Understanding the Physician—Strategies that Build Confidence and Increase Selling Effectiveness

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Speaker Disclosures

• The speaker for this presentation has no conflicts of interest to disclose.

• Off-label and/or investigational drug uses will not be discussed during this presentation.
Objectives

• To understand the physician environment including, training, regulations and reimbursement
• Increase your confidence to influence the physicians patient care decisions
• Develop credible, effective communication habits to foster enduring physician relationships
• Fortify your sales management skills with techniques for developing competence and confidence in your sales team
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1st Objective

To understand the physician environment including training, regulations and reimbursement
Physician Education

• Requirements

1. Earn an undergraduate degree
2. Take the Medical College Admissions Test (MCAT)
3. Complete medical school and earn a medical degree (generally 4 years)
4. Complete a Residency Program (approx. 3-8 years)
Physician Education

5. Obtain licensure and certification
   • Includes taking the USMLE (United States Medical Licensing Examination)
   • May be required to become board-certified in specialty which generally includes passing one or more exams

6. Obtain ongoing Continuing Medical Education credits (CMEs)
Hippocratic Oath

- Oath historically taken by doctors
- Credited to Hippocrates
- Not required by most modern medical schools

Photo credit: Aldus Manutius/public domain
Physician Categories

- MD vs DO
- PCP/IM
- Attending physician
- Rounding physician
- Visiting physician
- Medical Director
- Hospitalist

- Diagnosis-specific specialists
- Other specialists
- Resident
- Traveling physician
- SNFist
- Other
Physician Trends

- In the United States
  - By 2025, deficit of 35,000 to 44,000 adult care primary physicians
  - In a 2010 survey: of 1,177 graduating US medical students, only 2% planned to enter a general internal medicine career
  - In 2004, median income of specialists was twice that of primary care physicians, ranges still hold true lowest pay are pediatricians and GP’s highest are CV Surgeons
Physician Trends

• Declining or uncertain reimbursement
  • Average physician fees decreased nationwide by 25% between 1995 and 2006, coincident with the decrease in physician hours (JAMA)

• Decrease by 7% in average hours worked by physicians per week between 1996 and 2008 (US Census Bureau)

• More practices owned/managed by hospital systems
Physician Trends: ACO

• Accountable Care Organization
  • A group of providers and suppliers of services working together to coordinate care for regular Medicare patients
  • Goal to deliver seamless, high quality care through a coordinated approach
  • Patient-centered medical homes
  • Bundled payment risk models
Compliance

- Physicians Regulatory Environment
  - Stark Law and Sunshine Act
  - Audits
  - Anti-kickback
  - False Claims
Stark Law

- Prohibits referrals to entities in which the physician has a financial relationship
- Exceptions may be allowable
- Protocols for self-referral disclosure
Anti-Kickback Statute

- Social Security Act
  - It is prohibited to pay remuneration for a referral to anyone who gets payment under a federal health care program
- Strict limits on spending related to anything of value
- Is it okay for our medical directors to refer to their Home Infusion Companies?
Federal False Claims Act

- Prohibits knowingly submitting false claims to the U.S. Government for payment
Michigan doctor's chemotherapy fraud explored in hour-long Dateline broadcast

U.S. District Judge Paul Borman, after hearing from two cancer experts and 20 victims and relatives of former patients over four days in July 2015, sentenced Fata to 45 years in federal prison, ordering him to pay $17.6 million in restitution.
How Physicians Get Paid

• Multiple payer sources
• Preferred reimbursement depends upon
  • The practice model
  • The compensation model
  • The specialty, etc.
• Physician practices are evolving from fee-for-service to a more comprehensive outcomes-based model
• ICD 9 and 10 Codes
Compensation Models

• Most focus on productivity, efficiency and amount of dollars brought into the practice

• 6 main models
  • Salary
  • Equal sharing
  • Productivity
  • Salary plus bonus
  • Capitation
  • Productivity plus capitation
Managed Care

• Reimbursement depends upon the health plan
• Reimbursement factors may include
  • Patient outcomes compared to control group
  • Patient satisfaction
  • Procedures
  • Complications
  • Follow-up visits
  • Re-hospitalizations
Private Pay Reimbursement

• Patients pay out of pocket

• Concierge model
  • Reduced number of patients in practice
  • Patient pays an additional yearly fee
  • Payment accepted may vary
Medicaid/Medicare Reimbursement

• State/Federal-Regulated
  • Declining reimbursement
  • Often, states are slow to pay or in some cases, have issued IOUs
  • Elimination of reimbursement for some services
  • Medicare Advantage Programs
  • Rural Health Care designations
  • Incentives for Quality
2nd Objective

Increase your confidence to influence the physicians patient care decisions
What Do Physicians Care About?

Write down as many needs as you can!
What Physicians Care About

- Quality care
- Increased revenue
- Patient satisfaction
- Fewer phone calls and interruptions
- Education
- Facts, stats and studies
- Proper coding and billing
- Getting paid on time

- Saving time
- Reducing re-hospitalizations
- Timely and efficient communication about patients
- Protocols for communication
- Proper diagnosing of conditions
How Can We Address Some of the Physicians’ Top Needs?

• Efficiency
• Money
• Time
• Stress
Communicating Patient Information

The #1 strategy for positioning ourselves as a resource!
Exercise: Who’s Who in a Physicians’ Practice?
Physician Contacts

• Physician
• Receptionist
• Practice Administrator
• Office Manager
• Biller
• Medical Assistant
• Med/Lab Tech
• Medical Records
• Nurse
• Nurse Case Manager
• Physician Assistant
• Patient

• Nurse Practitioner
• Therapists
• Triage Nurse
• Referral Nurse/Coordinator
• Preferred Vendors: e.g. DME, ambulance
• Vendors: i.e. Pharma, DME
• Scheduler
• Social Worker
• Marketing Specialist
• Non-Physician Practitioner (NPP)
Nurse Practitioner (NP)

- RN with advanced training in nursing
- Scope of practice varies from state to state
- Generally, chooses a particular nursing specialty
- Collaborative relationship with physician
- Diagnoses and treats
Physician Assistant (PA)

- 2 year program for mid-level advance practice clinicians
- Does not need to choose specialty
- Practices under supervision of a physician or surgeon and uses a medical model of care
- Has a similar scope of practice as NPs
- Scope of practice varies state to state
- Must pass a national exam
Where Do Physicians Practice?

• Independent/Group practices
• Hospitals including ERs
• Surgery centers
• Nursing Facilities
• Home Visits
• Urgent Care Clinics
Share Outcomes

• Re-hospitalization and emergent care
• ER Avoidance
• Patient satisfaction
• Testimonials (verbal or written)
• Letters, cards
• Case studies
Patient Summary

• To ensure effective collaboration, some physicians find it helpful if they are provided with a monthly summary relating to their patients

• The summary includes:
  • Patient names
  • Dates of service
  • Diagnosis
3rd Objective

Develop credible, effective communication habits to foster enduring physician relationship
1st Impressions
Initial Introduction

• Introduce yourself, who you represent and the services you offer

• Ask for a 1-2 minutes and stick to it

• State what you want to accomplish in the time that you are there
  • Be concise-get to the bottom line!
  • Have data/outcomes as evidence

• Try to set up an appointment, if possible, and as applicable

• Never remind a physician he/she is busy
Working with Physicians

• The receptionist is KEY!
• Need internal advocate
• They have been burned
• You’re not a vendor when you are an extension of care
Position Yourself

• Bring articles or e-mail information on a regular basis
• Find out what associations and organizations the physicians and staff belong to, join and become active
• Discover if the physicians are looking for additional opportunities, be the conduit to additional resources especially for patient care
Follow-up on referrals

• Update on referral status
• When a patient is not admitted, explain why and develop a follow-up plan as appropriate
Delivering Orders

• Identify physician preferences for signing orders
• Use as the opportunity to meet briefly with the physician or other contact in the practice
• Have something additional of value to discuss
4th Objective

Fortify your sales management skills with techniques for developing competence and confidence in your sales team
Coach to sell in a strange environment

• Usually done standing
  • You have 60-90 seconds: present one thing along with its related 3rd party evidence
  • You have 2-3 minutes (80% of the time)
    • Direct approach with 1-2 open-ended questions, one solution, benefits, related 3rd party evidence
    • Present one solution with benefits, evidence
Physician Barriers
Physician Barriers

- Gatekeeper
- Wants gifts; we cannot provide gifts
- “You don’t know my business”
- “You waste my time”
- Time constraints
- Too many vendors
- Pressured by hospital system
- Poor past experience

- No understanding of services, value or differentiators
- Does not want to give up on patients
- Formal relationship with another provider
- Loyal to another agency
- Hates change
Role Plays:

1. Practice getting an appointment
2. Practice a short hallway conversation
Exercise 1:  
1-3 minute Role Play  

• You have the opportunity to gain access to one of the newer physicians in a multi-physician oncology practice  
  • What is your agenda? Plan A and Plan B!  
  • Develop 1-3 detailed probing questions  
  • What tools will you use to keep the physician’s attention?  
  • How will you position yourself to give the physician a reason to invite you back?
Exercise 2:  
3-5 minute Role Play

• You have finally developed a relationship with the gatekeeper at an internal medicine practice with a sole physician. You gain access to the physician as he is reviewing charts in the lab area.
  • What is your agenda? Plan A and Plan B!
  • Develop 2-3 detailed probing questions
  • What tools will you use to keep the physician’s attention?
  • How will you position yourself to give the physician a reason to invite you back?
Scenario A

Dr. Jones is part of a practice with 10 cardiologists.

- Half the patients are consults from primary care physicians and half are the practice’s own patients.
- The practice is affiliated with a large hospital with its own home infusion company
- Dr. Jones makes about 2 Inotrope referrals per month.
- Typically, no one in the practice makes appointments with sales people.
Scenario B

Dr. Little is part of a practice with 15 oncologists who work with 2 different hospitals.

• They have a large chemo suite in the office employing multiple RNs.
• The practice makes about 20 PN referrals per month
• What’s your value proposition
Scenario C

• Dr. Figero is a busy orthopedic surgeon.
  • His practice is 50% Medicare and 50% managed care.
  • You have heard from his PA that he is not happy with the home Infusion company that his patients usually end up with when they leave the hospital.
  • You have also heard that he is insistent that his patients follow his protocols exactly.
Hospital Meetings

• Grand Rounds
  • Formal meeting where physicians discuss the clinical case of one or more patients

• Tumor Board
  • Weekly meeting in cancer hospital to discuss specific patient status
  • Opportunity for one of our clinical team members to be there as a resource at beginning or end of meeting
Small Forums, Seminars and PR Opportunities

• Invite physician participation in a small group venue with an agenda and facilitator (focus group, etc.)
  • How to provide value to physicians
  • Role of palliative care in their practice
• Invite to be a speaker at a community or hospital event on specific home infusion, maybe remicade or IG therapy
Small Forums, Seminars and PR Opportunities

• Physician Advisory Board
  • To engage community-based physicians in assisting to identify and serve more hospice-eligible patients
  • To provide suggestions on how we can improve care delivery/service to patients, families, referral sources receiving our services
  • To strengthen professional relationships with community-based physicians
Some effective strategies
What If You Are Asked to Do a Lunch?
Thank you for your participation!
Websites

• American Medical Association
  • The largest association of physicians and medical students in the US publishes *Journal of the American Medical Association* (JAMA)

• American College of Physicians (ACP)
  • National organization of doctors of internal med physicians publish *Annals of Internal Medicine*
  • [http://www.annals.org/content/current](http://www.annals.org/content/current)
Websites

• American Academy of Family Physicians  
  http://fmignet.aafp.org
• American College of Obstetricians and Gynecologists  
  http://www.acog.org
• American College of Surgeons,  http://www.facs.org
• CMS Physician Center  
• Medicare Learning Network
• http://www.cms.gov/mlnmattersarticles/
Websites

• To check board certification:
  • American Board of Medical Specialties: (ABMS)
    http://www.abms.org/
  • American Board of Physician Specialties (ABPS)
    http://www.abpsus.org/index.html
  • American Osteopathic Organization (AOA):
    http://www.osteopathic.org/Pages/default.aspx
  • Ucompare Healthcare
    http://www.ucomparehealthcare.com/
Websites

• “Websites for Resource Material”: sales and marketing portal/IMPACT/forms

• The Free Library:
  http://www.thefreelibrary.com/Statistics-s180869

• Medscape: www.medscape.com

• Web MD: www.WebMD.com

• Physician data:
  http://www.cdc.gov/nchs/data/databriefs/db41.htm

• CDC Home
Websites

• Occupational Information Network:
  • O*NET provides comprehensive information on key characteristics of workers and occupations.
  • homepage http://online.onetcenter.org/

• Home Health Compare
  http://medicare.gov/homehealthcompare/

• Hospitalist website: www.hospitalists.com
Websites

• Statistics
  • Bureau of Labor and Statistics
    http://www.bls.gov/oco/ocos074.htm
  • US Census Bureau 2010:
    http://www.census.gov/compendia/statab/cats/health_nutrition.html
  • Centers for Disease Control (CDC)
    http://www.cdc.gov/nchs/data/databriefs/db41.htm
Websites

• Licensing
  • Federation of State Medical Boards, P.O. Box 619850 Dallas, TX 75261-9850 [http://www.fsmb.org](http://www.fsmb.org)

• NPI FAQs:
  [http://questions.cms.hhs.gov/app/answers/list/kw/NPI](http://questions.cms.hhs.gov/app/answers/list/kw/NPI)

• PECOS enrollment and facts:
  [www.cms.hhs.gov/medicareprovidersupenroll](http://www.cms.hhs.gov/medicareprovidersupenroll)

• Medicare and Medicaid Incentive Programs

• eRx Incentive Program