



# Specialist of Choice Practice Evaluation

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[Client Name]  
[City, State]

[Date Conducted]

Conducted by:  
[Team Member's Name]

**"SPECIALIST OF CHOICE" PRACTICE EVALUATION**

<b>REFERRAL SOURCE KNOWLEDGE</b>	<b>● Yes ○ No</b>
1. We have identified all of the potential referring physicians in our defined geographic market.	<input type="radio"/>
2. We track volumes by referring physician each month and identify any significant changes.	<input type="radio"/>
3. We have a written profile for each of our referring physicians and other providers documenting their contact information, any preferences or unique practice characteristics, their office manager or clinical coordinator and other key contacts, and their preferred method and timing for receiving feedback from us.	<input type="radio"/>
4. We send a brief satisfaction and information gathering survey to the office manager along with the practice holiday gift each year.	<input type="radio"/>
5. Our physicians, management and staff routinely discuss the results of our surveys and develop action plans to address practice problems and to take advantage of positive suggestions.	<input type="radio"/>
<b>REFERRAL SOURCE KNOWLEDGE: Total Capabilities Identified =</b> (Count each ● Yes)	

<b>REFERRAL SOURCE ACCESS</b>	<b>● Yes ○ No</b>
6. We have a designated telephone line(s) for referring physicians and other providers to use when contacting our practice or physicians.	<input type="radio"/>
7. We have assigned an experienced and service-oriented staff member to answer the referring physician line(s) and respond to inquiries from referring physicians and their staff members.	<input type="radio"/>
8. We accommodate all requests for non-acute appointments within three days.	<input type="radio"/>
9. We accommodate all referring physician/provider requests for acute appointments each day.	<input type="radio"/>
10. We have privileges at the hospitals and facilities preferred by our referring physicians.	<input type="radio"/>
11. Our payer participation matches that of our referring physicians.	<input type="radio"/>
12. Our office is accessible during all normal business hours, whether the physician is present or not.	<input type="radio"/>
13. Our call coverage network is comprised of competent associates who share our customer service philosophy toward patients and toward our referring physicians and other providers.	<input type="radio"/>
14. Our physicians respond to every call from a referring physician's office within the same day.	<input type="radio"/>
15. Our physicians provide their pager numbers to key referring physicians for "quick consults."	<input type="radio"/>
16. We accept all patients and payers from our referring physicians and other providers.	<input type="radio"/>
17. We provide our fair portion of care for the uninsured and underinsured.	<input type="radio"/>
18. We provide all pre-authorization services for our patients and referring physicians.	<input type="radio"/>
19. We have the ability to assist patients in identifying and obtaining alternative funding if they are not insured.	<input type="radio"/>
20. Our partners and/or mid-level providers handle acute cases that our physicians cannot work into their schedules.	<input type="radio"/>
21. In regional settings, we provide outreach services to satellites in small communities with primary care physicians and a community hospital.	<input type="radio"/>
<b>REFERRAL SOURCE ACCESS: Total Capabilities Identified =</b> (Count each ● Yes)	

REFERRAL SOURCE EXPECTATIONS	● Yes ○ No
22. We provide quality patient education materials for our referring physicians and other providers to use in educating and informing patients about common ailments or conditions specific to our specialty.	<input type="radio"/>
23. When possible and clinically appropriate, our referring physicians and other providers are aware of the routine ancillary tests we need in order evaluate their patients. They have the option to provide those tests themselves, in which case we always acknowledge and request those test results.	<input type="radio"/>
24. For patients whose physicians do not provide ancillary services, we will take responsibility to schedule and facilitate the testing prior to the first visit, if necessary.	<input type="radio"/>
25. We make an information package available to referring offices to share with patients. The package includes maps, welcome information, and instructions for patients who are referred to us.	<input type="radio"/>
26. We provide the ancillary services routinely expected of our specialty according to the community standard of care.	<input type="radio"/>
<b>REFERRAL SOURCE EXPECTATIONS: Total Capabilities Identified =</b> (Count each ● Yes)	

CUSTOMER SERVICE TEAM	● Yes ○ No
27. We hire outgoing, friendly staff members who view "customer" service as part of their personal mission in life, whether that customer is a patient, a family member, a referring physician or staff member.	<input type="radio"/>
28. Our current staff members recommend new hires they think will "fit" our customer-focused culture.	<input type="radio"/>
29. Staff members are trained to respond to physicians and their staff members as very critical customers.	<input type="radio"/>
30. Each of our staff members receive formal training in customer service techniques.	<input type="radio"/>
31. All staff members go through a formal customer service training process annually.	<input type="radio"/>
32. Customer service is one of the critical factors in every staff member's performance appraisal.	<input type="radio"/>
33. All of our staff members are well trained in their technical role within the practice. Trainees are identified for our retail customers and do not manage the referring physician telephone line.	<input type="radio"/>
<b>CUSTOMER SERVICE TEAM: Total Capabilities Identified =</b> (Count each ● Yes)	

RELATIONSHIP MANAGEMENT	● Yes ○ No
34. According to the referring physician's profile and preference, we teleconference and/or provide written feedback on each new referral within 24 hours of initial evaluation.	<input type="radio"/>
35. We acknowledge the referring physician or other provider to the patient during each patient encounter.	<input type="radio"/>
36. Whenever possible, and according to the referring physician/provider profile, we refer our patients back to their primary care physician for follow up care. This verbal "referral" is accompanied by a referral form copied to the referring physician's/provider's office.	<input type="radio"/>
37. We acknowledge the role of non-physician primary care providers and value them as customers.	<input type="radio"/>
38. We offer to conference with the referring physician while the patient is in the examination room, according to the physician's profile.	<input type="radio"/>
39. We communicate with the referring physician or other provider within 24 hours after any significant event, surgery or procedure. According to the physician's profile, this communication may be a telephone call, email or letter.	<input type="radio"/>
40. We routinely communicate with the referring physician or other provider during the course of treatment of a chronically ill patient according to the profile.	<input type="radio"/>

41. We ensure that there is adequate coordination of each patient referred to us either through their primary care physician, hospitalist, or our office. This coordination includes, at a minimum, pain management and medication management.	<input type="radio"/>
42. We include complimentary specialty physicians in our relationship development and management activities, to ensure that we function as a team to meet the needs, wants, and priorities of our referring physicians/providers and their patients.	<input type="radio"/>
43. Our profile contains each referring physician's/provider's preferred hospital and we contact that physician or provider before performing a procedure in any other facility.	<input type="radio"/>
44. We chart and initial every interaction with a referring physician/provider's office.	<input type="radio"/>
45. We survey each referred patient and obtain their permission to share the results with their referring physician.	<input type="radio"/>
46. We participate in leadership positions to strengthen the local medical staff of hospitals where we have active staff privileges. As part of our leadership role, we acknowledge and protect the interests of our referring physicians.	<input type="radio"/>
47. During telephone contact with a referring physician/provider or their staff, we routinely ask "how" our service to them and their patients could be enhanced.	<input type="radio"/>
48. Any negative feedback received from a referring physician/provider or referred patient is addressed in regular meetings with a written response going to both the referring physician/provider and the patient, as appropriate.	<input type="radio"/>
<b>RELATIONSHIP MANAGEMENT: Total Capabilities Identified =</b> (Count each ● Yes)	

<b>EDUCATION/PROMOTION</b>	<b>● Yes ○ No</b>
49. We support our referring physicians/providers by making available high quality educational information for their patients regarding common ailments or conditions specific to our practice specialty.	<input type="radio"/>
50. We volunteer to provide lectures and education to assist primary care physicians/providers in becoming more knowledgeable and effective in their clinical practice in our area of expertise.	<input type="radio"/>
51. We acknowledge our referring physicians/providers and their office staff with an additional token of our appreciation during the Holiday season.	<input type="radio"/>
<b>EDUCATION/PROMOTION: Total Capabilities Identified =</b> (Count each ● Yes)	

<b>"SPECIALIST OF CHOICE" PRACTICE EVALUATION SCORES</b> (Transfer totals from previous sections)	
Referral Source Knowledge	
Referral Source Access	
Referral Source Expectations	
Customer Service Team	
Relationship Management	
Education/Promotion	
Total	
<b>OVERALL SCORE ÷ 51 x 100 =</b> (Rounded to the nearest whole number)	