



# Decoding Physician Office Referral Patterns

Providers of hospice, palliative and home health services often find themselves disappointed and confused about the referral patterns of physicians. Many physicians don't refer to these services nearly as early as they should or may not be utilizing the full benefits they can provide to patients and families alike. This is a missed opportunity for achieving better and earlier care for patients, relief for their families, and increased potential census and length of stay for providers.



To better understand the attitudes and behaviors that dictate these referral patterns and help senior care providers form better partnerships, Transcend Strategy Group conducted a survey of physician office staff. Beyond deciding whether and when a patient gets referred, the surveyed audience often plays a pivotal role in deciding **to whom** they are referred.

## About the Survey

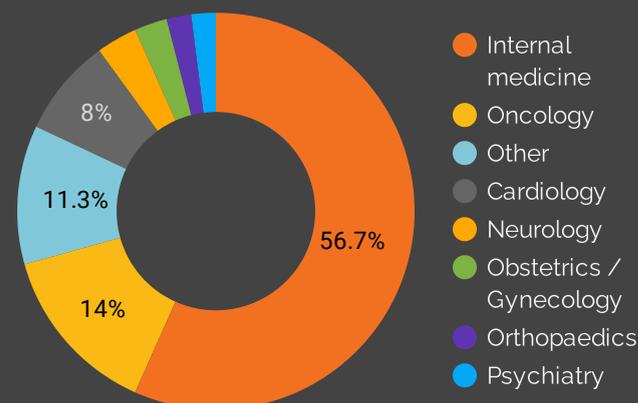
Total Respondents

150

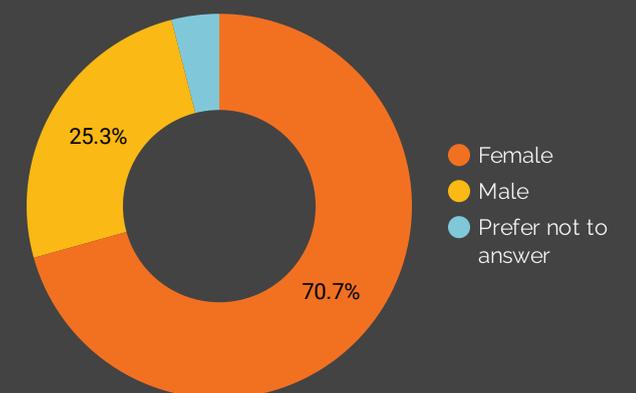
Position / Title	#
Office Manager / Administrator	72%
Physician / Physician Assistant / Nurse Practitioner / Nurse	9%
No answer	7%
Medical Director / Executive	6%
Billing / Insurance Manager	3%
Patient / Referral Coordinator	3%

Respondent Age	#
50s	36%
40s	26%
60s	21%
30s	13%
Prefer not to answer	2%
70s	2%

Specialization



Gender

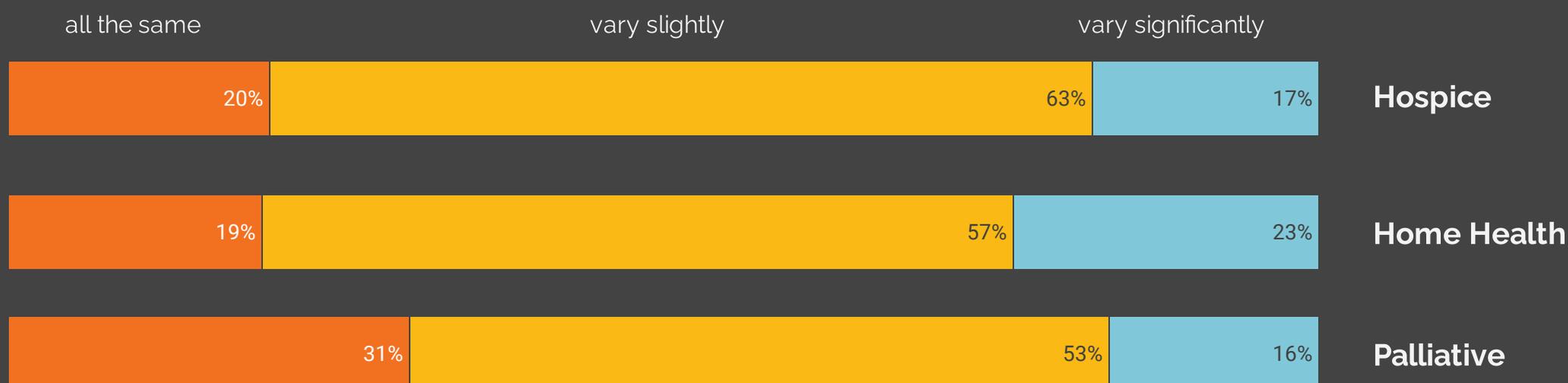


## Little Perceived Differentiation in Home-Based Providers

Home-based care providers have a huge problem with differentiation with referrers from physician offices. Respondents indicated they rarely believe there is much significant difference in the quality of hospice, home health and palliative care providers in their area, with palliative providers being seen as the least differentiated.

# 81%

see **little to no differentiation** in hospice, home health and palliative care providers on average



There was little difference in the percentages regardless of whether the referrer was part of a health system or not, and whether they were in a certificate of need state or not.

The opinion about palliative care is especially surprising given how vastly different the delivery of palliative care can be among providers (e.g., in-home care vs. hospital/clinic consult, range of services, experience of team).

**Insight:** Lack of perceived differentiation is a universal challenge for senior care providers, impacting palliative care in particular. Providers in all categories must take a hard look at whether they've truly built a distinctive brand identity and positioning, and how effectively they convey and live up to it with referrers through their brand, messaging and interactions. (Related Blog: [Rebrand to Promote Understanding](#)) Not doing so is both a missed opportunity and presents the risk of losing referrals in the future if another provider offers anything of greater perceived value.

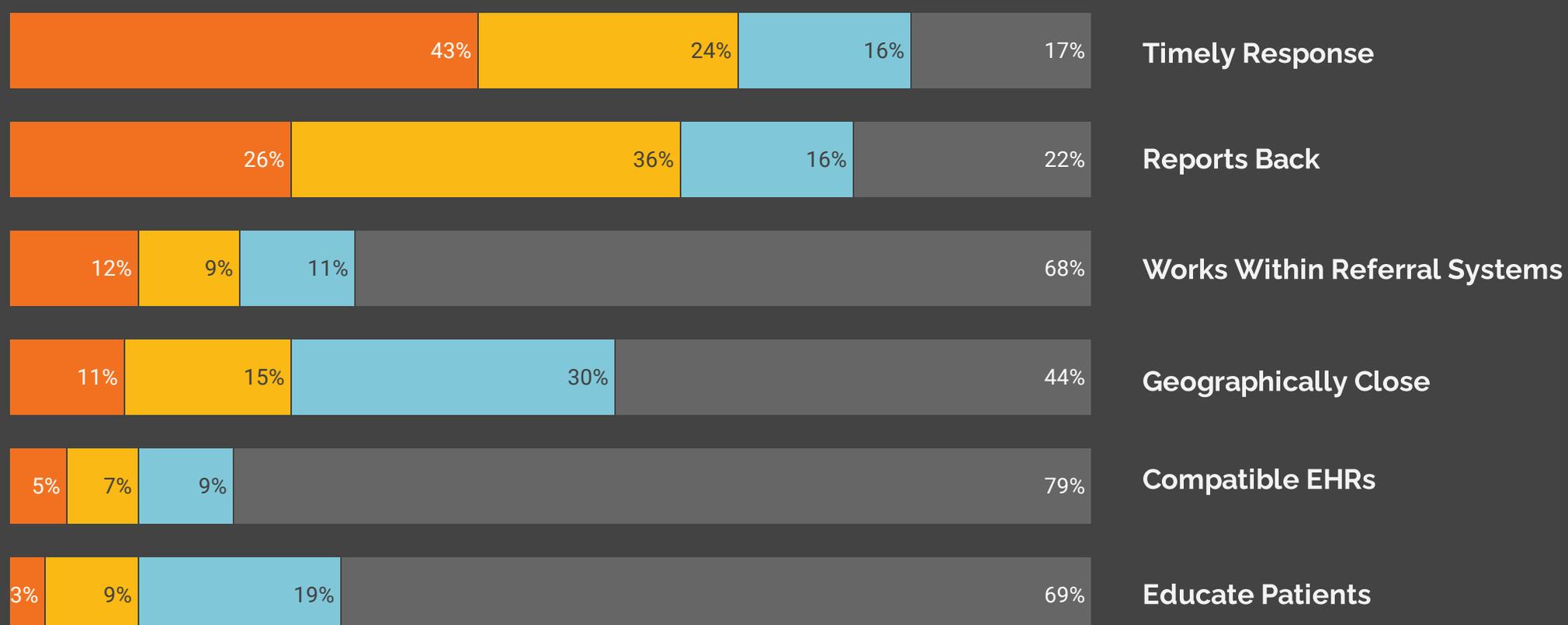
It may also be worth encouraging offices to refer even one or a handful of patients as a "trial run," as other survey data show that even a small number of interactions with providers often correlates closely with perceived difference.

# Physicians Greatly Value Highly Responsive Referral Partners

Other than quality care, physician offices are focused on what referral partners can do for **THEM**. “Timely responses” was ranked most often as the most important attribute of a good referral partner (other than quality care), with 67% ranking it as their first or second choice. “Reports back to physician” was considered the second most important aspect, with 62% ranking it as their first or second choice.

## What did respondents rank as the top 3 most important aspects of a good referral partner?

Orange, yellow and blue represent how often an attribute was ranked the **first**, **second** or **third** most important aspect.



**Insight:** Exceptionally quick responsiveness and building a strong professional relationship by showing respect to referrers are crucial for repeat business. Providers need to tailor their methods and cadence of reports back to the physician based on each physician's needs.

Make sure you clarify with referral partners what their expectations are. For instance, do you know what “timely response” means to them? It might be faster than you think. One Transcend client thought their response time of a couple hours was good until they discovered a competitor got back to referrers within the hour. Some offer at least basic follow-up and confirmation within 15 minutes! A simple “We've received your referral and are working on it” can go a long way.

# Whether an Office is Affiliated with a Care Network Shifts Their Priorities

When ranking the importance of “timely responses to referrals,” only 67% of those in network ranked it in their top 3 compared to 91% of those not in a system. When ranking “reports back to the referring physician”, 71% of those in a network vs. 81% of those not in one ranked it as one of their top 3.

Those in a system placed more emphasis on compatible EHR (electronic health records) platforms (33% vs. 15% prioritized it within their top 3) and whether the partner worked within their referral system.

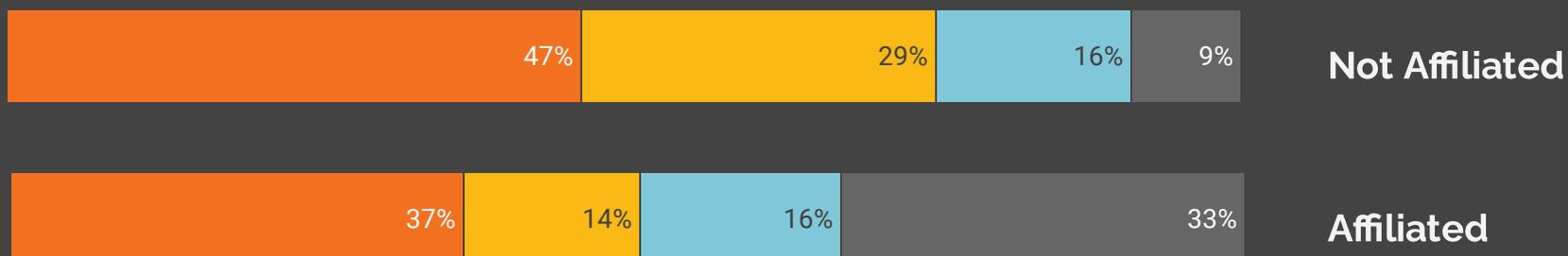
# 36%

more likely to **prioritize responsiveness** when not affiliated with a healthcare network

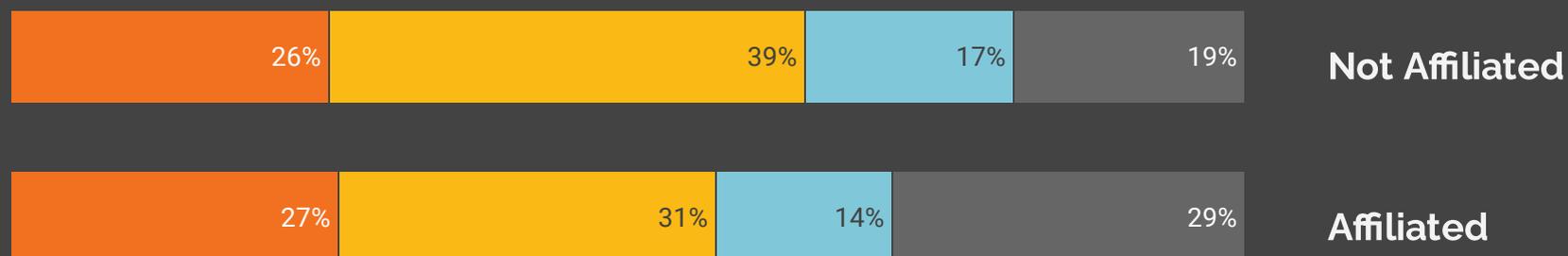
## How priorities compare

Orange, yellow and blue represent how often an attribute was ranked the **first**, **second** or **third** most important aspect by each group.

### Timely Response



### Reports Back



**Insight:** Adapting messaging to referrers that are in a network or not can better address their unique priorities. Those not in a network (which are often smaller offices) have simpler expectations for responsiveness, while those in a health system look for how you can support their efficiency in more sophisticated ways (such as EHR compatibility).

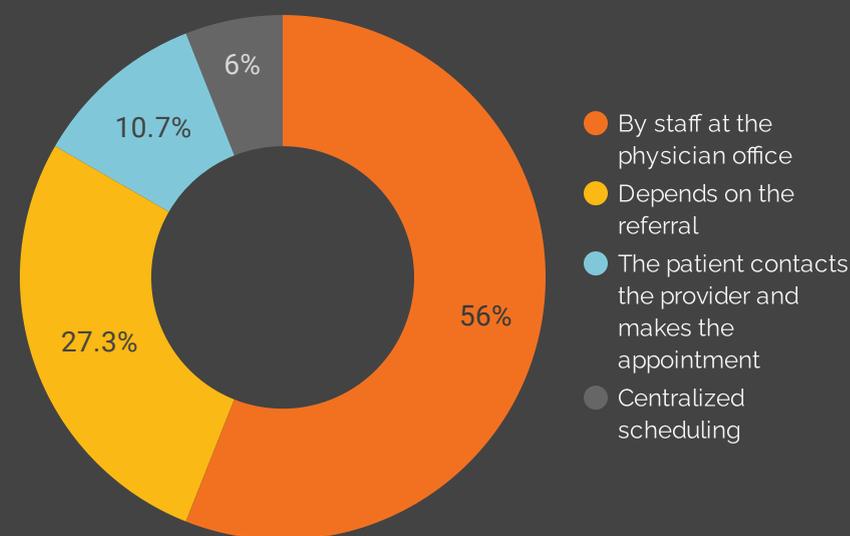
# Staff Usually Does the Referring, and They Often Have Favorites

Even though physicians' offices should provide a list of all available providers in the patient's service area, they more often say they refer to a specific provider. This makes it all the more critical for providers to clearly differentiate and position themselves as the best choice.

## Staff more hands-on with certain referral types

Most often, the physician office staff directly schedules with the referral partner (56% of the time). The patient rarely contacts the provider directly (only 11% of the time).

Of the respondents who said their staff schedules referrals (or "it depends"), only about half said they're regularly involved in scheduling hospice or palliative referrals (52% and 49% respectively). In fact, they're involved in hospice and palliative referrals the least out of any referral type. They are most likely to handle scheduling when the referral is to a "specialist" (87%).



## A favorite or a list?

Patient choice is of course the rule; however, in many cases, the patient does not have a preferred provider. In those cases, physician offices recommend a specific partner or provide a list. More often than not, they have a favorite. And they are far more likely to specify the exact single provider (versus a list) if referring to a "specialist."

Action	Hospice	Home Health	Palliative	Specialists
Specific provider referred	45%	48%	48%	73%
Provide a list	41%	44%	36%	23%
Patient identifies provider	13%	8%	16%	4%

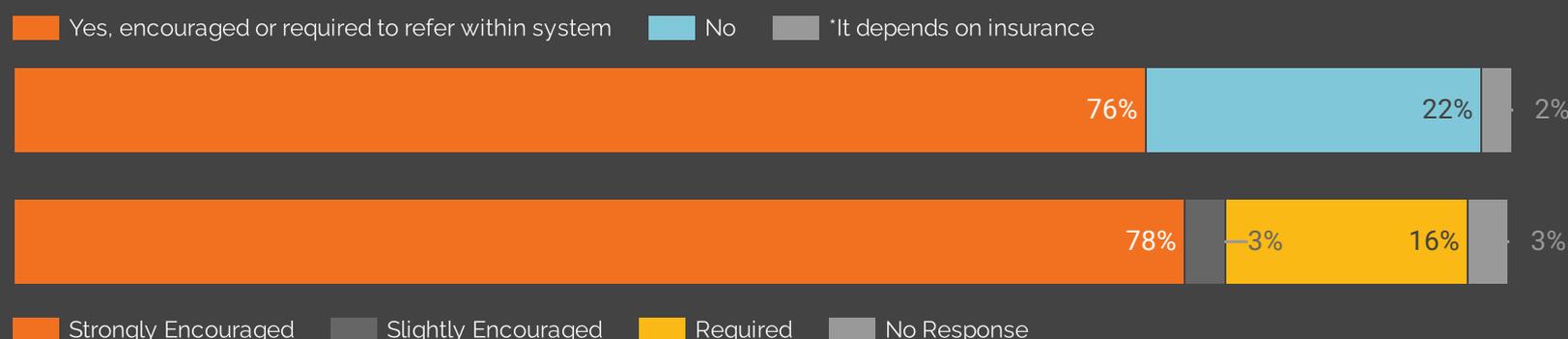
**Insight:** The fact that patients rarely know which providers to turn to highlights how critical it is for senior care agencies to differentiate themselves to physicians. If you can get them to think of you as "specialists" in your service lines, you can stand apart as the provider of choice. One key opportunity to explore is specializing in certain disease states, then leveraging evidence-based case studies and highlighting specific outcomes to better appeal to physicians. (Related Blog: [Gain Referrals Through Featuring Specialties by Disease State](#))

The low percentage of patient-identified providers also reinforces the importance of patient/family-facing branding to create awareness, differentiation and pull-through demand for providers. (Related Blog: [Is Your Brand Ready for Healthcare Consumerism?](#))

# Those Affiliated with a Health System Are Urged to “Keep it in the Family”

Physician offices affiliated with a system/network are more likely to refer senior patients to a palliative care provider than those not in a network (69% of those in a system say they do vs. 55% of those who are not) and are slightly more likely to refer to a hospice (71% vs. 64%).

However, 76% of those in a network say they are encouraged, or required, to refer to providers in their healthcare system. The good news is they are usually “strongly encouraged” and not outright required to do so (78% vs. 16%).



## Provider types in network

Physicians who are part of a system often have palliative care, home health providers and other senior care services in network. The service they are least likely to have in the system is hospice.



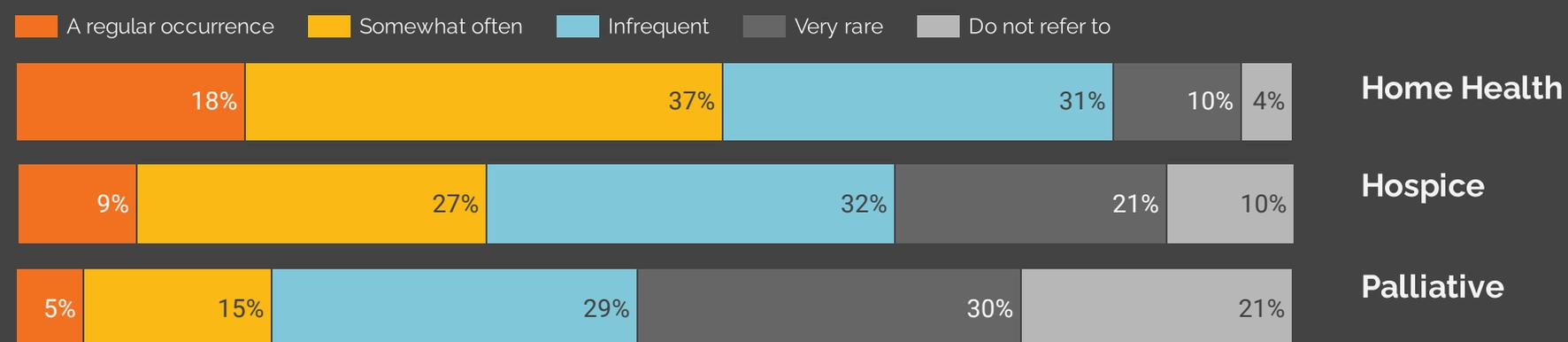
**Insight:** While physician offices in a healthcare system present a number of added challenges, senior care providers can still fill vital gaps in the spectrum of care offered in the system. Hospice providers in particular should look for opportunities to partner with healthcare systems and their physician offices as their “specialist” partner in end-of-life care.

Most offices are also not required to keep referrals in system, only encouraged, so those who can offer a differentiated value proposition and more value-driven relationships may still find opportunities to partner up.

# Referral Frequency

Physician office staff routinely favor home health compared to hospice and palliative care. This highlights the need for greater education on how best to leverage these services to meet seriously ill patients' full scope of needs, and combating the false perception that non-curative care equals "giving up." (Related Podcast: [Breaking Down Barriers to Earlier Referrals](#))

Physician's increased experience with home health may also explain why they perceive slightly greater differentiation in home health compared to the other services.



**80%**

never or almost never currently refer patients to palliative care services

**63%**

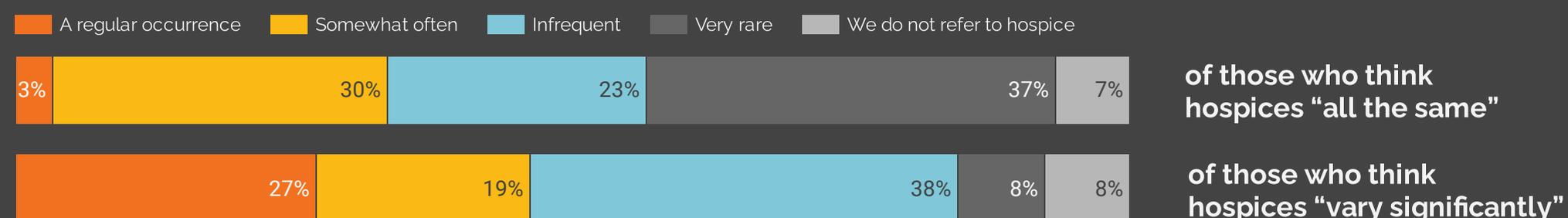
never or almost never currently refer patients to hospice care services

**175%**

more likely to refer to home health than palliative care services "regularly" or "somewhat often"

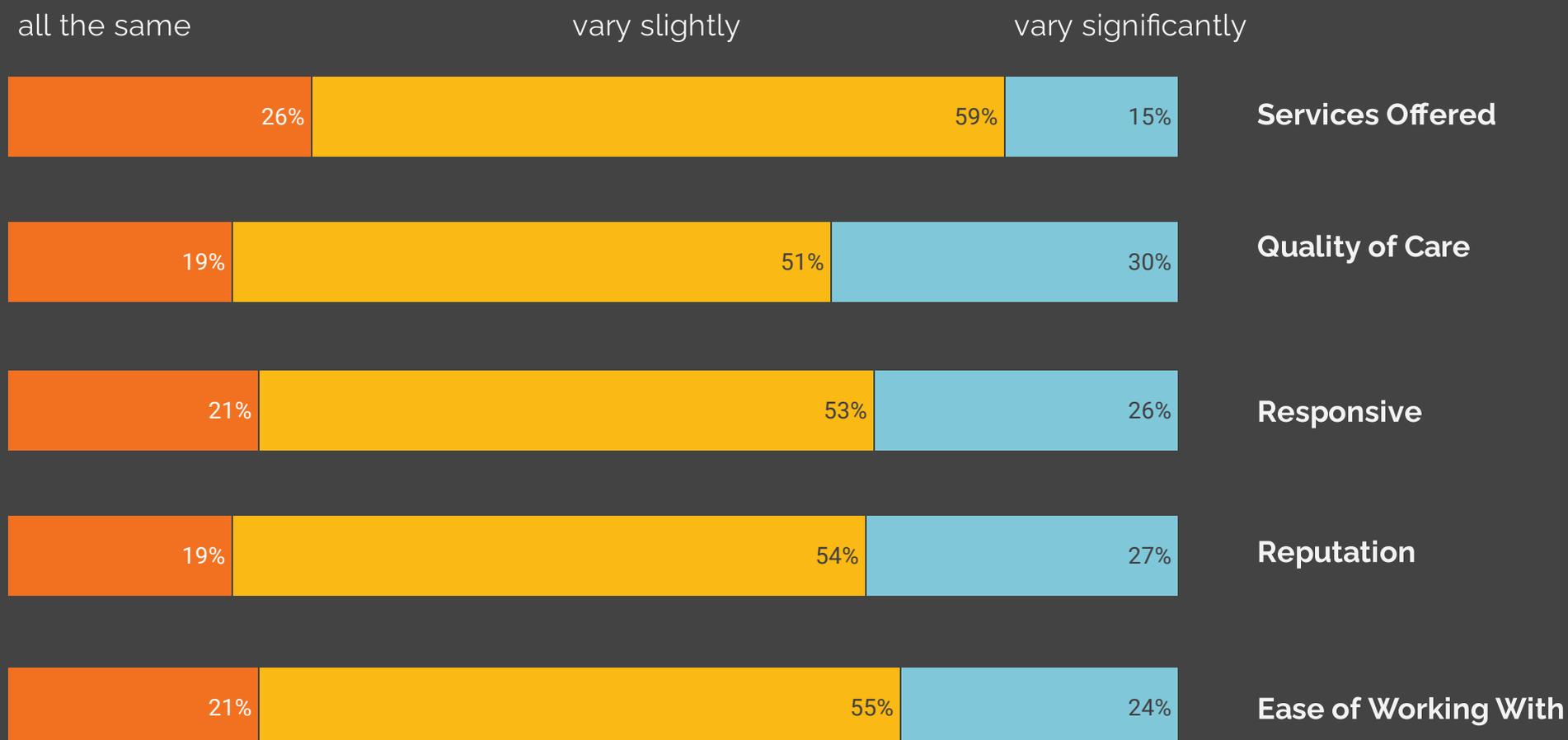
## Those who see greatest differentiation are most likely to refer

Those with direct experience working with a senior care agency are far more likely to appreciate what sets them apart. (Example below of how this applies to hospice.) We recommend providers consider encouraging "trial runs" with a referrer to grow their first-hand experience and show them directly how they deliver superior responsiveness, service and care.



# Hospice Differentiation

Physician office staff said they see little to no differentiation consistently across all attributes of hospice providers in their area. While this might seem concerning, it also spells opportunity to break through.

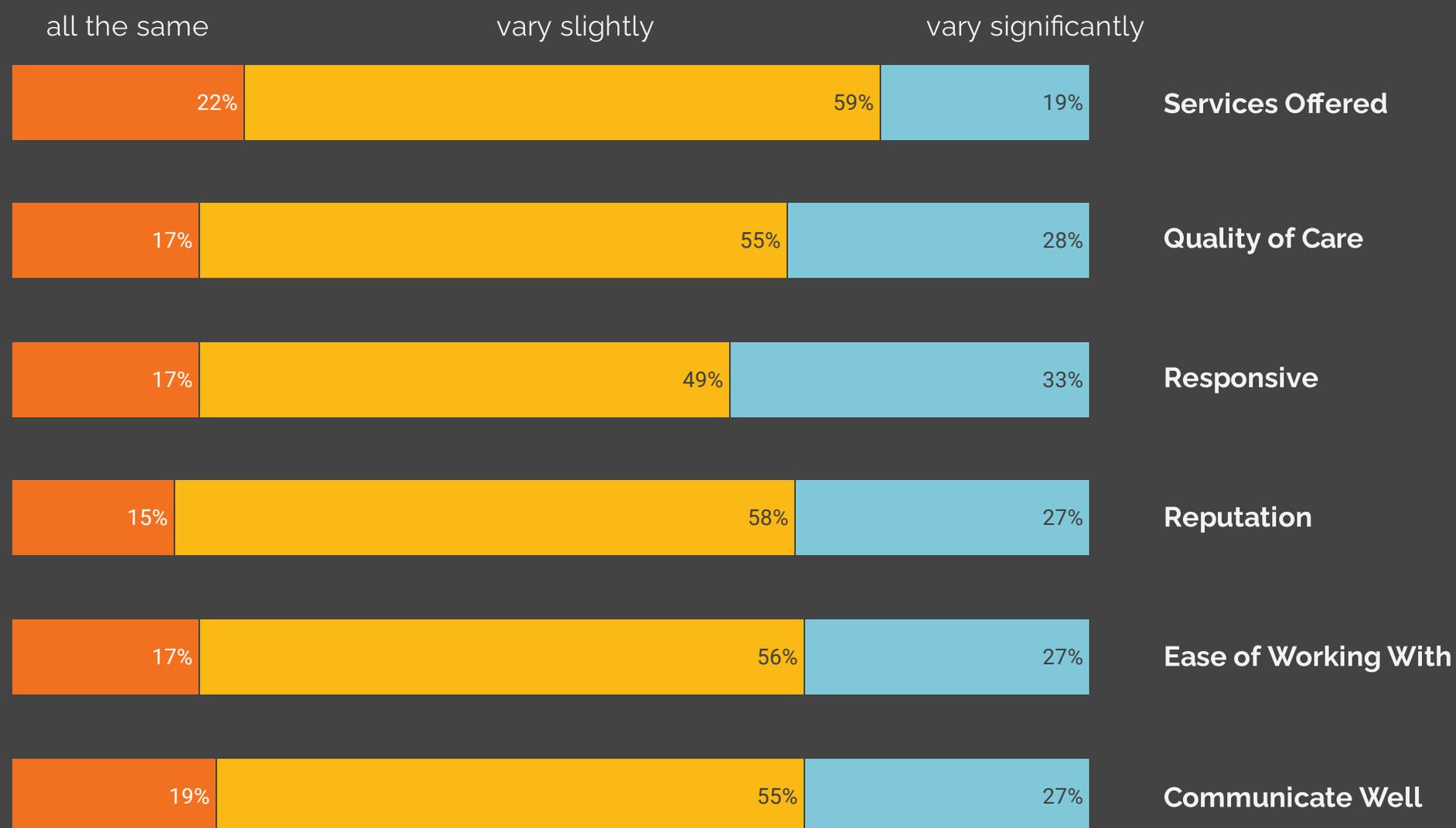


**Insight:** “Services offered” is the attribute physician offices see the least differentiation in among hospice providers. It may also be an opportunity. Providers who can innovate their service model and/or clearly position the specific services and capabilities they offer that are unique to their area can break through the perceived sameness.

This, combined with physicians' heavy skew toward home health in general as compared to hospice further highlights the importance of clearly communicating hospice's value, as well as considering a broader continuum of care to reach patients sooner in their journey and in ways that can overcome the stigma of hospice and palliative care. (Related Blog: [Lack of Clear Communication About Hospice Leads to Late Referrals](#))

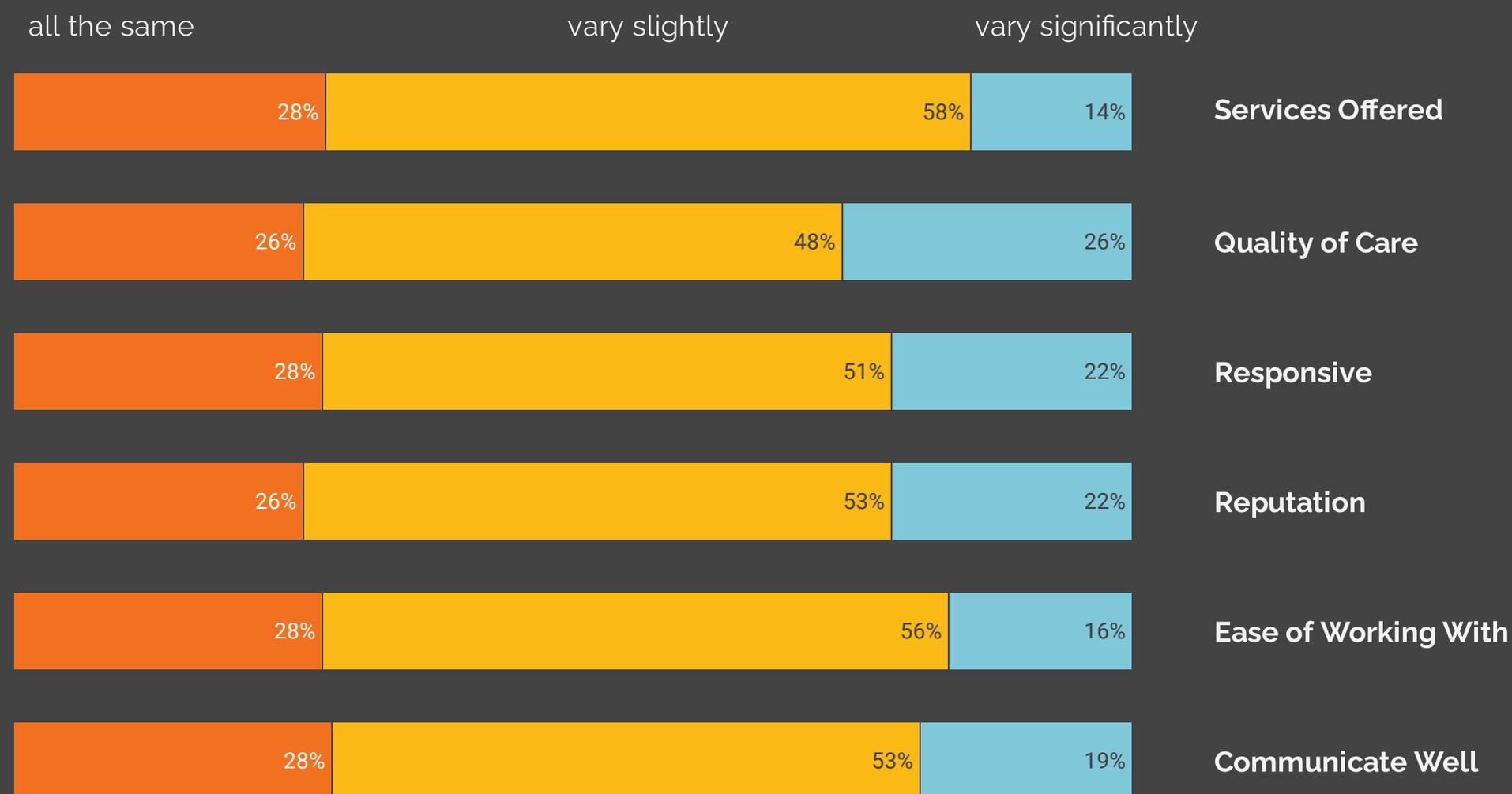
# Home Health Differentiation

As with hospice, the area where the least differentiation is perceived is “services offered.” Thus, home health providers may find a gap for potential differentiation in diversifying their service model, or better and more clearly positioning the extent of the services they already offer.



# Palliative Care Differentiation

Consistent with their overall ranking of palliative care, respondents indicated they see the least differentiation across the board with all attributes when it comes to palliative. This may have to do with the fact they also seem to have less experience referring to palliative providers. Only 5% say they do so as a regular occurrence and 15% say somewhat often – less than hospice or home health referrals.



**Insight:** While it's generally understood that palliative care has a reputation problem with patients and their families, this and other data show just how much physician office staff lack an understanding about it as well. They rarely use it and see little differentiation in it, with other surveys also showing they often view it as being only for the very end of life.

Clarity in positioning for palliative care is crucial. Striving for more patient-centric language to define the role of palliative care, as well as conveying how it can complement curative care, may support better understanding and greater willingness to embrace it. Physicians also need more experience with palliative care to see how well it works. Providers could ask to collaborate on just one patient to begin with. (Related Podcast: [Helping Physicians Embrace Palliative Care](#))

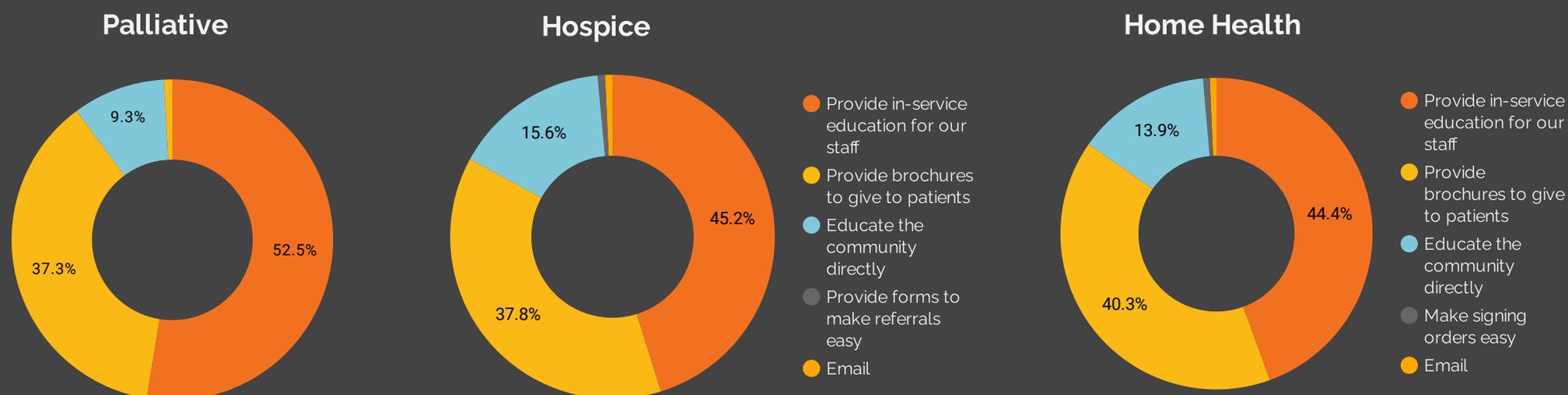
# Communicating Value

Communicating the value of in-service education content to referrers can help position providers as referrers' go-to resource for information and referrals. Referrers say the most effective way for providers to educate or update their offices on services are providing in-service education for staff and providing brochures for patients. We're not so sure about that, though.

Even before COVID, it was becoming increasingly difficult for liaisons/marketers to get an appointment for a personal visit to a physician's office. "In-service education" also was code for "bring us a free lunch from somewhere good, and we may listen a little while we chew."

While some physicians' offices have brochure racks that could include printed literature from our clients, it was becoming more common for physician offices to have the attitude of "I'm not going to be the warehouse for your brochures."

## What respondents ranked as the best ways to educate them



**Insight:** Even as the COVID-19 pandemic subsides, it's still time to seek innovative ways to communicate value. Providers should consider new ways to deliver in-service education, such as on-demand videos that qualify for Continuing Education credits and will thus make staff more likely to attend. As for literature, easy-to-use web links for families instead of printed brochures put providers' website content to greater use and create greater potential for families to better understand the full breadth of what they offer.



# Summary

Hospice, palliative and home health care agencies all face a significant problem with being seen as differentiated by physician offices. An average 81% of surveyed offices said they think senior care providers are entirely or mostly the same. Stronger positioning, branding and clear communication with referral audiences are key to overcoming those perceptions. Creating this differentiated perception in the eyes of physician office staff is vital, as it is almost always them – not the patient – determining the referral.

So, how do providers stand out to these offices? Respect, promptness and efficiency are universal essentials in their eyes, but that can mean different things to different providers based on office size, affiliation and other variables. Senior care providers can become the true “specialist” partners physicians turn to by clarifying each referrer’s exact needs and expectations, strengthening their referrer-facing brand and exploring innovative education opportunities to get more meaningful “face time” with them.

**Want to discuss how these insights can be applied to help your agency grow referrer relationships? Contact us at [hello@transcend-strategy.com](mailto:hello@transcend-strategy.com).**