

PATIENT CONVERT PODCAST

PHYSICIAN LIAISON  
BALANCING ACT

WITH HOST KELLEY KNOTT &  
SPECIAL GUEST KELLY MONTGOMERY

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## The Physician Liaison Balancing Act 116

**Kelley Knott:** [00:00:10] Hello, everyone, and thank you so much for joining me for another episode of the Patient Convert podcast. I have an amazing guest with me today. She is one of my students in Physician liaison University and incredible physician liaison and she does so much inside our Physician liaison University community and she has so much to bring to the table today. And we discussed on having her on a podcast because we wanted to talk about some of the bigger challenges of large organizations and strategies that she can talk to us about, about being effective, building a program, going through data and working with so many physicians. So I would like to introduce my student, Kelly Montgomery. Say hi, Kelly.

**Kelly Montgomery:** [00:00:52] Hi. Thanks for having me on your podcast.

**Kelley Knott:** [00:00:55] Yeah, of course. Are excited to have you on. So tell us a little bit about your organization.

**Kelly Montgomery:** [00:01:01] Well, I work for Providence Hospital in Mobile, Alabama. And we're a part of a larger health care organization called Ascension Healthcare, which is the largest nonprofit in the nation. Specifically, I work for the hospital and for the Providence Medical Group. So I have 18 practices with 65. I think at last count,

physicians that I'm out in the community marketing for Providence Hospital. I started out my career. I was a front desk person at a urology office, so I gained some operational knowledge from there. Then I moved over to Gulf Coast Cancer Center, which is a U.S. oncology practice, and I worked there for 11 years in operations and then eventually moved over into the liaison role. So I think I have kind of a unique perspective on this position.

**Kelley Knott:** [00:01:47] Oh, definitely. Starting has a front desk, though. That's really interesting because we get a lot of those questions. And I know, you know, throughout the course kind of the journey of becoming a physician liaison. Everyone has a unique journey. But what do you think in your experience kind of getting that experience as a front desk? Maybe you used in your physician liaison marketing or how did that apply as you grew your career into physician liaison marketing?

**Kelly Montgomery:** [00:02:11] That's a great question. I do think that my operational background has helped me tremendously in this career. So when I was working in the office staff or when I was managing the office staff also sometimes you'd see like pharmacy that a pharmaceutical rep that would come in and they sort of discounted that front office staff right from the beginning, like they only wanted to talk to the doctors. And I always remember how that felt, especially early on in my career. You know, you don't feel as important sometimes as that clinical staff. And so that specifically always stuck with me. So I always sort of make it my mission to kind of connect with that office staff just as much as the physician, because you'd be surprised how much power they have over the referral process. On the back end.

**Kelley Knott:** [00:02:51] They definitely do.

**Kelly Montgomery:** [00:02:54] And then also in the operations, you know, having seen it from the operational standpoint of, you know, knowing the process of how you make an appointment and how you interact with those other physicians and you know, some of the pitfalls that have come along in my career, I think it really sort of given me some knowledge that has helped me in the liaison career to sort of be able to communicate with the other offices and with my own staff.

**Kelley Knott:** [00:03:15] I think that would be a huge advantage because not only do you have experience with the front desk, so I'm sure you have people that stick out, like you said in your mind of that were successful or unsuccessful for certain reasons and making sure, like you said, you don't do the same mistakes. And then the operational side is huge because you can talk about actual referral systems and processes that you can improve and let them know that you actually understand it. Were there ways you involved that in your messaging as far as meeting with gatekeepers and also talking with referral coordinators and office managers about referral systems?

**Kelly Montgomery:** [00:03:47] Yes. So I think that when you are dealing with a referring office, staff, office manager, referral coordinator, front desk, whoever you're dealing with, I think they always appreciate the fact that you have knowledge behind what you're saying.

**Kelly Montgomery:** [00:03:58] Like you don't have you have more than just an elevator speech.

**Kelly Montgomery:** [00:04:02] You know, when they ask you a question about a Medicare HMO program, if you know how to answer those questions and how to take care of those referrals, or if they ask you about, you know, a radiology test, you know, like, oh, an MRI, I'm going to need a priest if it's Blue Cross, Blue Shield, those kind of things. I think if you can show your knowledge about that, I think it goes a long way in having them open up and they just see you as more than just somebody with a marketing degree who brings cookies, which I don't do anymore because of your program.

**Kelley Knott:** [00:04:26] Use speak to such a good point and you even gave quick examples. But what a difference that makes to a front desk when you're speaking with them. They understand how plugged in you are. And I believe that makes a big difference in deciding whether you are someone that's qualified enough to speak with the referring provider because you're already communicating in that initial. How many seconds that you are part of this program, that you are part of this and you can get these things done. And this all involves simple examples, like you said. So what has helped you the most is communicating with front desk and executive staff members of

other organizations. As far as verbiage that you help define yourself as the authority in the space.

**Kelly Montgomery:** [00:05:16] I think that you have to be deeply rooted in all of your practices, whether it be one or whether you have, you know, 18 different practices like I do. You need to know the vernacular, you need to know the jargon. You need to be able to talk the talk. And not only that, you need to like really be engaged in it and really understand the message that you're delivering to.

**Kelly Montgomery:** [00:05:35] You need to know if you're delivering a new program on for instance, we have a new program where we are allowing referring physicians to use an order facilitator to schedule an MRI and then we're going to preserve for them, which is such a cool selling point because those precepts take so much time at an office level to get it completed that if we take that burden on themselves, that makes us a huge advantage. So because I have been in the office before and I've had to do those crazy precepts and I know how long it takes and the burden it is, I feel like I can relate to them when it comes to issues. I like, you know, I've been there like I know how long it takes. What if we took that burden from you? How much would that help you? Those kind of conversations are easier to have when you have the knowledge behind it.

**Kelley Knott:** [00:06:16] It's so true and often forgotten. We talk a lot about clinical knowledge and relating to patient care as far as the physician, but we do not often talk about how important it is to kind of understand the referral process when it comes to the front desk, like you said at the very beginning. As you noticed when you were working the front desk, how often you would see reps maybe make you feel like you weren't an important factor in this process and how you decided when you went out in the field that you were going to change that. As a physician liaisons them, maybe there's ways as physician liaisons, we need to better conduct an interview with our front desk staff member on what would be important to them, an initial messaging that would allow them to grant us access back.

**Kelly Montgomery:** [00:06:58] Right. It's so important to connect with every member of the staff that you encounter. You know, if they have a picture of, you know, a little kid, ask him about is that your son, that you're, you know, the granddaughter, whatever.

**Kelly Montgomery:** [00:07:10] If they have pictures of pets, connect with him about that. I think I heard on one of your earlier podcasts, one of the liaison say that she saw a picture of a horse that a physician, as she brought it up, you know, and start talking about horses. The entire conversation shifted.

**Kelly Montgomery:** [00:07:23] And I think that happens not only with your physicians, but with all staff that you engage with to, you know, remember those little details that they tell you. You know, like, oh, my, my son's getting ready for prom or something like that. Write it down. Remember, the next time you go in there and say, hey, how did your son's prom go? You know, everything turned out great. You know, that kind of thing. And I think that they remember that. And they everyone feels that way. Everybody wants to feel important. So go out of your way to make them feel that way. And, you know, not only does that develop a level of trust, but it also gives you time with their doctors.

**Kelley Knott:** [00:07:53] Oh, absolutely. Making them feel important, recognizing and it's a great way to build a genuine relationship because each person is going to be different. Like you said, maybe it's, you know, somebody is prom. Maybe it's a picture of an animal, but it can also help maybe liaisons kind of connect and remember the conversations as well.

**Kelly Montgomery:** [00:08:08] Right. And not only in referring practices, you need to be connected with your own staff, even if you have a lot of staff, you know, those front office especially, they're gonna hear all the gossip in the medical community. Oh, did you hear that? Dr. So-and-so's unhappy because they all talk.

**Kelly Montgomery:** [00:08:27] We want to be a part of those conversations because, you know, there's some truth in all of those things. Right. So you want to be you want to have that relationship with your staff, especially where they feel like they can come to you and say, hey, my friend said Dr. So-and-so was leaving to go to the competitor because those are, you know, vital pieces of information for your strategy to know whether you need to target or not target that physician. Going forward, you need to have those relationships built so that they think when they hear those kind of things, they think about you so that they can then bring that information to you. You don't want

to be like a marketer or liaison on that sort of lives on their own island. You want to make sure that your staff feels like you're part of the team.

**Kelley Knott:** [00:09:08] So how do you get that really crucial staff buy in?

**Kelly Montgomery:** [00:09:13] So you have to develop that level of trust. You have to build those relationships. Like we talk about in PLU all the time, you want to be relatable to them. If they are having an office lunch, sit down and have lunch with them. If they you know, if, you know, somebody just had a baby stop in, you know, ask up, asked to see pictures, you know, all of those kind of things, just like you would do in any relationship in your personal life. You have to be plugged into them somehow. So you have to find ways to be plugged into all of those environments so that they feel like you're a part of the team, even though they don't see you all the time because they have to be open to you, because then you're into referring doctor's office and they say, well, you know what? I don't refer any patients to Dr. John Doe anymore because, you know, that office did X, Y, Z. You need to have a relationship with your staff so that you can go to them and say this is a problem and that they're open to receive that you need to be a part of the team and not just some outside entity that's telling them everything they do is wrong because that's gonna be a whole. Kind of reception that you get from them.

**Kelley Knott:** [00:10:11] You bring up such a great point, Kelly. That is so true because we are in the field so often we can get really distant with our staff members. And I know when I started as liaison, that was something I had to learn. The hard way was, you know, my distance wasn't perceived as well. And I had to learn creative ways to make sure, like you said, I started building relationships with my own staff. And it it tremendously was so valuable to me as liaison on it made such a difference in the program. And honestly, it's a lot more fun. So when you were getting to know your staff with such a large territory, how do you help with communication with so many different staff members in so many different territories and so many different positions? Not only do you have their buy in, but how do you continue to communicate or make communication easy so that you never get that issue where maybe a practice calls and they don't alert you or let you know or know who to directed to? Or maybe it's something that might concern you. So how do you improve your communication with your team and your program?

**Kelly Montgomery:** [00:11:11] So what I do, if there's a particular practice that I'm targeting. Like, let's say I'm going to do an ENT practice. So my focus for the next two days is going to be on ENT. So I will, you know, go in and visit with a doctor and the office manager very quickly. I don't take up too much time and just let them know, like, hey, I'm going to be marketing. I'm going to be talking about, you know, whatever procedure is on the agenda for the next few days. Is there anything I need to know? Is there anything going on in the market that I should be aware of? So I have those open conversations with him. I also usually stop and chat with the front office for all those same reasons, because sometimes they know stuff that they haven't told anybody yet that there but have been waiting to tell me. Or did they didn't think it was important until I asked those kind of conversations. Of course. Yeah.

**Kelly Montgomery:** [00:11:54] And then as far as the executive leadership, I send a bi weekly report to the CEO of the hospital and also build the rest of the leadership team that I report to with just the visits that I've made, notes that were made, you know, things that may or may not be happening in the community. You know, this practice might be merging this one. Right. And that's not so much. You know, if I you know, if I had a lunch, if I learned something like that, that's something I want to say is if and I know that, you know, we're not big on lunches and we're not big on giving.

**Kelly Montgomery:** [00:12:28] Sometimes they're important, but never to schedule a lunch, to check a box, to say, well, I was supposed to have three lunches this quarter and I need to get one. So let me just do it. Never do that without a purpose. Because, you know, you don't want to lose the credibility that you have gained without referring doctor or with whatever doctor you're taking with you to.

**Kelley Knott:** [00:12:46] Yeah. And that is absolutely spot on. That is exactly kind of what we talk about. Physician Liaison University, we're not big on lunches, like you said, just to check a box or bribe our way back. It's all about enhancing relationships and being strategic about lunches and utilizing that time to the best of our ability. And I think sometimes lunches have been abused in the past with different types of reps. And we want to make sure that we're really strategic. And I think that's such a good point. Don't just schedule lunch because you need to schedule lunch. Make sure you're using it as a

really valuable tool and how you're going to be strategic about it. And it's not a scapegoat or checking that box. And I think that's a really good point.

**Kelley Knott:** [00:13:25] Have you used lunches to help enhance and further enhance referral relationships?

**Kelley Knott:** [00:13:30] I have. We have a breast surgeon who is fairly new to the area. And, you know, female breast surgeons tend to do better than male breast surgeons just because females typically are more comfortable saying, oh, it's urgent.

**Kelley Knott:** [00:13:40] You know that.

**Kelley Knott:** [00:13:41] Yeah, but, you know, I don't know.

**Kelley Montgomery:** [00:13:44] I've not read any studies that said that, but it has been my experience.

**Kelley Montgomery:** [00:13:51] But, you know, it was scheduled some lunches because I wanted to get her in front of like OBGYN clinics. And we wanted to see all of the doctors, which is, you know, nearly impossible. Unless you schedule a breakfast or lunch because you want to get the biggest bang for your buck. Absolutely.

**Kelley Montgomery:** [00:14:05] But, you know, I wanted her to have an audience with them. So, you know, those situations, I think are warranted. Now, what I just schedule one, you know, willy nilly, because, you know, I have some sort of quota to meet. I would I would never do that because you never want to waste your physician's time because then they will never go with you again, ever.

**Kelley Knott:** [00:14:22] Yeah, but if they have more experience than you just lost their support, which is a good question, because again, you're working with such a large organization and so many different specialties. How do you as a physician liaison with your organization, kind of get that support or physician buy-in for your program?

**Kelley Montgomery:** [00:14:39] I would say the biggest way to get buy in from physicians is using your data. I am a huge believer in doubt. Yes. Physicians tend to be,

in my experience, very analytical minded. So if you can prove to them your value, if you can say, OK, I saw this physician January the 5th and January the 8th, they sent you a patient and they've never sent you a patient before. I think that that immediately perk their ears and make them pay more attention to you. If you can look at numbers year over year, like, OK, well, you know, I worked with ENT Practice and you're over here for the month of January. Their consults have increased. If that's what you're looking at, consults have increased, you know, 15 percent. Then I think that's gonna make your their specialties go, huh? Maybe I need to go out and make those visits to see similar things.

**Kelley Knott:** [00:15:29] Yeah, it's kind of that a fact. And you bring up a good point. Sometimes some physicians are more supportive than others, but a great way to kind of get some those others on board, like you said, is maybe showing that data. And how do you balance with so many different physicians in the specialties on who you want to focus on and what you need to do, even if some of them aren't quite as supportive?

**Kelley Knott:** [00:15:52] So I meet with our leadership team at the beginning of every fiscal year and we establish what the main priorities are for the hospital and for the system, for the medical group. And those are the ones that, frankly, I spend the majority of my time on. You know, my salary is based around those type of metrics, but you don't ever want to ignore the other aspects of the hospital. One thing that's tough to manage is that physicians, their staff, everyone, they think that they can manage your time better than you can. So you have to. My best advice to someone who's new in this field is to be the manager of your own calendar.

**Kelly Montgomery:** [00:16:29] Yeah. You have to take ownership of your own calendar. Otherwise, you will run yourself ragged. So you just, you know, make your strategy, you make your strategic plan. You determine, you know, how much time those 40 visits for gastroenterology are going to take. And you sort of map that out on your calendar. I'm a firm believer. If it's not on my calendar, it's not going to happen because I'm not going to remember.

**Kelley Knott:** [00:16:51] So you're very organized, so you bring up a good point and balancing these different specialties. Do you go to territories and then market different physicians depending on the referring physicians in that territory? Or did you, like you

said, pick a specialty and then kind of focus on that for the next few days or few weeks and then pick another specialty? How do you usually do that personally to help you keep organized and be effective?

**Kelly Montgomery:** [00:17:17] So it's all a huge balancing act, you know, and sometimes it changes daily. So typically I like to focus on a particular specialty because I think it's less confusing message wise when you're going into a practice. You don't wanna go in and say, hey, I'm here to talk about gastroenterology, anti breast surgery and primary care. You need to make sure you need to make sure that your message is as focused as it can be.

**Kelly Montgomery:** [00:17:41] Saying that I have a remote clinic that I will go to and it's you know, it's quite a haul. So I make sure I go with my multiple fliers for my multiple things that I'm covering. And I'm still strategic. Like if my focus is, let's say, gastroenterology, then I'm still going to talk about gastroenterology.

**Kelly Montgomery:** [00:17:59] But if there's outlying clinics where I think, you know, ENT might benefit, breast surgery might benefit, that I might at least leave some literature behind. But I still like my focus gastroenterology, if that makes sense.

**Kelley Knott:** [00:18:09] No, it definitely does. It probably helps you to any defining your message. You can be a little bit more clear and strategic with what you're going to say and how you're gonna interact and of course it probably makes it easier for some follow up marketing because you can have new specialties to talk about. Is it something that you do? Or when it comes to follow up, do you struggle between continuing that specialty or bringing up a new specialty?

**Kelly Montgomery:** [00:18:33] Well, I'll usually say something like, you know, hey you know, I'm Kelly from Providence. I don't know if you remember me from last time, but I know last time we talked about Dr. Bleakley, our breast surgeon. But I wanted to also tell you that we know we have a new gastroenterologist. And, you know, we might talk about her for a few minutes, too. So I sort of mentioned the last time to sort of, you know, remind them that I'm credible, that I proved to you last time that I'm awesome, but yet I'm also still awesome about this other message.

**Kelley Knott:** [00:18:58] I'm the go to person. But that's true. That's really important even in that example of how you said it. But I hope the listeners are listening to Kelly when she says that is it's not always about just one physician. If you kind of create a conversation and you initially kind of see that your importance in the role is connecting their practice with the physicians they need. And I love that example because you quickly did that. In a sentence, I think. So it doesn't have to be over complicated to kind of explain your position there. And I liked that. That was really great. I hope listeners are paying attention because that is how you represent different physicians and specialties. And it all goes back to redefining your role as a liaison and your job of connecting specialists and referring physicians. How you are the point person for that practice.

**Kelly Montgomery:** [00:19:43] We do a lot of like sort of events, too. Like, for instance, recently we had a women's provider Open House, which is really kind of a cool, unique thing. You know, there was, you know, wine and snacks and the all the things that women love. It was sort of a unique way to connect female providers together. I think there's a little bit of a solidarity there between female providers where, you know, they they hang out together with people with similar interests. And, you know, some of the doctors that we had were new to the area. They had just moved here. So it also gave them an opportunity to meet their peers, which is just another level of building that trust in that relationship, which helped me in the long run with those referral patterns.

**Kelley Knott:** [00:20:35] You're role as a liaison involves community type events as well. We really have a lot like you said, it's a balancing act which we may have to title the podcast that. It's a balancing act because there's so much going on not only between physicians and territory specialties and executive team members and staff, but we do so much in the community, in the field as well. And I love that example of getting creative and having a physician women's physician base event that you guys can meet and network. But are there other ways that you get plugged into the community as a physician liaison besides just visiting with referring physicians?

**Kelly Montgomery:** [00:21:13] Absolutely. We participate in health fairs. You know, we may go and provide, you know, free blood pressure checks or glucose monitoring those type things which, you know, helps enhance our primary care network. You know, we may participate in a bridal expo, which seems like a weird thing for a physician's office to be a part of. But I have an ENT surgeon, who also is a facial plastic specialist. He's a

facial specialist. So, I mean, you know, Botox, lasers, facials, all of those things are, you know, good selling points directly to the public. So I do, you know, bridal expos and, you know, do just that.

**Kelly Montgomery:** [00:21:47] Right. I think the most important thing is don't only do the things that seem conventional.

**Kelly Montgomery:** [00:21:53] Because you just never know when that's going to pay off. If I spend four hours on a Saturday at a bridal expo and we only get one patient, well, then that was worth \$100. It took me to have a table there because that's going to more than pay for itself. You Have to be able to think outside of the box and think about the return on investment.

**Kelley Knott:** [00:22:13] Well, and you're so right. You know, we talk in PLU about expanding our network and getting out in the community as well. And that's so true. You never know where you can expand your network, build new connections, but also reach different types of patients or a deal type of patients. I know my favorite part with community events besides the amazing swag. I cannot resist a good chip clip. So if any of you guys are listening I'm a big fan of chip clips. I'm always going to this, but it's really fun to get to meet with other practice members because sometimes with these health events like you were talking about, you can have other referring physicians even there or specialist and the actual physicians there, but or maybe someone else important as far as their staff goes, was kind of one of my favorite parts during these events was to introduce myself in a more relaxed environment. Do you agree?

**Kelly Montgomery:** [00:23:00] Absolutely. Especially if you can get into like a city sponsored health fervent. I found those hugely beneficial.

**Kelley Knott:** [00:23:07] Good advice.

**Kelly Montgomery:** [00:23:08] Yeah. You might meet a nurse practitioner or a office manager or a medical assistant might be there. You know, never underestimate the power of any person in that office to shift the focus of a referral. They might say their doctor might come out and say, well, gosh, you know, I don't know where to send my primary care doctors or my patients that need primary care. Oh, you know what? I just

met Kelly. I have her a card. I know she has a whole network of primary care. Let's reach out to her and see what she thinks.

**Kelly Montgomery:** [00:23:36] So, county. City. any sort of health care, I'm always game to be a part of because you get direct patient marketing. And then you also there's always somebody, like you said, from another referring doctor's office that you can meet and encounter and build a relationship with.

**Kelley Knott:** [00:23:53] Oh, yeah. And it's fun to go around. Like it's it's nice to get to meet them. And I like how you said that. I just met Kelly at this event. Let me give her a call. It almost creates a more genuine connection and relationship when you're both part of this event together, you're both putting it on and you can take the time to kind of go around other booths and ask about that. So that's really good advice for the listeners out there. It's something obviously both Kelly and I enjoy.

**Kelly Montgomery:** [00:24:17] We really have the greatest job in the world. We really do.

**Kelley Knott:** [00:24:21] Right. The flexibility and you brought up leadership and we'll have to talk a little bit more about that. But one thing that you brought up that we get so many questions, and I think you're going already know what this is about physician liaison marketing and I think could be one, if not the number one challenge that physician liaison face, but the data lets talk about the data, how important it is to the program and how you have utilized and taken leadership of your program, not only implementing it, but using data to create success for yourself.

**Kelly Montgomery:** [00:24:53] I firmly believe that you can not be successful in this career without data. You cannot be successful by chance you have got to have the data to back it up. Physicians, as a rule, not all of them, but a lot of them will say, you don't have to go see it Dr. John Doe because he sends me all of his patients. I can't tell you how many times I have been able to look at claims data and say that, "he's not because he sent half of his patients to our competing hospital."

**Kelley Knott:** [00:25:24] I'll say that. So yes, it happens to me every single time, Kelly. Yes.

**Kelly Montgomery:** [00:25:29] It's crazy. So if you do not have access to claims data, you need to find someone who will let you have it. It's life changing. I did my probably my first six months of a physician liaison position and we didn't have that in place yet. And I really felt like I was just flying blind. I had internal data like I could see like, OK, John Doe sent me ten patients in January and in February you sent me to. Clearly, something's wrong. But when you have that claims data that you can also see, you can actually see where those patients have gone and like, okay, he's not sending them here. Now he's sending them to hospital X Y. That's our competitor. And then you can sort of you know, I follow all my competitors on Facebook, Instagram, all of those.

**Kelley Knott:** [00:26:11] I do, too.

**Kelly Montgomery:** [00:26:13] And then I can say, well, gosh, you know, they opened a new, I don't know, stroke center. So clearly that must be having an impact. And then I, you know, meet with leadership and sort of come up with a strategy on how to combat that message.

**Kelley Knott:** [00:26:25] It's important to be aware of competitors in the area. How do you stand out from your competitors? I know you said you definitely keep in touch and you follow them, which I could not agree more even as a marketer. That's something I teach so many people. Don't ignore your competitors. Make sure you are always plugged in with what's going on. Not in a way that, you know, you get obsessed with it, but it's always good and healthy to know what works and what doesn't work. So how do you, with this organization, help stand out from competitors in your area? And even as a physician, these on. That's a really big job.

**Kelly Montgomery:** [00:26:58] Yeah. So like I said, I follow all of their social media presence because I think, you know, I can find out if my competitor is doing it free health screening in February or something like that. And I can see if that's an event that we need to do. That also helps me to be proactive, like I don't see that they have anything like that posted. Maybe this is a good idea. I mean, I meet leadership and see if this is a way to get more patients in the door. I think one of the things that I do is I try my best not to ever talk about the competitor when I'm in a referring doctor's office. I

feel like I have a limited amount of time. I would never bad mouth my competitor and say, well, we do this better than them because they do X, Y, Z.

**Kelley Knott:** [00:27:35] I think that's a great rule of thumb for liaisons. We don't need to be talking badly about competitors. We have enough to say, like you said.

**Kelly Montgomery:** [00:27:46] And so I am reading this book. It's called Persuasions. And he even talks about that. He talks about a study they did about cameras for the Cannon Company. And they were comparing they were trying to get. They were trying to get customers to purchase a specific Cannon product. And they surveyed a bunch of consumers and they were comparing their model to another competitor's model. And then they had another group, focus group, where they only talked about the benefits of the camera, the canon camera, and overwhelmingly the people who only had information about Cannon and the quality of their product wanted to immediately go out and purchase the product. And I think that that says something because they didn't spend time talking about the competitor. They didn't waste time and shift focus and make them focus on multiple things. They were, you know, singularly focused on the objective. And I think that's where we need to keep every interaction that we have.

**Kelley Knott:** [00:28:40] That's a really good point, too, is kind of being really targeted with our messaging. We can talk about competitive advantages, but without naming competitors going into competitors more about competitive advantages as far as benefits for those physicians in working with our organizations, it's really going to have to get that book. That's interesting. You like to look that up?

**Kelley Knott:** [00:29:00] Yeah, it's a really great book. So, you know, when we want to go out in the field and if I want to talk about this new program we have where we're going to preserve these radiology tests. I do want to talk about the fact that, you know, we're doing it, but our competitor is not doing it. And so that makes us so much better. I don't want to do that if they're having trouble getting the same research from our competitors that they're having with us than me just giving them an easier path that, you know, the path of least resistance is going to speak volumes in itself. That makes sense.

**Kelley Knott:** [00:29:26] Oh, definitely. It makes so much sense. And when you're working with. Your program you mentioned to me and Kelly is a huge part of our Physician liaison University. She helps kind of direct conversations with other student members. And I think a lot of that, Kelly, is because you continue to learn and that seems to be your personality is about always kind of gaining knowledge, even how you mentioned that book. But when you started in this position, you're currently in. Did they? They didn't even have a solid physician liaison program, is that correct?

**Kelly Montgomery:** [00:29:58] They did not. So Ascension as a whole has physician liaison. But in this region specifically, they did not have one. So when you walk into a sit in a situation like that, you need to be prepared to show your worth. So, you know, at the end of three months, you know, I can pull up, you know, one of the clinics that we had that was struggling and now they have like a 25 percent increase in consults and I can show things that I have done to directly contribute to that. When I walk into a leadership meeting and they say, you know, I don't know why, Clinic A is having such issue, and I can say, well, it's because you've had an influx of competitors, you know, from this hospital or, you need to be prepared with your data and your answers.

**Kelly Montgomery:** [00:30:42] And I think that's was the way that I was able to sort of prove myself in this role and prove the value of this role was because going back to that data. I know my data backwards and forwards. There's probably not going to be a question that you could ask me about one of my clinics I wouldn't be able to answer in regards to, you know, where their numbers are, who their competitors are, who's entered the market in the past year and who's left. You just need to like be student of your data and be in it constantly.

**Kelley Knott:** [00:31:08] That is so true. And that is we talk about that in Physician liaison University. But what Kelly brings up and why we stress it so much in this podcast is because it just is underused. I think in a lot of programs, unfortunately, is data. And data is, like you said, not only ways to get a healthy view of what's currently happening, but ways to provide answers to different trends and patterns, ways to provide more information and have new innovative ideas to talk with your physicians. So when you are building this program, you came on and I mean, essentially, this foundation didn't exist. So what was some of the biggest hurdles you went through as you started to kind of grow in your new role here and build out this program?

**Kelly Montgomery:** [00:31:53] So I would say one of the biggest hurdles was just developing a call schedule. So when I came on here, I worked before I came on here, I worked for a radiation cancer clinic that covered actually similar regions to where I'm at now. So, you know, I knew the region as a whole.

**Kelly Montgomery:** [00:32:14] But as you can imagine, the physicians you call on for radiation oncology are going to be different than the ones you call on for ENT, for gastroenterology or primary care. So I had the basis. But I mean, Google was my friend.

**Kelly Montgomery:** [00:32:30] What I wish that I would have had were tools like Badger mapping, Salesforce, those kind of things that sort of help you develop those in an easier way. But then when I when I came on here, it was all manual.

**Kelley Knott:** [00:32:41] Oh, my goodness.

**Kelley Knott:** [00:32:42] So it still is. And I think we're gonna move to badger mapping at some point, but I hope you do.

**Kelley Knott:** [00:32:47] It's a really awesome program.

**Kelly Montgomery:** [00:32:49] Yeah. But and, you know, that was probably my my biggest struggle. The other struggle was, you know, they never had these physicians that I worked with, never had people who were saying, okay, I need 30 minutes of your time. You know, you tell me when at your convenience, look at your surgery schedule, your clinic schedule and tell me what it is. And I'm going to spend 30 minutes talking about nothing but how to market your practice. I think some of them did know how to take that right.

**Kelley Knott:** [00:33:14] How strange was how foreign that must have been in sight, coming in and telling them that they have to do this now, they have to get out there?

**Kelly Montgomery:** [00:33:21] Because I think that, you know, a lot of the organization from a marketing standpoint, maybe not from marketing standpoint, that's not fair. We have a marketing department, but from a liaison on standpoint, they never had anybody

representing them in the field. And I think that once again, going back to data once, I could say, you know, since I've been seeing Dr. So-and-so and mentioning you, every time I go in there, look at the difference in your referral patterns. I think that that, you know, prove myself to them. So the biggest hurdle, number one, was developing the call schedule. And then the second hurdle was, you know, getting physician buy in and doing other things we talked about previously in this podcast, which is huge.

**Kelley Knott:** [00:33:55] And then and now we're Kelly is today. She is a very successful physician liaison and she has got her program. But as she talks about building data, why wanted you so much on this podcast today is it is a lot different when you're working in one territory with one practice than building out an entire program. And Physician liaison can feel overwhelmed whether they're part of a large organization or a small organization, organizing, tracking, building data and staying in front of it. But it's all about leadership. And do you think early on, did you make a decision on how you were going to take. Yep. And did you have any resistance in that physician or or I mean, any resistance in that position or have to kind of. Define your role as a leader, as liaison.

**Kelly Montgomery:** [00:34:42] So fortunately, the leadership of the hospital and the leadership team for the medical group have been very supportive of me from the beginning. So I'm very I'm incredibly fortunate that way. The unfortunate part was, I didn't start at the beginning of the fiscal year, so there was no budget set out for me. So that made things kind of challenging because, you know, right. Those kind of things that then that becomes a challenge. I become I'm on a shoestring budget. You know, for a little while while I'm developing. So that was a challenge. But they have been, you know, incredibly supportive of me, especially when they get to start to see the results of my work. The only and I won't say that they were resistant to it, but one of the issues that I had was just getting the internal data, like who do I ask to know? Where do I get that information from? What program do I use? Who do I after that? And are they going to be mad if I ask for that every month? Because I'm going to say I need to know how to navigate.

**Kelley Knott:** [00:35:37] Is there such a big question? How you how many people, even in our group alone, have these questions throughout Facebook on trying to get data? And you just you nailed it when you said, who do I even need to go to and what am I

supposed to be collecting? How did you navigate that? How did you decide and figure out and take leadership in that part?

**Kelly Montgomery:** [00:35:55] Well, I started with the executive director. And, you know, he wasn't entirely sure where to get that data because nobody had ever asked for that sort of thing.

**Kelly Montgomery:** [00:36:03] And so then, you know, it started with the executive director.

**Kelly Montgomery:** [00:36:05] Then I switched operations managers and they weren't entirely sure either. Office managers gave me pieces of information or would tell me where to go. But, you know, like, you need to know who the referring doctors are. So there's a specific place that a front desk person has to enter that into a field, because if it's not entered, then, you know, trash and trash out your report to the end of the day or not any good. So you have to have that. It goes back to having buy-in from your staff, from your office manager, from your operations managers to go in and say, hey, I know you've never entered that field before because it was never important.

**Kelly Montgomery:** [00:36:42] So, you know, that was, you know, sort of a struggle of the game. Probably the most resistance I've gotten was like we need to be utilizing these fields appropriately. Otherwise, I feel like I'm out here marketing like a landmine where I need to market like a sniper. Right, And I have to have that data to be able to do that. And, you know, I've gotten buy in from all the practices, you know, over time. Some of them obviously were easier than others.

**Kelly Montgomery:** [00:37:08] You're always going to face that as a liaison in the field. Some are going to be easier than others. But I like how you brought it all back on initially building that relationship and buy in with your physicians and staff. So you were able to kind of become this hurdle and and data is is king when it comes to physician liaison marketing. It really, really is. And it is so important to our success. And you mentioned claims, data and all the different ways we can look at data, especially with different specialties. You're looking at different different types of data. And we need to be strategic with that.

**Kelly Montgomery:** [00:37:40] Absolutely. You need to utilize it and then communicate it properly because, you know, I assume every claims have obvious to different claims sources. And both of them, you know, you can only get private pay claims data. So you need to make sure when you communicate that to your doctor, see, leadership is you're not communicating that as this is. They absolutely sent 100 patients to so and so you need to make sure they can communicate that as trends and not, you know, finite data.

**Kelley Knott:** [00:38:07] Oh, yeah, I actually love data. I love reporting our ally. And because I like the idea of not only getting to see where my efforts are working, but I like the ideas of being able to be creative to increase not only revenue and procedures and surgeries and patients. But don't you like the idea that data can be fun? And I think a lot of physician liaison get a little bit nervous when it comes to data reporting as it's an evaluation of them personally, and that's just not the case. Do you agree?

**Kelly Montgomery:** [00:38:36] I do agree with that. I think that you have to look at data as a validation and not like a reprimand tool. I mean, it validates all the effort you're doing, even if it's not how you expected the data to go. If if you have you know, you host a dinner about lung cancer, but your pulmonologists, you're still not referring to your radiation oncologist. Well, then you will then you know that that's probably not the best way to market that.

**Kelley Knott:** [00:39:07] Absolutely. And that's a big part, too, as it is not an evaluation tool. And I'd even use data if it didn't go in my favor. Let's say I had a drop and I'm sure you've experienced this, too. Maybe you've seen a trend go lower and what's going on I'm killing it out there. And it can be something so simple to explain. Like you mentioned even earlier in the podcast, maybe it's your top referring physician or physicians in an area that transferred to a different practice or location. And that can be a huge loss of referrals, but not because. We're not doing our job just because data can show you so much more. And then you can ask the right questions when you're in clinics. So I love the stress on data. But let's talk about how important it is to build a community as a liaison. Kelly has been 100 percent plugged in and supportive during this whole Physician liaison University process. I've been able to connect with Kelly, talk with Kelly. We give each other advice and tips. She also helps other liaisons in the group. And I don't know what you tell you, but when I started, I always felt very isolated as a physician liaison. Yes. And I think it's really, really important that we share our advice

our stories our tips, even our failures, so others can learn and relate and connect. So what are ways that you connect with other physician liaisons and what advice do you have for Physician liaison looking to connect with you?

**Kelley Knott:** [00:40:29] I would say you definitely need to be a part of the Physician Liaison University. I would say you get when you get down to like the nitty gritty, we're all salespeople.

**Kelly Montgomery:** [00:40:37] Right. Right. So, you know, you're going to have your competing markets. They have their own reasons. But clearly they're not going to be a source of information. You're not going to be able to like have, you know, with your number one competitor to be like, no, how are you moving the needle on pulmonology or something? Right. So Physician liaison University gives you the opportunity to network with people who share your same skillset.

**Kelly Montgomery:** [00:40:57] You're same, you know, mind for growth, but they're not your competitors. So they can be completely open and honest with whatever their, you know, goals, strategies, tips and tricks. I think that's probably the biggest asset is just we become like a you know, a collective mind of ideas and strategies.

**Kelley Knott:** [00:41:16] Definitely a physician liaison family for sure now.

**Kelly Montgomery:** [00:41:20] Yeah, absolutely. You know, and it feels great to be able to you know, if somebody is encountering a situation that, you know, you've been in before, you can say, well, you know, I've had that same issue and this is how I dealt with it. It's just a really awesome thing to sort of be a part of that community in. This really is the only community that I've found that's really like that.

**Kelley Knott:** [00:41:39] Well, I thank you. I'm happy to hear that. That is definitely our goal on Physician Liaison University, as Kelly talked about. Not only do we have this amazing course, but she's really talking about we need to communicate, we need to share our stories. It's funny because until the conversation gets started, you don't realize how common some of these challenges or issues or hurdles or even success stories are. And it's such a relief, isn't it, to kind of see. Thank God I'm not the only one going through this.

**Kelley Montgomery:** [00:42:06] Exactly. Sometimes you get encounters with your doctors or leadership, you know. Well, well, we've spent X amount of dollars on that dinner and nothing came out of it. Well, you can sort of commiserate with your fellow. Well, look, it's not just us. It wasn't any you know, it wasn't the way we went about it. You know, this is, you know, been proven to be successful in other places. Maybe we should try it again. You just you get to share ideas with your other people and you get to share in their successes and you get to commiserate in their losses, though.

**Kelley Knott:** [00:42:36] So, Tue. Well, thank you so much for joining me today. But you guys, don't forget to connect with Kelly on social media or reach out to her organization because of the amazing difference they're making for patients in their area. So, Kelly, can you remind the listeners not only how they can connect with you, but your organization, your physicians and your incredible staff at Ascension?

**Kelley Knott:** [00:42:58] Absolutely.

**Kelley Knott:** [00:42:58] So you can go to Providence Hospital and that'll take you to our website. You can also connect with us on Facebook and Instagram. Personally, I'm Kelly Montgomery. I'm on LinkedIn, Facebook, Instagram. You know, all of those. And feel free to reach out to me and ask me any questions you might have.

**Kelley Knott:** [00:43:14] And we'll make sure that we include the link to Ascension as well as Kelly social media. So you guys can connect with her there. Kelly, thank you so much. This was such a great interview. And I think you brought up some amazing points that Physician liaison can really learn from. And what would you add as a final note, as your biggest advice you have for Physician liaison is getting into this role or starting a program?

**Kelley Knott:** [00:43:39] So I would say two points. Never discount any member of the staff, develop trust with all of them.

**Kelley Knott:** [00:43:45] Love and do not be afraid of your data for your job.

**Kelley Knott:** [00:43:51] Well, thank you again, Kelly. And be sure to connect with her and ascension. Thanks for joining us today, guys. Thank you so much.

**Kelley Knott:** [00:43:59] Thank you for listening today. The latest episode of the Patient Convert podcast. Don't forget to subscribe and review on your favorite podcast platform. We are on Apple, i-Tunes, Google Stitcher and Spotify. Or you can sign up to receive the latest episode via email. Just check it out on my agency website or my personal website. And if you are looking for more amazing health care marketing information or just to engage, check us out at Intrepy dot com. And for any of my amazing physician liaison is out there interested in growing their physician referrals or learning the strategies that it takes to build highly engaged physician referral networks. Check out my Web site, kelley knott dot com, where I have free webinars, free downloads and of course my online physician liaison training course position Liese on university. And as always, I'm a huge believer in connecting, engaging and supporting one another. And the best way we can do that is networking. And I always, always connect with you guys on social media. And one of my biggest social media platforms is LinkedIn. So feel free to connect with me there on LinkedIn or Instagram or Twitter at Kelly not. And thank you guys again for listening to the patient convert podcast with your host kelley knott.