

Surgical Center Needing to Rebuild Pain Management Volume



Services Used

Referral Analysis

Collateral Development

Physician Relations

Growth of 200 monthly procedures

The Center

An independent, outpatient multi-specialty, surgical center located in the Philadelphia suburbs. The center has been in operation for over thirty years and completes over 12,000 procedures annually.

The Problem

The surgical center had an operating agreement with a pain management practice of multiple physicians that allowed the center to schedule consults and procedures on behalf of the practice. The pain management practice decided to discontinue the agreement causing a loss of procedures scheduled at the center. The surgical center subsequently engaged with a new pain management practice with a single physician to rebuild the loss of consults and procedures. In addition to rebuilding lost volume, the surgical center also had to educate existing and potential referrers on the transition of scheduling to the new practice and physician.

The Solution

Leadership at MY Medical Marketing was engaged to create a comprehensive program that would rebuild pain management consults and procedure volume to the surgical center. First, the market was defined by completing a referral analysis determining there were over 85 potential referring practices. An introductory collateral piece was developed to educate the potential referral sources how the surgical center scheduled for the pain management practice. A physician liaison then consulted with each potential referral source, learning how each office managed its referrals as well as identifying the needs of each practice. Through this process it was learned that requiring an MRI prior to scheduling a pain management consult was a major hurdle for general practitioners. It was also learned that there was a perception that pain management physicians largely wanted to forego medication management patients/referrals in favor of referrals that were more likely to yield procedures. The pain management practice/physician committed to not requiring an MRI as well as willingly taking ownership of medication management referrals which was a great resource to the general practitioners. Subsequent collateral materials were developed to reinforce the pain management practice's/physician's commitment to honoring the needs of the referring population. The liaison also facilitated a lunch and learn campaign so the physician could share the message personally and build relationships with referral sources.

The Result

After completing the referral analysis, developing appropriate collateral materials and utilizing a physician liaison, the pain management physician was able to grow the practice while increasing the volume of procedures to the surgical center from zero to 200 per month in a six month period. Subsequently, the pain management practice added additional physicians to the practice who readily engaged with the surgical center providing additional procedure growth. The surgical center ultimately achieved unprecedented pain management procedure volume.