

Building a Referral Practice

Surgeons must put in the effort to reap the rewards.

BY MARK ROSENBERG

Most surgical practices depend heavily on volume for their success. To maintain that volume, referrals from other providers—in particular those who do not perform surgery, yet see large numbers of patients in need of those services—are key. In ophthalmology, the focus has always been on courting optometrists. The environment for building a referral practice has changed dramatically in the past number of years, however, both in terms of how to work with optometrists and how to expand the marketing effort to include primary care physicians. This article discusses what is effective for driving referrals.

THE CONCEPT OF COMANAGEMENT

Fifteen to 20 years ago, the concept of comanagement was relatively new, and generally, only a few ophthalmologists in an area accepted it as the standard. Those who did had something unique to offer, and they built referral bases successfully. Once the LASIK procedure began to gain acceptance and grow in popularity, many more ophthalmologists began to “court” optometrists, because it was obvious that the latter had large numbers of patients who were potential candidates. The common strategy was for marketing professionals (much like pharmaceutical representatives) to take optometrists to lunch, explain the concept of billing and care for LASIK comanagement, and then extend that effort to cataract surgery. For a period of time, this strategy was very effective. As the markets became more competitive, most practices—rather than only a few—began to encourage comanagement and put salespeople in the field to promote it. As in most industries, as the market grew, the 80/20 rule began to apply: 80% of the referrals were coming from 20% of the referral base. In recent years, having representatives visit practices, bring cookies, and spend money on large-scale continuing education meetings became less effective at growing the referral base.

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DIRECT CONTACT WITH THE SURGEON TO BUILD THE RELATIONSHIP

Roundtable-style dinner meetings are very effective for building relationships with optometrists. For example, an event with three or four area optometrists and one or two surgeons from the ophthalmology practice is ideal. In a more competitive market, nothing says “I want your referrals” like surgeons talking to optometrists in person and creating relationships. An alternative is holding small continuing education meetings in the ophthalmologist’s office with the target’s being an attendance of 20 to 30 optometrists.

Getting a program approved for continuing education credit can usually be accomplished through the state optometric society. New technology, treatments, and live surgery can draw a crowd. At my practice, we presented seminars on the Visian ICL (STAAR Surgical Company). A presentation was followed by live surgery. Video was set up in the OR, and another physician from our practice narrated for the audience. Afterward, we had three or four patients postoperatively in an examination room; the optometrists could go from room to room and examine these patients at

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the slit lamp. This program proved to be very effective; today, this setup could be applied to laser cataract surgery or premium IOLs.

OPPORTUNITIES TO PARTICIPATE ON MANAGED CARE PLANS

Typically, optometrists have trouble getting credentialed as participating providers on many managed care panels. Working with the plans to get a practice’s referring optometrists on a provider panel is valuable to the referring doctor and can be a good strategy for the surgical practice as well. Most plans or payers view optometrists as only providing vision services on a routine eye contract. Participation on the medical portion of the plan can be accomplished as an extension of the ophthalmology practice’s contract. In some cases, this is not an easy process, and it might require the practice to work with the plan’s medical director. This is not something every practice will do, so it can be a differentiating factor in the marketplace.

ELECTRONIC INTERFACE FOR MANAGING CONTINUITY OF CARE

At our practice, we have worked with our electronic medical records provider NextGen Healthcare to create an electronic interface between practices to manage continuity of care. The process starts with the portal, which is accessed through our website. In this portal application, the referring office can make an appointment with any of our providers when their patient is checking out. This process is much more effective than handing out a card and telling the patient to call us to make an appointment. Once the referring practitioner has registered the patient and made an appointment, our reporting functionality sends an encrypted e-mail to that optometrist alerting him or her to all upcoming appointments for the patient. If an examination has been completed, the e-mail contains that information as well as the impression and plan resulting from the visit. The referring doctors view this communication as true transparency, and it allows them to monitor their patients at our practice. These e-mails are not

BUILDING REFERRAL NETWORKS WITH PRIMARY CARE PROVIDERS

Primary care providers have not been targets of marketing for referrals by most ophthalmic practices for some time. The general attitude among ophthalmologists was that such marketing required much effort but achieved little reward other than the presentation at the end of the day of some patients with red eyes. Times have changed. Primary care doctors are now under a significant amount of pressure to ensure that their diabetic patients receive regular eye examinations and that all of their patients are screened for glaucoma. Because of the initiatives regarding rating managed care plans, primary care physicians can incur financial penalties for poor performance in this area. This is a good reason for ophthalmology practices to take another look at developing these referral patterns.

a replacement for referral letters, but they create an automated process that sets our practice apart. This process will eventually lead to sharing of the actual electronic medical record information. We are in the initial testing of this system, but so far, our optometric partners are extremely appreciative of the concept. This utility will have the same appeal to primary care physicians (see *Building Referral Networks With Primary Care Providers*).

CONCLUSION

Building a strong referral base takes work. There is no replacement for surgeons’ putting forth the effort, one optometrist at a time. ■

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