

ARTICLE

Improve referring provider satisfaction—and boost referrals—with these strategies

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Provider referrals are a critical pathway for patients to receive specialty care. Yet 63% of referring physicians are dissatisfied with the referral management process. This dissatisfaction leads to lost volumes for health systems. Physicians making referrals can (and do) switch hospitals and specialists because of poor experiences.

Several obstacles clog the pipeline between referring and receiving providers, creating dissatisfying experiences for providers, operational staff, and patients. These obstacles arise from deep systemic challenges (e.g., capacity constraints, aging technology) that create a disconnected or confusing referral journey. Health systems need to take a programmatic and orchestrated approach to improve referral satisfaction.

This article is the third in a series that discusses how to impact key drivers of physician referrals, drawing on Chartis' work with health systems and WebMD Ignite's analytics and insights on referrals. This article explores the key components of a holistic and well-orchestrated approach to understanding the experiences of referring providers, including their challenges and common dissatisfiers.

1. Unpack provider referral challenges

To effectively improve the referral experience for all consumers, health systems must put in place mechanisms to better understand specific pain points, whom those pain points affect, and how to prioritize solutions for the most persistent challenges.

Organizations can utilize these practices to identify and prioritize key provider referral challenges:

- **Align the organization around a vision for the ideal referral journey—and re-visit it.** While this may vary across specialties and ancillary services, a common understanding about what “optimal” looks like is critical. Within the context of the vision, health systems should then identify common pain points among referring providers that they need to address.
- **Use appropriate tools to capture referral preferences.** Provider relationship management (PRM) tools can give health systems the platform to catalogue referring provider networks and their preferences. Effective use of PRM tools can nurture relationships with providers as well as quantify interactions and their impact on referral goals. For example, understanding and honoring communication preferences for individual providers will help ensure that messaging about patient referral activity is streamlined, efficient, and productive.

2. Address common dissatisfiers along the provider journey

Providers are consumers with their own unique needs. Treating referring providers like consumers and addressing these needs is key to a holistic and well-orchestrated approach.

- **Thoughtfully expand appointment availability for referred patients.** Referred patients are effectively “qualified leads.” Yet all too often, health systems treat them like any other patient. As a result, referred patients, even when having known and verified needs, often find it difficult to get an appointment. Health systems that reserve appointment slots to expedite referred patient scheduling can boost satisfaction among providers and patients.

The challenge is finding thoughtful ways to expand appointment availability amid capacity-constrained organizations. However, there are ways to do so. For example, a large physician group in the Northeast uncovered unused capacity after a detailed analysis. This enabled them to add visit slots, balancing the number of designated patient slots, overbooking slots, and same-day slots.

- **Increase transparency in services offered.** Another common challenge is that referring providers don’t know to whom they should refer. Organizations often strive to maintain up-to-date lists of providers. However, maintaining a provider database can be difficult, and outdated information can create more problems than solutions.

From an online perspective, health systems should focus instead on inventorying the services offered through an easy-to-navigate website. Health systems also can leverage programmatic advertising and health-endemic site targeting to meet providers where they are with contextually relevant ads, driving traffic back to service pages and enhancing brand awareness.

In addition, communicating service offerings through educational sessions or social gatherings can go a long way in building a referral pipeline. For example, a leading heart and vascular program in the Midwest grew its program by offering targeted services in its regional hospitals. To build volumes,

physician leaders conducted outreach and hosted social gatherings, building relationships and offering visibility into the types of services offered in the regional hospitals.

- **Streamline the referral process.** A chief complaint from referring providers is that the referral submission process is cumbersome. In some cases, certain providers or facilities still request legacy technologies (e.g., fax), taking up valuable referrer time. What's more, the referral submission process is often inconsistent across sites of care and service lines. Organizations should strive for a uniform experience for the referring provider.

One organization created a clear protocol for how to handle referrals across two key service lines. It identified the types of requirements for each step (e.g., where in the process clinical review was necessary). Identifying these requirements upfront with the right stakeholders across key decision-making points resulted in a streamlined process that referring and receiving providers all had a voice in building.

- **Close the loop with referring providers and patients.** Another dissatisfier is that the referral process can feel like a “black box,” with little or no information about the results of referred services. By one estimate, referring providers receive patient results only about 34% of the time. This communication gap can also create patient care challenges, especially if patients are not actually receiving needed care.

In addition, for the many health systems with capacity challenges, proactively tracking and communicating those constraints with referring providers and patients is crucial. Health systems also need to help them navigate those challenges at the onset of the referral (and, of course, work to expand access).

One health system sought to “close the loop” with referring providers. Tactics included assigning responsibility for care coordination and referral management and establishing care coordination agreements with referring provider offices. They succeeded in closing the loop in more than 73% of referrals, improving patient safety and outcomes as well as patient and referring provider satisfaction.

Addressing dissatisfiers is the first step in your referral management strategy

Provider referrals, both within a health system and from the community, are a critical pathway for patients to receive specialty care. Given broad provider dissatisfaction with referral management processes, health systems must implement a holistic and flexible approach to understand and address key dissatisfiers.

To do so, health systems should set a clear vision for their referral journey and invest in the tools and processes that help them capture and document referring provider preferences. Taking these steps will help health systems manage the unique preferences of their referring physician audience—and in turn, prioritize which process improvements will help satisfy and retain referrals.

Referring physician satisfaction is only one component of a broader strategy to improve patient referral volumes. To evaluate their referral management strategy, health systems should also consider: (1) the increasing role of patients in provider referrals; and (2) their market dynamics and the tools they need to better understand the opportunity.

Together, addressing these focus areas—understanding patients, driving provider satisfaction, and unpacking data analytics and market dynamics—make up a comprehensive referral strategy that will help providers reduce the impact of lost revenue due to patient referral leakage.

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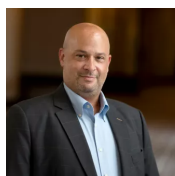
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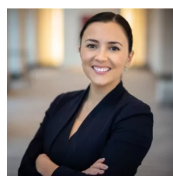
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