

How to Build a Physician Referral Program



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Marketing consultant Bob Tysoe has helped hundreds of hearing healthcare specialists connect with physicians through his Hearing Healthcare Marketing Company, his book *A Marketing Guide for Hearing Healthcare Providers*, and his website www.audiologypracticemarketing.com. He shares practical insights on the important outreach hearing aid specialists should engage in for the betterment of physicians and their patients.

Take the Continuing Education Quiz on page 63.

Many physicians keep computerized lists of “specialists” to whom they refer, whenever a patient’s care needs dictate. Hearing aid specialists can earn their spot on that list of specialists by developing partnerships in patient care with primary care physicians. To do this, you can follow the examples of Educate to Obligate® messaging strategies outlined in this article. However, understanding a physician’s primary considerations should be at the heart of any hearing healthcare professional’s plan to form an alliance with local physicians. It is vital to always keep in mind that a physician’s primary concern is for their patients’ well being. So, the

heart of a physicians’ marketing program should convey how hearing aid specialists may bring additional solutions which help physicians meet their daily challenges in the comprehensive care of their patients.

Efficacy (or, effectiveness) is a physician’s priority when treating his or her patient. Whether the physician is deliberating about a new medication, an innovative treatment process, or a proven surgical procedure, efficacy, always comes first. Regarding efficacy, one must also consider patient involvement. Patient engagement can be defined as: “Providers and patients working together to improve health. A patient’s engagement



in healthcare contributes to improved health outcomes and information technologies can support engagement. Patients want to be engaged in their healthcare decision-making process, and those who are engaged as decision-makers in their care tend to be healthier and have better outcomes.”¹ This is where hearing aid specialists can enhance patient engagement and, thereby, positively affect physicians’ efficacy. Any solid physician outreach campaign should be based on the fact that your services can improve the physician-patient relationship through enhanced communication brought about by the proper use of hearing aids where needed.

Hearing healthcare professionals can ensure that the patient can hear the physician’s verbal instructions. Hearing aid specialists can make sure that they provide testing and treatment for ‘at risk’ patient populations, (diabetics, smokers, cardiovascular disease patients, those exposed to toxic noise, and the aged patient, to name a few) to reduce the unacceptably high incidence of depression in these patients with untreated hearing loss. The incidence of depression is approximately 12 percent, versus 6 percent for those whose hearing loss has been treated. Depression is a significant risk-factor for non-compliance with medical treatment. Compared with non-depressed patients, the odds are 3 times greater that depressed patients will be non-compliant, or not engaged, with medical treatment recommendations.²

TALKING POINTS

(to share on a visit, in a presentation, or in your literature)

Patients who may need to see a Hearing Aid Specialist may:

- Have difficulty picking out words in the presence of background noise⁴
- Speak loudly and has trouble understanding or responding
- Have a history of falls⁵
- Have problems with balance or dizziness⁶
- Experience depression, worry or anxiety, related to the inability to hear⁷
- Have complaints of tinnitus—a buzzing or ringing sounds in one or both ears⁸
- Be exposed to high noise levels (above 85 Decibels) on their jobs⁹

Hearing healthcare professionals can altruistically distribute authoritative research about the various life-style related, co-morbid conditions that are proven to be independent risk factors for hearing loss, so that physicians may be more effective with their “risk versus benefit” counseling. As a result, more patients will receive optimal hearing healthcare.

You may provide further benefit for the physician as they seek efficacy, improvement in patient quality of life, and an overall lower cost of care by providing patient education material about the disease state of hearing loss, in both English and Spanish. It is vital to provide materials translated in the languages spoken in your community. Twenty percent of Americans aged 12 years and above, who cannot pass a 25 dB hearing screening in their worse ear, travel through their primary physicians’ offices. Building a bridge from your practice to your local physicians’ offices is the best way to reach many of these potential clients.³

Pre-Launch

Before you begin a physician marketing campaign, it is wise to first engage in some internal marketing. First, make sure your brand and your practice’s mission are well defined. Then, communicate that to your staff. It is vital that your entire staff is on the same page, knowing your brand’s promise and keeping it! Make sure that each staff member can share precisely what your practice’s mission is.

First, you will need to create a list of primary care physicians in your area. I suggest setting a goal of finding fifty physicians to target. Collect their names, addresses, and other contact information on your list. You can find a helpful tool online called “The Little Blue Book” and look for physicians in these categories: family practice, internal medicine, endocrinologists, nephrologists, cardiologists, and geriatricians. Be sure to include on the list any physicians who currently

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refer to you. Then, choose those clinics that are closest to you—proximity counts when it comes to patient engagement. It is a good idea to select those clinics that have multiple physicians on staff as it will help save time in getting the word out to more doctors. Targeting a busy clinic that does not currently refer to you, but has a high potential to do so if you develop peer-to-peer relationships with the physician and the staff is an excellent idea. Also, it is important to keep in mind that all physicians' clinical staff contribute directly or indirectly to the patient care outcome.

Pre-Introduction

Before you go on your first cold call visit, it is a good idea to warm up your welcome by sending out a letter of introduction, stating that you will visit. Send this to your targeted physicians with a white paper or information sheet on hearing healthcare (possibly secured from a manufacturer). Send four copies,

one for the physician, one for the medical assistant, one for the referral coordinator, and extras for the patient exam room walls. Include your practice brochure, and extra business cards. You or a designated physician liaison should begin making optional “cold calls” two weeks after the initial mailing.

ENTs

If you haven't done so previously, take this time to contact your local ENT clinic and suggest that you “collaborate, not compete” with them.

Offer to provide

- call coverage for them at nights and on weekends,
- care for their patients if their own hearing healthcare provider is sick,
- assistance if their hearing healthcare provider
 - has an over-booked schedule,
 - needs help with patients with “hassle factors”,
 - goes on vacation,
 - resigns,

- retires, or
- does not take certain insurances that you may.

Respect their patients, while they respect yours. Asking to become their Plan B provider of choice, is one step closer to becoming their Plan A provider of choice.

What to Bring

Keep in mind that you do not need to info-dump every brochure and marketing piece on your first visit, but you should be prepared for whatever may come at you. Be sure that your practice brochure contains an updated list of your services, so that you can use it to validate the reasons why the physicians and their staff should refer their patients to you. This piece should help differentiate you from the competition. Here are other pieces to be prepared with on your first visit:

- Business cards,
- Maps,
- Patient reports (if you have one for their patient),
- Thank You for Referral notes, and
- Clinical research articles.

Follow-up

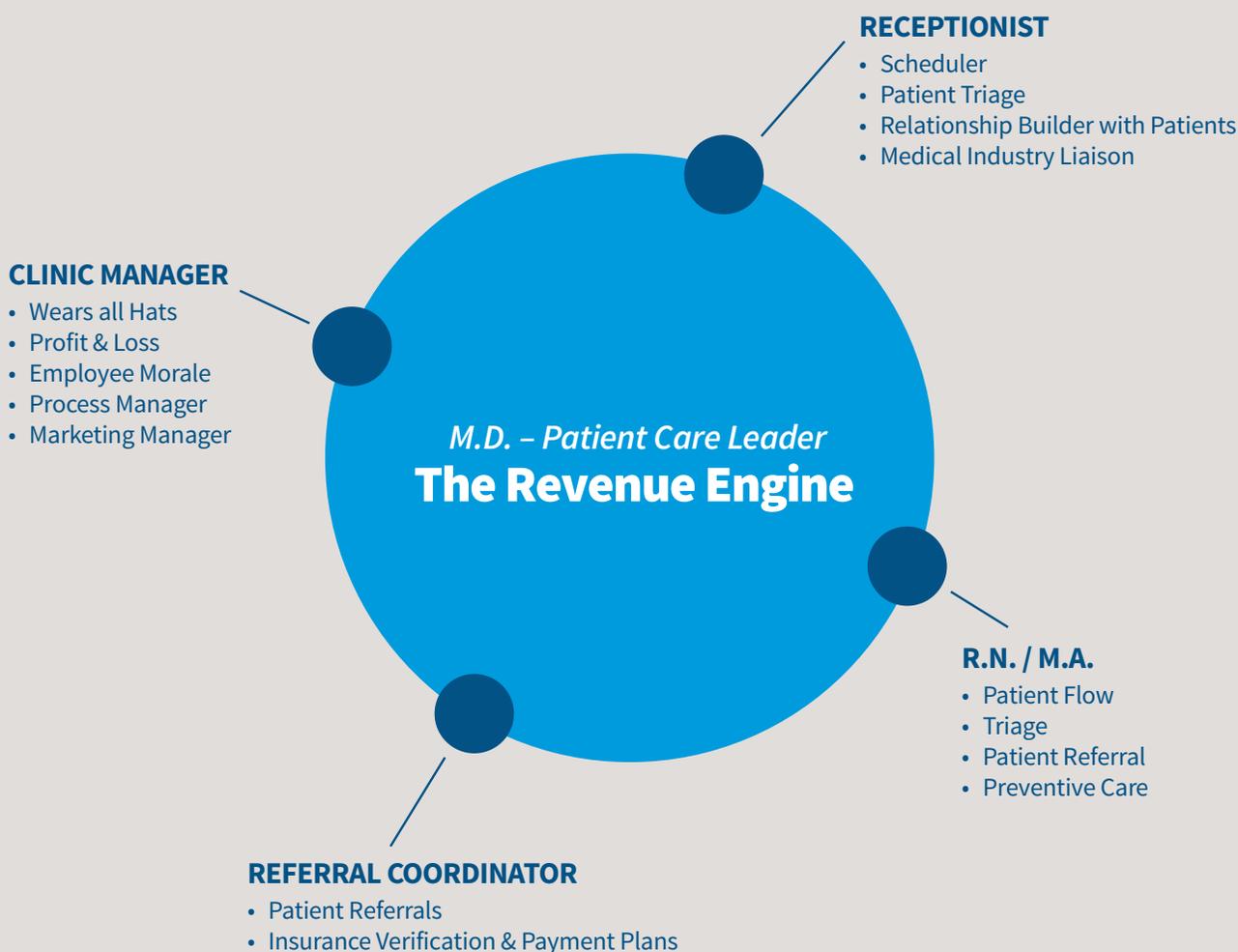
Mail out clinically-oriented newsletters on a monthly basis. Your target audience is the physician and his/her staff since everyone contributes to the patient's care outcome. These are customized and something you can produce in house or order from various sources. You can also mail out patient education handouts from the National Institute of Health. These can be found online

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THE TOTAL OFFICE CALL

The physician is the revenue engine, and their priority is providing quality patient care within the time limits dictated by their schedule. Every staff member in a physician's office either directly, or indirectly contributes to the patient care outcome. Each person needs to receive a package of hearing healthcare information that educates them on the most frequently encountered patient types, co-morbid conditions that cause/are related to hearing loss, the negative consequences of untreated hearing loss, the benefits of care, and the reasons why they should refer a hearing impaired person to you, and your practice.

It is an easier decision for the receptionist to allow you to meet with the medical assistant. This valuable professional is the "patient care coordinator" and can be your information conduit to the physician. In the absence of the physician, or the un-availability of the physician, he/she needs to be your "learning champion" by default. Every staff member needs to be aware of the need to diagnose, treat, and prevent hearing loss, and how to make the patient referral to your clinic. You can develop a working relationship with each member of the physicians staff, as well as the physician, by making the "Total Office Call".





at www.nidcd.nih.gov. You may print these out or order them in bulk from this website. These help improve patient health literacy about hearing loss, and enhance patient engagement.

Video Outreach

Since forty percent of physicians are now employed by hospitals, you may access new hearing impaired patients by placing patient education videos about the disease state of hearing loss and the co-morbidities that drive the epidemic of hearing loss, in the “closed practice” waiting rooms. These videos should provide your contact information. If you aren’t interested in producing one yourself there are companies which have them readily available.

Patient Reports

Be sure to immediately send out

TALKING POINTS

(Share on a visit, in a presentation, or in your literature.)

Risk Factors and Symptoms for Hearing Loss

- Age above 50 years.¹⁰
- Age above 18 years when a high-risk comorbidity is present, example: diabetes.¹¹
- Cardiovascular disease, hypertension—3 times greater incidence.^{12, 13, 14}
- Diabetes—two times greater incidence.¹⁵
- Obesity—two times greater incidence.¹⁶
- Smoker, past smoker or exposed to second hand smoke—two times greater incidence.
- Dizziness, lightheadedness, imbalance, or vertigo.¹⁷
- Irritability or socially withdrawn, symptoms of depression.
- Usage of ototoxic medications;¹⁸
 - Salicylates (aspirin and NSAIDs),
 - Aminoglycosides (Antibiotics),
 - Loop Diuretics, and
 - Antineoplastic Agents (anti-cancer drugs)

a patient report to each patient's primary care physician, with their permission. You will now have patients in common, plus stronger reasons to collaborate in inter-disciplinary patient care. There are many software companies which can help you devise custom reports for this purpose of sharing with physicians. It is a good practice to hand-deliver any patient report when upon assessment you detect "unusual findings" to the primary care physician's offices. And, a follow up phone call with explanation by the hearing aid specialist demonstrates your commitment to quality care for your mutual patients.

Lessons from the Pharmaceutical Industry

Follow the pharmaceutical industry marketing model, and conduct monthly tele-marketing campaigns to your database of physicians. On your visits, make sure you meet the referral coordinators, medical assistants, and clinic managers. You may want to add these staff members to your email blasts as well. The secret of success in earning their referrals is providing them with patient-care solutions.

Lunch and Learns

After a rapport is developed with an office, you can schedule a Lunch and Learn with the receptionist or medical assistant. Spend that brief time sharing how your practice can help their patients. Be sure to bring hearing aids and share what the latest technology offers, such as hearing aids that simultaneously treat tinnitus.

Remember, that when hearing aid specialists seek partnerships in patient care with primary care physicians,

TALKING POINTS

(For preparing your own presentation.)

- Over 30% of people over the age of 65 have hearing loss; 26.7 million Americans have a clinically significant hearing loss and fewer than 15% use hearing aids.¹⁹
- 20.1% of baby boomers have hearing loss
- 1.4 million children have hearing loss.
- Approximately 82% of people with hearing loss do not seek treatment
- Patients with untreated hearing loss are more likely to report depression, worry, anxiety, social isolation, and other quality of life issues.²⁰
- The signs of hearing loss can be subtle and emerge slowly, or be significant and come on suddenly. Be the ready resource for sudden hearing loss diagnosis.²¹
- The majority of patients with hearing loss list their primary care doctor as their most important source of information about where to go for hearing healthcare services.²²
- Only 13-15% of primary physicians screen for hearing loss. Only 8% of internal medicine specialists screen for hearing loss.²³
- Physicians and allied health professionals should encourage patients suspected of having hearing loss to seek appropriate testing, diagnosis and treatment, e.g. the diabetic patient. This is especially true for patients over the age of 12 years, in high-risk categories: those exposed to both second-hand smoke and who have previously smoked or are an active smoker, those with hypertension, cardiovascular disease, peripheral vascular disease.²⁴
- We offer state-of-the-art audiometric testing.
- Efficacy—90% of patients with hearing loss who can be treated with hearing aids show improved symptoms, improved mental well-being, and quality of life when treated with this advanced, highly efficient technology.²⁵
- Our goal is to be more than a provider; our goal is to be your hearing healthcare specialist and participate with you in the comprehensive care of your patients.

your services can help improve communication between physician and patient in many ways. Enhanced communication is a benefit in the exam room, in that it may alleviate a significant cause of depression which is a barrier to care, and it may improve

the patient's understanding of their diagnosis so that they are engaged enough to be decision-makers in their care, become healthier, and achieve better outcomes. When providers,

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patients, and hearing aid specialists work together to improve hearing healthcare there exists a compelling mission all can believe in. ■



Remember to take the Continuing Education Quiz on page 63.

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IHS Continuing Education Test

How to Build a Physician Referral Program—article on page 12

1. Communicating the cost-savings of patients properly utilizing hearing aids should be at the heart of a physician referral campaign.
 - a. true
 - b. false
2. You should engage in internal marketing
 - a. after you launch your physician referral program.
 - b. so that nurses and medical office assistants will remember your brand.
 - c. so that your staff will know your brand's promise and keep it.
 - d. None of the above
3. It is best to begin a physician referral program by identifying and targeting ___ primary physicians in your area.
 - a. 5
 - b. 15
 - c. 50
 - d. 100
4. When first contacting your local ENT physician who has already has a hearing aid provider, ask to become their
 - a. primary provider of choice.
 - b. secondary provider of choice.
 - c. only provider.
 - d. None of the above
5. The use of ototoxic medications poses no risk for hearing loss.
 - a. True
 - b. False
6. Patients with untreated hearing loss are more likely to
 - a. report depression.
 - b. experience anxiety.
 - c. experience social isolation.
 - d. All of the above
7. Efficacy is not a physician's primary concern when treating his or her patient.
 - a. True
 - b. False
8. Only 25% of all primary physicians screen for hearing loss
 - a. True
 - b. False
9. Percentage of patients with hearing loss who can be treated with hearing aids and show improved symptoms, mental well-being, and quality of life?
 - a. 50%
 - b. 75%
 - c. 90%
 - d. 100%
10. It is extraneous to send an introductory letter or information to a physician before you visit in person.
 - a. True
 - b. False

For continuing education credit, complete this test and send the answer section to:

International Hearing Society • 16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154

- After your test has been graded, you will receive a certificate of completion.
- All questions regarding the examination must be in writing and directed to IHS.
- Credit: IHS designates this professional development activity for one (1) continuing education credit.
- Fees: \$29.00 IHS member, \$59.00 non-member. (Payment in U.S. funds only.)

HOW TO BUILD A PHYSICIAN REFERRAL PROGRAM

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____

Office Telephone _____

Last Four Digits of SS/SI # _____

Professional and/or Academic Credentials _____

Please check one: \$29.00 (IHS member) \$59.00 (non-member)

Payment: Check Enclosed (payable to IHS)

Charge to: American Express Visa MasterCard Discover

Card Holder Name _____

Card Number _____ Exp Date _____

Signature _____

(PHOTOCOPY THIS FORM AS NEEDED.)

Answer Section

(Circle the correct response from the test questions above.)

1. a b	6. a b c d
2. a b c d	7. a b
3. a b c d	8. a b
4. a b c d	9. a b c d
5. a b	10. a b

