



Digital Physician Relations Pilot Changes Model, Connects Referring Physicians to MD Anderson Cancer Center's Digital Resources Using Social Media

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Traditional Approaches to Physician Relations No Longer Work

Within the realm of physician relations, hospitals and health systems have spent the last 30 years marketing directly to physicians by sending out liaisons to build bridges, share information, gather valuable feedback, and establish referral relationships. The liaisons spend their days visiting busy physicians and their staff. This traditional approach to physician relations, based on a model of interruption, is inherently flawed.

Interrupting the physician's workday may have worked years ago when the doctor's job was less hectic and he or she had more time for visits with sales reps. But, today's physicians are overburdened with administrative responsibilities and have limited time for their patients, not to mention physician liaisons. Ask yourself, what is the frame of mind of that busy physician when the liaison interrupts his or her day? Is he or she truly able to be receptive to your message?

The best marketing fits into the context of the target audience's life. By accommodating the needs of the audience, the message is more likely to be received. The traditional model of physician relations was not designed with this principle in mind. We believe we can be more accommodating to physicians and their schedules by using digital platforms and social media. We can also more directly link physicians to digital resources already in place in healthcare organizations.

Pilot Program Uses Social Media to Distribute Digital Content

In the spring of 2014, we designed a pilot program to put our concept into action. We held a physician relations strategy session in Houston with the MD Anderson Cancer Center team, and mapped out the fundamentals of a digital physician relations program that could enhance the traditional role of the liaison.

In Phase One of the digital physician relations program, two physician relations specialists were trained in the use of digital communication tools to reach out to referring physicians, physician extenders, and practice managers. The primary digital tool used in the pilot program was Twitter (@PhysRelations). This was a practical choice given the number of MD Anderson programs and faculty members already using Twitter to disseminate relevant information to referring physicians.

The physician relations specialists were trained in the use of Twitter and Hootsuite, a third-party social media management tool. Through Hootsuite, the

*Dan Dunlop, Principal at Jennings, and Lyle Green, Associate Vice President, Physician Relations, MD Anderson Cancer Center co-authored *The Digital Future of Physician Relations*, an article that appeared in *eHST* in August 2013. In it, they introduced the concept of using digital to reach out to referring physicians.*

In 2014, they conducted a pilot project, putting the concept into practice. In the article that follows, Dan builds the case for a digital approach to physician relations, highlighting the results of the pilot and suggesting refinements for the future.



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specialists could schedule pre-written tweets for the entire week. The specialists were supplied with an archive of “evergreen” tweets, as well as a list of trusted sources to follow on Twitter. These sources were primarily MD Anderson Twitter feeds of clinical departments and faculty members. The physician relations specialists were encouraged to re-tweet content from these trusted sources. The goal in supplying the evergreen Tweets and trusted sources was to limit the amount of time the physician relations specialists would have to spend developing content, particularly in this initial phase of the project. We also felt it was important to control the messaging.

For a 60-day period, the physician relations specialists used Twitter to reach out to referring physicians and their staff, tweeting several times a day. The objective during Phase One was to evaluate and refine the processes we had developed. We also wanted to assess the physician relations specialists’ ability to integrate digital tools into their daily routine. Was this a realistic expectation? What factors would contribute to the success or failure of a given physician relations specialist? They reported weekly on their experience with Twitter, and shared their challenges and successes.

Digital Communication Skillset for Liaisons is Key

There were a number of important takeaways from Phase One:

- The physician relations specialist who had prior experience with Twitter found it much easier to integrate the digital process into his daily routine vs. the specialist without Twitter experience. In the future, we should look for these digital communication skills when hiring for this role.
- For the program to be successful, the physician relations specialist must use part of each office visit to educate and inform the physicians and practice administrators about MD Anderson’s digital resources. This was not a strong component of the program in Phase One.
- Collateral that can be handed out at physician practices, explaining the program and listing digital resources, should accompany the digital effort. The collateral should

highlight the ways a referring physician can access MD Anderson Cancer Center’s digital resources, such as Twitter, the physician portal, LinkedIn, and the Facebook page for referring physicians. There was no collateral supporting the program in Phase One.

• Managing the physician relationship specialists’ expectations is important. It takes time to build a following online and they should not expect to secure referrals via online channels in the first month or two. We do expect that they will build their network during that time period and serve as a resource for referring physicians, directing them to the organization’s digital assets.

Plans for Phase Two: Expand Access to Digital Resources

In Phase Two we plan to add several new elements to the program. Some of these address our learning from Phase One, while others are designed to expand the program.

Supplemental elements for Phase Two include:

- Place greater emphasis on informing referring physicians about MD Anderson’s digital assets during the in-person visits to physician practices.
- Produce one or two simple pieces of collateral the physician relations specialist can hand out at physician practices.
- Develop a physician relations LinkedIn Group for curating and disseminating information to referring physicians. The private LinkedIn Group will allow us to aggregate news and information relevant to referring physicians, and share that information with group members.
- Develop a Google+ page for physician relations. Google+ is an important tool for reaching individuals, including physicians, searching for health information and resources. It is also important from a search engine perspective.
- Integrate MD Anderson faculty videos into the digital physician relations toolkit. Our objective is to identify a specific clinical program that has capacity to add new patients. We would produce videos of the program’s faculty members, with content suitable for a referring physician audience, and publish the finished videos on the program’s website, the physician’s online profile, on social media and

other digital outlets.

- Select a clinical program that is not currently meeting patient volume goals and develop a targeted digital program to increase awareness among referring physicians and drive referrals. The objective is to develop a model for deploying digital tools on behalf of a clinical program as part of a “rapid response program” designed to increase volume. This program could then be efficiently replicated for any clinical program.
- Define and track metrics to be used to evaluate the project’s merit. This includes vanity metrics and more actionable metrics. In Phase Two, the digital physician relations effort will be led by a single referral development specialist. This individual is a digital native and has a high level of comfort working with social media tools.

Staying Ahead of the Curve

We believe that the future of physician relations will rely heavily upon digital engagement. MD Anderson Cancer Center already has a strong foundation, including a thriving physician relations Twitter feed, a Facebook page that serves as a resource center for referring physicians (3,000+ Likes), a paper.li electronic newsletter that aggregates and disseminates faculty Tweets on a daily basis, and an online Physician Access Center.

The purpose of the project is to connect referring physicians to those digital resources. It makes the most sense to use digital platforms to forge those connections.

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