Key Takeaways

1. Physicians (and patients) rely on word-of-mouth when treatment of a complex condition is not available locally

2. A common understanding of results is critical to acceptance

3. Use internal comparison options for comparing results with limited external comparisons

4. Leverage all assets by clearly defining roles and responsibilities
Mayo Clinic’s
Health Care Relationship Continuum

Good friends

Ownership
Size and Scope

- Number of internal physicians ~4,000
- Unique physician referrals by site
  - Arizona 12,300
  - Florida 27,800
  - Minnesota 92,400
- Most referring physicians refer 1 patient to Mayo Clinic a year → a diverse set of referrers
- 1 million patients a year from all 50 states and 142 countries
How This Works

• Physician led organization
• Physician – administrator partnerships
• Referring Physician Satisfaction roles and responsibilities
  • Marketing – data stewards
  • Referring Physician Office – data agents
  • Clinical Practice Leadership – accountable for change
TEAMWORK in the MODEL OF CARE

4. “Be collegial and supportive of colleagues, master teamwork skills and acknowledge the contributions of all.”
# Positive Relationships with External Physicians Benefit...

**Patients**

- Coordinated care and better patient outcomes
  - Smooth transitions, effective referrals, and efficient communication between referring physicians and Mayo physicians
- Physician – referred patients tend to have complex conditions and will benefit the most from Mayo expertise

**...and Mayo**

- Significant portion of patient mix (~20%)
- External providers influence (positively or negatively) Mayo’s overall reputation
Barriers to Making a Referral to Mayo Clinic

• No personal contact at an organization

• Don’t know how to make a referral

• Location > patient convenience
Patients Come to Mayo Without Referrals, After Consulting Multiple Sources...

<table>
<thead>
<tr>
<th>Average # of sources cited as:</th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=829</td>
<td></td>
<td>N=953</td>
</tr>
<tr>
<td>MAJOR influence / VERY important OR MINOR influence / SOMEWHAT important</td>
<td>6.9</td>
<td>6.5</td>
</tr>
<tr>
<td>MAJOR influence / VERY important</td>
<td>3.6</td>
<td>3.6</td>
</tr>
</tbody>
</table>
Of People Consulted, Family Members have the Most Influence, but...

- Spouse or family member: 53% Major Influence, 17% Minor Influence
- Friend or co-worker: 18% Major Influence, 16% Minor Influence
- Primary care doctor: 17% Major Influence, 15% Minor Influence
- Specialist you saw at home: 19% Major Influence, 9% Minor Influence
- Other person: 9% Major Influence, 2% Minor Influence
- Mayo Clinic employee: 8% Major Influence, 3% Minor Influence

**Totals:**
- Spouse or family member: 70%
- Friend or co-worker: 34%
- Primary care doctor: 32%
- Specialist you saw at home: 28%
- Other person: 11%
- Mayo Clinic employee: 11%

Q2. How much influence did the following people have in your decision to come to Mayo Clinic?
External Physicians Influence Nearly HALF of all New Patients

Q2: How much influence did the following people have in your decision to come to Mayo Clinic?

- Any External MD: 30% Major Influence, 17% Minor Influence
- Primary care doctor: 17% Major Influence, 15% Minor Influence
- Physician specialist: 19% Major Influence, 9% Minor Influence

Total: 47%

Mayo Clinic 2013 New Patient Decision Making Study, n=829
What are Referring Physicians Looking for When They Make Referrals?

If treatment of complex condition is not available locally, providers rely on:

- Recommendations from colleagues (word of mouth)
- Reputation of medical center, physician or specialty program
- Timely appointment access and communication about the patient before, during and following care
People don’t talk about good experiences, they talk about great experiences.

Remarkable doesn’t mean remarkable to you. It means remarkable to me.

Am I going to make a remark about it?

If not, then you’re average...

Seth Godin
## Survey History

### Where We Were
- Small scale studies
- Specific service lines
- Campus specific, but not comprehensive

### Where We Are Now
- All Destination Practice campuses
- Robust sample sizes → service line level data
- On-going – quarterly reports
Trending Data
Question: The referral process was easy.

Percent strongly agree

Quarter 1
Quarter 2
Quarter 3

40
40
41
Survey Methodology

• Mailed survey, completed by paper or online
• Monthly sampling
• Robust sample size
  • AZ and FL Campuses – census
  • MN Campus – random sample (oversampling for priority service lines)
• Response rate: ~15%
• Referrers surveyed only once/year, based on first referral in a calendar year
Survey Design

Referral Variables
- Referral requestor – MD, Nurse, Referral Coordinator
- Referral method – fax, phone, online
- Appointment expectations
- Date of referral – allows for trending

Referral Process
- Process was easy
- Knowledgeable and helpful appointment staff
- Timely appointment received

Collaboration
- Professional opinion respected
- Timely feedback
- Clear recommendations

Overall Assessment
- Refer again
- Recommend Mayo Clinic to a colleague
- First choice referral center
External Benchmarking – Not an option

• Mayo’s model of care → external comparisons are challenging
  • Multi-specialty practice (an initial referral made to Pulmonary may result in thoracic surgery)
  • Internally employed physicians + external referring physicians = different comparison base

• INSTEAD -- We use internal benchmarking and compare campuses and services lines
Internal Benchmarking
Question: The referral process was easy.

Percent strongly agree

AZ Digestive Diseases: 46%
MN Digestive Diseases: 41%
FL Digestive Diseases: 46%
## Open-ended Survey Responses

Authenticate quantitative survey findings

<table>
<thead>
<tr>
<th>Top Categories</th>
<th>Sample Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide prompt, helpful feedback</td>
<td>“Continue with current process. Feedback I received from surgeon and cardiologist was very good. I owe you many thanks.”</td>
</tr>
<tr>
<td>• Make the referral process quick and easy</td>
<td>“Mayo is excellent – except we never receive any follow-up!”</td>
</tr>
<tr>
<td>• Offer timely appointments</td>
<td></td>
</tr>
</tbody>
</table>
What did we find in our study?

• Referral method impacts satisfaction – fax, phone and online experiences differ

• Focus on care communication

• Improve ease and efficiency of referral process for referrers

• Campus and service line level data improve ability to identify best practices
Word-of-mouth is a critical aspect of the referral decision

- **Recommend Mayo Clinic to a Colleague**
  - Strongly Agree: 54%
  - Agree: 36%
  - Neutral: 6%
  - Disagree: 23%
  - N=2,226

- **Refer to Mayo Clinic Again Without Hesitation**
  - Strongly Agree: 56%
  - Agree: 34%
  - Neutral: 6%
  - Disagree: 22%
  - N=2,231

- **First Choice Referral Center**
  - Strongly Agree: 27%
  - Agree: 26%
  - Neutral: 31%
  - Disagree: 11%
  - Strongly Disagree: 5%
  - N=2,196

Note: Data shown represents all responses from external referrers regarding Q1 & Q3 2013 experiences.
We have the data...

So now what?
Step 1: Coming to Consensus → Reporting

- Response categories for analysis
  - [ ] Strongly agree
  - [ ] Agree
  - [ ] Neutral
  - [ ] Disagree
  - [ ] Strongly Disagree

  - % favorable
  - % unfavorable

- Sample size
- Relevant comparisons
## Strongly Agree Responses

<table>
<thead>
<tr>
<th>All Respondents</th>
<th>% Strongly Agree*</th>
<th>n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would refer my patients to Mayo Clinic again without hesitation if medically indicated.</td>
<td>56</td>
<td>2,231</td>
</tr>
<tr>
<td>I would recommend Mayo Clinic to a colleague as a place to refer patients.</td>
<td>54</td>
<td>2,226</td>
</tr>
<tr>
<td>I believe the overall quality of care provided to my patient was excellent.</td>
<td>52</td>
<td>2,169</td>
</tr>
<tr>
<td>The person I spoke with to schedule the appointment was knowledgeable and helpful.</td>
<td>46</td>
<td>1,601</td>
</tr>
<tr>
<td>My professional opinion about my patient was respected.</td>
<td>45</td>
<td>2,121</td>
</tr>
<tr>
<td>I received clear recommendations for treating my patient.</td>
<td>41</td>
<td>2,138</td>
</tr>
<tr>
<td>The overall referral process was excellent.</td>
<td>41</td>
<td>2,193</td>
</tr>
<tr>
<td>The referral process was easy.</td>
<td>40</td>
<td>2,241</td>
</tr>
<tr>
<td>The overall process of transitioning care back to me was excellent.</td>
<td>39</td>
<td>2,093</td>
</tr>
<tr>
<td>I received timely feedback regarding my patient.</td>
<td>39</td>
<td>2,206</td>
</tr>
<tr>
<td>The patient received a timely appointment.</td>
<td>37</td>
<td>2,202</td>
</tr>
<tr>
<td>Mayo Clinic is my first choice referral center.</td>
<td>27</td>
<td>2,196</td>
</tr>
<tr>
<td>If needed, a Mayo Clinic physician was available in a timely manner for consultation prior to my referral.</td>
<td>21</td>
<td>1,138</td>
</tr>
</tbody>
</table>
## Most and Least Favorable Responses

<table>
<thead>
<tr>
<th>All Respondents</th>
<th>% Favorable*</th>
<th>n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would recommend Mayo Clinic to a colleague as a place to refer.</td>
<td>90</td>
<td>1,568</td>
</tr>
<tr>
<td>I would refer my patients to Mayo Clinic again without hesitation if medically indicated.</td>
<td>90</td>
<td>1,572</td>
</tr>
<tr>
<td>I believe the overall quality of care provided to my patient was excellent.</td>
<td>88</td>
<td>1,530</td>
</tr>
<tr>
<td>The person I spoke with to schedule the appointment was knowledgeable and helpful.</td>
<td>85</td>
<td>1,124</td>
</tr>
<tr>
<td>My professional opinion about my patient was respected.</td>
<td>84</td>
<td>1,501</td>
</tr>
<tr>
<td>The referral process was easy.</td>
<td>82</td>
<td>1,577</td>
</tr>
<tr>
<td>I received clear recommendations for treating my patient.</td>
<td>82</td>
<td>1,505</td>
</tr>
<tr>
<td>The overall process of transitioning care back to me was excellent.</td>
<td>81</td>
<td>1,479</td>
</tr>
<tr>
<td>The patient received a timely appointment.</td>
<td>80</td>
<td>1,554</td>
</tr>
<tr>
<td>The overall referral process was excellent.</td>
<td>80</td>
<td>1,552</td>
</tr>
<tr>
<td>I received timely feedback regarding my patient.</td>
<td>80</td>
<td>1,563</td>
</tr>
<tr>
<td>If needed, a Mayo Clinic physician was available in a timely manner for consultation prior to my referral.</td>
<td>55</td>
<td>813</td>
</tr>
<tr>
<td>Mayo Clinic is my first choice referral center.</td>
<td>53</td>
<td>1,548</td>
</tr>
</tbody>
</table>

*Includes Agree and Strongly Agree, Green = Highest; Red = Lowest
Base: Total Sample Responding
Step 2: Coming to a Common Understanding

• Take time to achieve consensus on data standards
  • Data displays
  • Interpretation
  • Standards for taking action
Step 2: Coming to a Common Understanding

- Identify requirements for an institutional response
  - What are the best practices for acting on data?
  - What are the best practices for designing programs?
  - Are roles and responsibilities clearly understood?

- Partnering with clinical leadership
  - Change agents
Overcoming High-Level Barriers

- Ensure data are perceived as comparable for internal benchmarking
- Understand and develop the levers that move the processes and improve the services
- Take into account Mayo’s diverse referrer population and complexity/size/model of care
Diffusing Results

• Enlist top leadership support
• Establish baseline measures
• Develop site and service line communication plan
Next Steps- Internal

• Continue on-going data collection

• Track progress; regularly share results with sites and service lines

• Identify best practices and work with service lines on improvement opportunities

• Maximize relationship between Referring Physician Office and Marketing
Next Steps- External

- Automatic trigger process for timely correspondence
- Increase physician visibility
- Improve referral process
- Improve technical footprint
- Maximize office visit impact
Questions?