.1** – White Paper Example

Content Calendars

Figure 2.2 is an example content calendar that can be followed or adjusted to suit the needs of the practice. For each of the topics listed in the example, Audigy has developed multiple white papers for its membership to use.



↑ **Figure 2.2** – Content Calendar for Physician Outreach

SECTION 2 GUIDEBOOK EXERCISE:

Building Your Content Calendar

1. Build out your own content calendar for physician outreach using **Figure 2.2** to the left as an example.

Q1: _____

Q2: _____

Q3: _____

Q4: _____

2. Identify additional support materials you need for the quarter. Audigy's content experts take care of the research and supply its membership with a proofed final copy to use.

3. Identifying & Mapping Physicians

Proper organization of contacts is key to simplifying your approach.

Building Your List

1. Identify which physicians are currently referring to you. Generate this physician list by pulling a list from your operating management system (like Sycle or TIMS). You need to maintain a relationship with these referrals and incorporate them as part of your ongoing outreach.
2. Identify new PCPs to target — here are options for gathering the information:
 - » Research online for physicians
 - » Keep in mind that specialty physicians such as endocrinologists, oncologists, and neurologists can also be incorporated as secondary options

Organize Your List

After you've developed a comprehensive list of the physicians in your market, it is helpful to house it in a spreadsheet for easy sorting and tracking.

To manage your time effectively, we recommend plotting all of the physicians you identified on a map.

With your practice being the center point, divide the map into four quadrants, as pictured in **Figure 3.1**.

The goal is to target a specific area in your community to avoid zigzagging across town. During your outreach, you will focus your time in quadrant one for the first week of the month. The second week of the month, focus on quadrant two, and so on. If you are completing outreach on a weekly basis, you will have visited all targeted physicians' offices by the end of the month.

Note: A good starting place would be to identify 5 to 10 practices to visit and engage with consistently for 6 months.



↑ **Figure 3.1** – Physician Outreach Map

4. Tailoring Your Practice Message to Physicians

Your elevator pitch is your brand.

Your Physician Practice Message

In this section, we are going to tailor your practice message specifically for physicians. The goal is to develop a two-minute (or less) pitch that summarizes what you have to offer, why the physician's office should care, and how you can work together to help their patients.

Key things to consider when tailoring your practice message to physician outreach:

1. What is your practice known for among your patients or community?
2. What kind of relationship do you want to have with the listener(s)?
3. How long have you been in the community?
4. How/why are you different from your competitors?
5. What is your common interest with the listener(s)?
6. What matters the most to them? Time? Quality patient care? Superior service?

Key components of a successful approach revolve around the components seen in **Figure 4.1**.

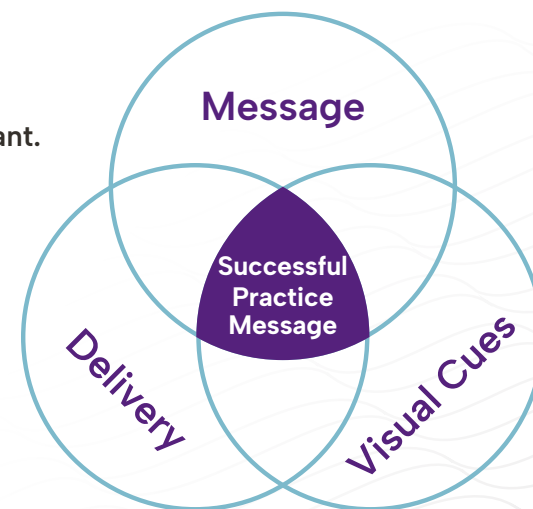
Remember

- You'll have to interact with a gatekeeper first.
- Your message should be short and succinct.
- Touch on what the listener does to show you have done your research.
- Be intentional, well rehearsed, and conversational.

Constructing Your Message

Consider these three statements every time you have an interaction with the community. Use them to tailor your practice message for the physician:

- **Acknowledge that you understand WHY the physician's role is important.**
"We know [e.g., providing valuable health content] is important for your patients' overall well-being."
- **Explain HOW you can meet that need.**
"We would like to [e.g., bring you this valuable health content on a monthly basis], which would help you [e.g., improve your patients' overall well-being]."
- **State WHAT they can expect from you.**
"If you can rely on us to consistently bring this to you, you can trust us to deliver [e.g., the best patient care to anyone you refer]."



↑ **Figure 4.1** – Practice Message Approach

Here's what it might sound like:

WHY: We know the **health of your patients** is important to you at ABC Primary Care.

HOW: If we could help you **improve the overall health of your patients** and, in turn, **possibly raise your PQRS reimbursements**, would you find value in that?

WHAT: You can expect Awesome Audiology to provide **helpful medical studies on the comorbidities of hearing health and numerous common health issues**. Would it be possible to grab a few quick minutes with [Dr.'s or referral coordinator's name]?

Your Visual Cues

You are always communicating something with those around you, even if you aren't saying anything. Being mindful of how you come across and how approachable you are will help your delivery be genuine and effective.

Here are some key things to consider:

- Use confident body language — shoulders back.
- Remember to keep eye contact.
- Hold your hands in a neutral position — no fidgeting!
- Smile — not only will your listener be able to see your excitement, they will hear it in your voice.

SECTION 4 GUIDEBOOK EXERCISE:

Implementing Your Message

This is your opportunity to see where you can be more intentional and conversational.

Build your two-minute physician practice message using the example from the previous page:

1. What is important to them?

2. What can you do to meet that need?

3. What can they expect from you?

4. Put it all together:

5. Practice your two-minute physician outreach practice message with your team. Go through the below list of visual cues and have your team critique the items.

Remember: Keep it around or under two minutes.

Check off the completed items:

- | | |
|--|---|
| <input type="checkbox"/> Body language was confident and calm | <input type="checkbox"/> No fidgeting or anxiety-based habits |
| <input type="checkbox"/> Shoulders were straight and not hunched | <input type="checkbox"/> Strong, confident smile |
| <input type="checkbox"/> Eye contact | <input type="checkbox"/> Practice message was less than two minutes |

5. Connecting With the Practice

Best practices for making first contact.

Connecting With the Practice

There are three key contacts (other than the physicians) to introduce the practice to. The following are some strategies to approach them on your visits.

1. Referral Coordinator (RC): This is the person who is responsible for making the patient's actual referral to the specialist. They may have this title, or you may have to ask who in the clinic is responsible for referrals — it could be a nurse or another employee. In most cases, if the physician's office has an RC, the physician isn't even aware to whom the patients are being referred. The RCs will benefit most from knowing a lot of the basic information you share with potential patients. The starting point is to find out what they need and see how you can help them. Here are some ideas:

- » What is the difference: ENT vs. Au.D.?
- » Why do hearing aids cost so much?
- » What is the price range?
- » What happens at a visit?
- » What is the difference you provide?

2. Nurse Practitioner (NP): Usually considered the right hand of the physician, the NP's primary focus is patient care. Typically, they emphasize:

- » Health education
- » Risk identification
- » Wellness orientation
- » Preventive care

NPs are a great link between the patient and the physician. They are expected to communicate to the patients and their families the proper care needed. Including them in the comorbidity approach is an excellent strategy.

3. Practice Manager: This person runs the daily ins and outs of the practice. Like the practice managers in your offices, they wear multiple hats and are always seeking ways to drive better patient outcomes. Make sure they know who you are and what services you provide.

***Note:** Don't be discouraged if you're unable to talk to the physician, which is common. Most physicians (75%) no longer take meetings with pharmaceutical representatives (Hearing Healthcare Marketing Company, 2017).*

Putting Your Best Foot Forward

Establishing new relationships consists of calling and visiting the physician's practice.

Practice Calls

Introductory calls only need to happen with new physicians. Set aside about 30 minutes for your call in a place where you won't be disturbed. During the call:

- Give a brief introduction of yourself and the practice.
- Find out who the key patient care team is.
- Ask when they are available for a brief, in-person introduction.

Practice Visits

- Be prepared. Bring a shared patient's information, if applicable.
- Bring a practice information packet (branded folder, brochure, introduction letter, card) — see sample packet in **Figure 5.1**.
- Bring the current white-paper study, and be prepared to discuss it.

Be mindful of their time — keep your interaction short and polished.

Greet the receptionist with a friendly introduction. If this is the person you spoke with on the phone, connect the dots to your last conversation.

Next, ask a receptionist if the RC is available.

If the RC Is Not Available

- Ask for their business card.
- Ask to leave a practice information packet for the physician or RC.

If the RC Is Available

- Introduce yourself and deliver the practice message.
- Ask, "How can we best assist your practice?"
- Relay areas in which you can help that they may not know about, like comorbidity education and research.
- Incorporate PQRS and comorbidity education and research.
- Mention over-the-counter PSAP limitations of use.
- Ask questions tailored to their practice.
- Define next steps.

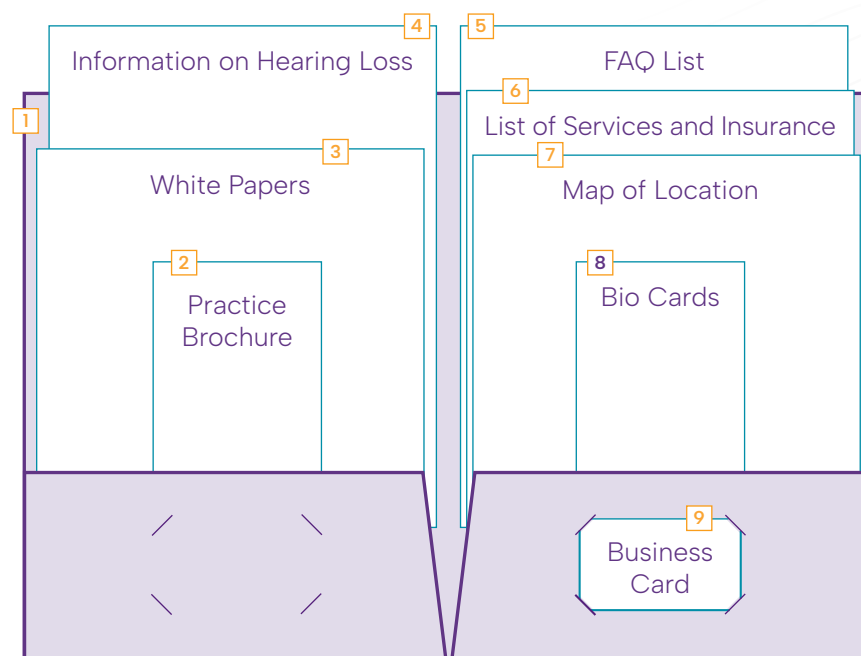
After the visit:

Enter notes and follow-up items in a tracker (see page 11).

Practice Information Packet

The following (**Figure 5.1**) is an example of a folder we recommend bringing on your visits to physicians' offices. This is the first impression of your practice — make sure the information flows well within the folder and your contact information is easy to find and accurate. The folder should have a high-resolution logo on it.

1. Folder with logo and contact information
2. Practice brochure
3. White papers on your comorbidity topic
4. Generic information on hearing loss
5. FAQ list
6. List of services provided and insurance accepted
7. Map of location and distance from the physician's practice
8. Biography cards for providers
9. Business card



↑ **Figure 5.1** – Practice Information Packet Contents

SECTION 5 GUIDEBOOK EXERCISE:

Preparing for Your Practice Visits

1. Block-schedule your outbound physician calling on your calendar.
2. Research key people within the office (besides the physician). Fill out the following items to prepare for your visits.
 1. Practice name

 2. Receptionist

 3. Referral coordinator

 4. Nurse practitioner

 5. Office manager

 6. Notes on practice

 7. Follow-up items

 8. Practice appointment day and time

3. Create your folder of information to hand out during your visits. Use the below as a checklist to make sure you have everything.
 - High-resolution logo
 - Folder with logo and contact info on it
 - Updated practice brochure
 - Business cards
 - White papers on your comorbidity topic
 - Biography cards for providers
 - Generic information on hearing loss
 - List of services provided
 - List of insurance accepted
 - FAQ list
 - Map of location and distance from the physician's practice

6. Tracking Your Success

Managing your return on investment

Setting Expectations

You and your team have everything you need to be successful, but what does that success actually look like? Let's calculate it!

The Physician Outreach Calculator (**Figure 6.1**) gives you the ability to estimate the projected revenue of your physician outreach efforts. The calculator takes into account the actual figures associated with your practice to illustrate what's possible.

To start, we need to factor in the effort associated with bringing in a new referral — we call that a touchpoint (TP). A TP is:

- A phone call to the practice
- A practice visit with the practice's RC
- Dropping off thank-you gifts
- Hosting lunch-and-learns
- Sharing educational materials on comorbidities

In the calculator, we've factored in the pharmaceutical average of **six TPs to bring in one new patient referral**. If you've found that your practice is more effective, you can update the calculator to reflect that variable.

Looking at the blue row in the calculator example, this practice has determined that they will be able to complete **35 TPs in one month**. Since we are applying the pharmaceutical average that it takes six TPs to bring in one referral, the practice can expect six patient referrals from their physician outreach efforts. This is shown in the projected referrals column.

$$35 \text{ TPs} \div 6 = \text{about } 6 \text{ projected referrals}$$

Number of Touchpoints: 35 | Practice's ASP: \$2,500 | Practice's Average ER: 1.3 | Avg # of Touchpoints for a Referral: 6

Time Frame	Touchpoints	Projected Referrals	Referrals With Loss	Projected HA Sales	Projected Revenue
Weekly Projections	9	1	1	1	\$2,370
Monthly Projections	35	6	3	4	\$10,269
Yearly Projections	455	76	38	49	\$123,229

↑ **Figure 6.1** – Physician Outreach Calculator

In the example on the prior page, we've determined only **50% of the patient referrals will have an aidable loss**. In this case, only three patients would be classified as a referral with loss.

6 referrals x 0.5 = 3 referrals with loss

Applying the practice **ER (effectiveness ratio) of 1.3**, this practice could expect four hearing units will be purchased.

3 referrals with loss x 1.3 ER = 4 HA units

With an **ASP of \$2,500**, this practice could expect revenue just over **\$10,000/month**.

4 HA units x \$2,500 ASP = \$10,000/month

With consistent effort in physician outreach and maintaining all of the variables, this practice could expect to generate over **\$120,000 in revenue**.

12 x \$10,000 = \$120,000/year

Tracking Your Success

Figure 6.2 below is an example of a tracker that can be used to capture vital information regarding the implementation of this program. It's designed to track all your follow-up efforts, what was discussed at the visit, and mileage. The information includes:

- Contact information
- Visit dates and collateral
- Scheduled lunch-and-learns
- Lift in referrals from visited physicians

Physician List									
Practice Name	# of Referrals	Location Group	Referring Contact	Physician Name	Phone Number	Address	Notes/Comments	Date of Last Call	Details
Example Medical Group	3	Hillside	Eleanor Rigby	Dr. Adams	555.555.5555	123 Hillside Rd.			

↑ **Figure 6.2** – Physician Outreach Tracker

SECTION 6 GUIDEBOOK EXERCISE:

Final Preparations

1. Go through the ROI calculator and configure the potential in your market based on your practice numbers. Review it as a team to share what the potential contribution of the efforts could be.
2. Set up your physician tracker for the quarter. Fill in all the specific weekly targets, and be sure to update your team during team meetings.
3. We recommend revisiting your targets every six months.



Congratulations!

You are ready to start executing your physician outreach program.

Remember: It takes time to build and preserve your network, so stick with it! It can take six to nine months to generate one referral from a new physician relationship. The potential upside is worth the time and effort and will help you maximize your execution.

Success Story

Learn how one practice in Fort Worth, Texas, drove 1,200 low-cost referrals by educating physicians about new hearing technology options.

[READ THE FULL STORY](#)



7. Common Questions

What to expect from your outreach.


 **What is the most impactful way to prepare?**

A. The biggest way to prepare yourself is to know who you are reaching out to. It is important to be prepared by doing your research and knowing the physician network that is in your market. Know what services they offer, who the key people are on their staff, and the current landscape of health care so you can speak their language.

We recommend you start by grouping the physicians in your market into three key categories, focusing on primary physicians first:

1. Existing physicians — those who are already referring to you on a regular basis
2. New physicians you want to target and increase referrals with
3. Physician groups and networks that may or may not be closed

The majority of the road blocks will happen with your new physicians and the physician groups. Don't be discouraged or give up too soon. Remember, the goal is to "educate to obligate" and earn the trust of your peer network, which takes time. Doing nothing never creates new opportunities.

 **I've been doing physician outreach consistently for several months, and I'm still not seeing the physician. How do I know my material is getting into their hands?**

A. Keep in mind the physician's primary focus is spending time in their practice, where they generate the most revenue, not meeting with outside peers. Very rarely will you actually get to spend time with the physician.

We recommend including the **referral coordinator, nurse practitioner, and practice manager** in your visits. These are key influencers in the practice who help provide direction and information to the patients. Focus your efforts on building relationships with these practice contacts.

 **We see a lot of hospitals purchasing or absorbing practices. What are your suggestions for working with them?**

A. The same strategy applies for hospitals as it does to physician groups. An in-house audiologist may not see the need to market themselves the same way you do, because they rely solely on the referral source of the network. If this is the case, they are more than likely not as informed on the regulations as you are. This is an opportunity to "educate to obligate."

The comorbidity approach is still a viable strategy for providing necessary information to assist them in providing an enhanced level of care to their patients. Again, be willing to be a backup plan for them while they are out. Focus on the services you offer that they can't, and take the opportunity to be collaborative.

You can also take steps to become credentialed as an in-network or out-of-network provider for their insurance plans and be a local resource (especially if you are in close proximity to the hospital).

 **What additional collateral or items should I bring to the physicians?**

A. Many practices like to bring gift baskets and holiday-themed giveaways when they visit. We absolutely encourage this! From lunch for the staff to office supplies, the ideas are endless. **We recommend keeping your gift below \$25** and doing something that will make you **stand out and be useful for the team.**



 **How do I approach hospitals and large physician groups?**

A. Large groups and hospitals can be intimidating, but be careful not to make assumptions or decisions for them. **Focus on making yourself known, and educate them about how you can help increase their PQRS scores.**

With the **Physician Quality Reporting Score (PQRS)**, all PCPs are now required to set up a Prevention Plan of Service during a Welcome to Medicare Visit (IPPE) or Annual Wellness Visit (AWV) regardless of what groups or hospitals they are associated with.

Physicians' Medicare reimbursement rates are now determined by the **PQRS** and **Meaningful Use**. If these scores go down, reimbursement rates drop. If they drop too low, the PCP risks not being able to accept Medicare. Even if hospitals and large physician groups already have in-house audiologists, most of them rely solely on their referral sources, so they may or may not be keeping up on the newest information or doing a formal outreach like you are doing.

 **I continually hear, "We're supposed to refer in-house." How can we build a respectful relationship with them?**

A. It's important to respect the boundaries of an existing referral source. If they already have an in-house audiologist, showcase the additional services you can provide to them. Be willing to offer your practice as a backup plan for when their audiologist is out sick or on vacation, or their schedule is full. **Remember: No matter whom they refer to, the patient still has the power to elect where they get their medical treatment.**

Let them know how you are different from other retailers, other private practitioners, and even ENTs. Keeping your practice top of mind places you in a position to be remembered.

Discover additional ways to improve your brand and engage your local community.

[GET INFO ABOUT OUR MARKETING SERVICES](#)





In a world of corporate consolidation, big-box competitors, the rise of third-party payers, and other industry challenges, don't just survive — thrive. Learn to achieve results you never thought possible with Audigy.

Visit us at Audigy.com.