

Health Care

Keeping doctors happy

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Jeannie Alvestad knows a thing or two about taking care of people at hospitals.

As a nurse she spent 15 years taking care of patients. Now she is taking care of doctors as a physician's liaison at Doctors Community Hospital in Lanham.

In that role, Alvestad is responsible for convincing doctors to practice at her hospital and once they are there, making sure they are happy and continue to use the hospital to treat their patients.

According to the Maryland Hospital Association, there are 99 hospitals in the state, not counting medical groups and larger multidocor practices. To compete, hospitals have begun hiring professionals like Alvestad whose sole job is to attract and work with doctors.

This practice has become so common that the American Medical Association has updated rules to keep the recruitment of doctors ethical.

The importance of recruiting doctors, both general practitioners and specialists, to hospital staffs is that they create a patient base not only by sending their own patients but also by referring patients to specialists associated with the hospital.

But getting doctors to use the hospital's services is only half of Alvestad's job.

As important as it is to attract doctors, keeping them happy is what will ensure long-term success for a hospital, Alvestad said.

"Physicians are our customers," she said. The hospital has 515 doctors on staff, both as full-time staff and with privileges.

She describes her job as "multifaceted," having as much to do with recruitment as retention of doctors.

"I work on making sure they are happy and comfortable," she said.

Alvestad works with doctors and their staff, educating them on how to handle billing quickly and correctly; she provides doctors with access to hospital administrators so they can discuss issues, technology and hospital strategy; and she acts as a sounding board when they have problems or suggestions.

Keeping doctors happy goes beyond just what happens at the hospitals. Alvestad said that the partnership she creates with doctors and their staffs is essential to making her hospital a place where doctors want to work.

While making sure their use of the hospital is efficient, she said the doctors want to be made to feel like they are being heard.

"We need to be there for them," she said. "They know better than anyone what we do right and what we do wrong."

Not listening to them, and not responding to their needs, can mean losing their business.

"They're providing a service to their patients," she said. "They can use many different hospitals. We need to give them a reason to use us."

Podiatrist Alan Deroy, a doctor with privileges at Doctors Hospital, said the relationship between doctors and hospital is "mutually beneficial to both parties."

Doctors are paid for their services at whichever hospital they use, he said, while hospitals charge doctors facility fees, admissions fees and other charges.

But Deroy said the importance of a hospital to doctors goes beyond money.

In Deroy's case, Doctors Hospital helped him launch his practice. As a doctor new to the area, he said he's been able to build his patient base through his association with the hospital.

He credits this to Alvestad, who has introduced him to other doctors in the area, who now refer patients to him, and who has arranged for him to give lectures.

"She's done everything to let people know who we are and what we do," Deroy said.



The relationship is a two-way street. Having the right doctors on staff also helps attract new patients to hospitals.

"Patients today are very savvy and do a lot more research before picking a hospital," said Joanne Genevish, a physician's liaison at Montgomery General Hospital in Olney. The hospital has 468 doctors on staff, both as full-time staff and with privileges.

Much of Genevish's time is spent talking to doctors in their offices, showing them the benefits of her hospital and doing what she can to attract them.

"This is a relationship business," she said.

She said that doctors want to be a part of hospitals with advanced equipment, they want to be consulted on strategic planning and they want to have access to hospital administrators.

They also want to know they are working with a hospital they feel good about.

"This is all about letting doctors feel comfortable about operating rooms, the staff," she said. "They want to know that we are good and efficient."

That doesn't mean that the advertising dollars spent by the hospital don't reach doctors, said Christine DeAngelis, vice president of physician services for LifeBridge Health Inc., which owns three hospitals and several medical centers in the Baltimore area.

The chain launched a two-part billboard campaign last month to bring attention to its Brain and Spine Center. The ads were placed on several major thoroughfares throughout the city.

Just like patients, doctors travel the highways and watch television, DeAngelis said.

"These ads create awareness," DeAngelis said. "And the doctors aren't immune to that."

She believes that, like patients, doctors who aren't familiar with a hospital will be affected by the ads and express interest.

With all of the increased competition for doctors among hospitals, the American Medical Association has set standards to keep the ethical lines from being blurred.

Doctors are paid for their services by hospitals and hospitals are allowed to recruit doctors to practice there. But doctors cannot be paid for bringing patients to hospitals.

The AMA calls that practice "fee splitting," which it defines as "payment by or to a physician solely for the referral of patient." The association clearly states that this practice is unethical.

While the AMA has standards on doctors advertising their own services, it does not regulate hospitals. But one study found that some hospital advertising walks a fine ethical line.

According to a 2005 study conducted by the Dartmouth Medical School at Dartmouth College in New Hampshire, hospital ads "promote services of unclear health value to the public and, in some cases, seem to place the financial interests of the medical centers before the interests of the patients."

"We found it interesting that similar advertising practices by pharmaceutical companies have been criticized for creating demand for services and failing to present balanced information, but no one seemed to be turning the same critical eye on ads from academic medical centers," said Dr. Robin Larson, the lead author of the study and a professor at Dartmouth.

The authors did not call for a ban on hospital advertising, though. They understood that it is one way for hospitals to compete, but they wanted the hospitals to be careful about what claims they made.

"If they are going to advertise, we would like to see them promote evidence-based services or at least those likely to improve overall public health," Larson said. "Ideally, ads would be presented in ways that assisted the public in making good health decisions by providing balanced and objective information."

For Alvestad, ethics aren't an issue.

Hospitals are looking out for patients, and the marketing professionals all understand that, she said.

"This isn't a cutthroat business," she said. "We're collaborative, not combative."

(Above - Jeannie Alvestad, a physician's liaison at Doctors Community Hospital in Lanham, says her job is as much about making sure doctors are happy and comfortable.)