REFERRAL NETWORKS

The channel you cannot buy: doctors abroad

A small group of physicians in each source market decides where patients go. Here is how to earn them without paying.

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AT A GLANCE

An international doctor referral network

WHAT	The deliberate version of existing word of mouth
HOW BUILT	Record the referrer, return a usable report on time, hand the patient back
NEVER	Pay for referrals
MEASURE	Active referrers before volume

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WHO REFERS

Five referrers nobody calls referrers

- A general physician in a secondary city
- Diagnostic centre and imaging owners
- Pharmacists, where they are first contact
- Local surgeons who know precisely where their limit is
- Diaspora doctors advising families back home

Each wants a different relationship. One brochure for all is why most efforts fail.

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THE VALUE

Three things a referral network is worth

QUALITY	Arrives with a diagnosis, reports and a decision half made
STABILITY	Keeps sending through quiet quarters. The closest thing to base load
CORRECTION	Tells you what your data cannot: slow estimates, confused patients, new competitors

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WHY THEY HESITATE

Four fears, none fixed by hospitality

- Losing the patient permanently
- Being blamed if treatment goes badly or costs more
- Being seen to profit, where facilitators have behaved badly
- Silence: never being told what happened

Fix them by behaving like a colleague.

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THE PRODUCT

The report back is the whole relationship

- Capture the referring doctor's name and contact at registration
- A note at admission, at any major change, at discharge
- Generic drug names, familiar units, repeat investigations, warning signs
- Hand the patient back. Continuing care belongs at home

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FINDING THEM

Start with doctors already sending you patients

1. Pull two years of admissions. Fix the empty referrer field
2. Ask arriving families who advised them
3. Interview your consultants about who they trained with abroad
4. Send doctors, not marketing staff, to society meetings

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THE LINE

No payment for referrals, in any form

- No fee, commission or share of the bill
- No expensive gift or holiday described as a conference
- No facilitator paying a doctor on your behalf
- Grey areas need a written policy

The test: would the patient, the doctor's colleagues and your board be comfortable seeing it described plainly?

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THREE MONTHS

One market, one quarter

1. Month one: find who actually refers, build a real list
2. Month two: fix the report back, send to every doctor on it
3. Month three: start one clinical case discussion, at their hour

Measure active referrers and reports sent on time before cases and arrivals.

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READ THE FULL GUIDE

The referring doctor abroad, in full

- Running clinical exchange that is not a sales pitch
- The referrer record every hospital needs
- Why league tables of doctors by revenue backfire
- gauravphogat.com/international-doctor-referral-network

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