



## Physician Liaison Hiring; Salary, Part – Time, Skills and More!

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[00:00:06] Hey,

everybody, and welcome to another episode of the Patient Convert podcast, I am very excited. I have my co-host and my lovely wife back from maternity leave, at least a little bit. So say hi, Kelly. It's been, I don't know, like four months.

[00:00:22] It's been too long and it's like a whole new world again coming back. I'm so excited, though. This is a great topic that we're talking about today, because while I was on maternity leave, I cannot tell you how many emails that I have received. And I think it's also because of the new year. But questions about this topic. So I thought I'd put some information out there on our podcast so people can easily listen to it and maybe take away some bits of knowledge that they can apply when growing the referral marketing program or what we like to call physician liaison marketing.

[00:00:52] Yeah, and I'm excited to have you back, too, because ten thousand messages deep on LinkedIn has not been fun to monitor.

[00:00:57] No, it is not. And I'm back until the baby screams. So let's get right down to it.

[00:01:03] All right. So what you really wanted to talk about today was kind of that that question you get a lot of which you've written some blog material, done some videos, but really the hiring process behind a liaison, more important, kind of what do you pay them? How do you identify the right people, those type of things. So let's start because I know we're going to kind of talk about the full time as well as kind of part time. But let's start with the full time side. So what advice do you have for somebody out there that's looking to get a full time physician liaison?

[00:01:32] So full time physician liaison is something I always really push for when people are getting serious about this and they're going online. Yeah, they're going online about local referral marketing relationships. And I'm going to give some advice during this podcast, but I want to let you guys know I do a physician liaison training program which is online in person and consulting. So if you like some of this advice, if you need to dive deeper into the specifics of your program, don't forget to reach out at Kelley Knott, not dotcom, and fill out one of our forms that you're interested in, someone in one consulting. And we can really get more in the details. But I really push full time physician liaison marketing. This is why I know that some doctors out there, like, I really don't need it. I just need someone to drop off flyers. It's like the worst thing you can say about building a referral program. The more invested the physician in the practices, the better the physician liaison, the better the results. So a full time physician liaison gives you the freedom to kind of let go of some of the what are you doing with your time, the micromanaging and a little bit of the anxiety of how to manage a physician liaison when you have a full time employee, they're more invested in you and your program. You have more freedom over their time and you don't have to stress about if they're hired part time, what they're doing when they're doing and where they're doing it and have any kind of disagreements or directions that you don't feel like the program is going.

[00:02:48] So when you have a full time physician liaison ask the employer you're investing into them in their career. So you're going to allow for a longevity into the position, which is really, really important, because when you're building a physician for relationships through liaison, you have to be very invested in part of it as well. But these physicians are building relationships with Cicely's on. So if there's a, you know, rotating door of New Liaison's coming in and out, it goes to show that the physician themselves isn't really that invested and it makes it really hard for you to build those relationships. Plus, you're talking about building a program within your practice and jumping from

these on to lead on. Or having Part-Time liaisons to do things a little differently takes away from some of the time That, liaisons. actually need in managing the program, pulling reports and building a legitimate program for you internally, as well as the external work of those relationships. So a full time liaison is definitely where I go. Think about it this way. You want to offer a career that's worth staying. You want to create loyalty, you want to have a career that's a great offer where you've invested in their training programs so they feel like there's career growth, better pay and more of a relationship between the two of you as well.

[00:03:57] Yeah, and I think incentivisation programs, which we'll talk a little bit when it comes to salary, because salary can obviously let's just answer back very, very widely. But I think it's important when we're talking about it because it's honestly what pushed you out of your first job, which you learned a lot of your foundational pieces from the people you got to work with and work for there. But eventually you hit a ceiling and that's fine, and that's always going to happen. But there's also what you've even seen with the people that came before you in that job role when incentivisation structures almost like a sales compensation structure was removed, it became less of an appealing long term position, so to speak.

[00:04:36] Yeah, that's true, too. So let's talk about a salary. It can range depending on beginners experience, however, depending on the actual candidate. But, you know, I know in California, a starting rate can be eighty five thousand dollars for a full time physician liaison. Some places around the country usually start around fifty to sixty five thousand dollars. So it really depends on your territory, the roles and responsibilities, the experience of the individual. But let's just start with those numbers. A lot of people ask me that question now. That is not written in stone. If you're listening to this podcast, you say that's it. Now I know exactly what it cost. I just want to throw out some numbers out there for you guys to kind of throw around and see if that fits in your budget. And it may sound like a lot of money, but you also have to consider your program. How much are new referrals mean to you? What types of procedures are you marketing? If you're a surgical practice, this is something you can easily make up. So you want to really focus on what is going to be the best for your program and how this lives on incorporates and that. And don't forget, benefits always help keep your lives around. You want to make sure you're taking care of your employees.

[00:05:42] I completely agree. And what are some good like? I just talked about incentivisation structures, just ideas. Again, every practice is unique, every shape and size. You've got to find something that fits for you to encourage. But kind of two things I recommend some. And then where I come from, even with a finance background, it's kind of why we even have what we call an ROIC calculator on your site is that when you think about the salary of an employed Physician liaison, if they're doing their job and doing it effectively, there should be a ten fold return in terms of the value that of the referrals that are created into your practice. So that's why it's important to think about that. When you think about if I'm investing fifty thousand dollars plus incentives or whatever that number looks like, can they generate one hundred thousand dollars or more in increases in referrals? And the answer should be a resounding yes.

[00:06:34] Yeah. So incentive structures are really popular. A lot of big health care systems in hospitals use them. The goal of that isn't so that you're just paying and paying and paying more. The point is what Justin just brought up, your liaison should be generating so much new business that you have no problem paying X amount because you're making 10x amount. You did since they brought on board. So you want to create some kind of some sort of incentive structure growth based in space. And what you need for that is you need a very clear reporting process, because this is not only important for the reason, but you as the director, whoever is going to be in charge of the program, we can't have lazy reporting or one person in charge of reporting. So before we ever start with incentive structures, then immediately clear goals and responsibility, you need to get metrics that we're going to monitor. That's not only clear for the liaison to pull on their own or the director of liaison program that everybody's looking at the same report. That is a huge mistake I see with incentives as we have these beautiful incentive structures put in place.

[00:07:32] But there really isn't any structure. It's all up to the physician to go in and pull some miscellaneous reports and then you have a disagreement. So you want to make sure that everyone is on the same page about what we are measuring as wins goals, our allies, that type of thing. So that's really important. When I do some one on one consulting, I kind of dive in to some different situations at big health care systems, use as incentive structures, as private practices use it. And just some suggestions for you guys that you can kind of implement in your program. But yes, incentive structures not only help you as the practice to grow really, really fast and make more money, but you

want your liaison really incentivized to build these relationships. It's a lot more fun to get out there on those hard days when you know that every time you bring in a new referral, it could be going toward something even bigger, even for their pocket. And that's a really, really great thing.

[00:08:23] Yeah, I completely agree. I mean, it's it's a it's a good way because they they grow as you grow. And and the goal is obviously is the less turnover possible in that position, the better, because then it's easier because they're going to have the relationships that have been built out in that ecosystem. So it's really important to be able to keep them around. What do you think are some good high level kind of talents or traits to look for in a liaison as far as setting them up for success?

[00:08:54] Ok, the biggest thing for setting up a physician liaison for success, if this is the number one key, implement physician liaison training. I do not care if they've been in Physician liaison for thirty five years or if they've been in physician liaison never. I don't care if they come from a medical sales background or if they're a nurse. The point is when you have consistent leads on training for the entire team so that everyone speaking the same language, including your executive team and your management team, that makes the biggest difference. That's that's the way you can measure those r.i those metrics, clear goals and responsibilities that we were just discussing. So there is no one size fits all when it comes to Liaison's and there's part time opportunities too. And a lot of that can be someone from your staff if you feel like maybe slowly getting into this program, somebody that knows you really, really well. So when it comes to your physician liaison, I've had medical sales reps that are amazing and some that are not, because they're just really focused in the ways that they've built relationships on a medical sales background and had a difficult time transitioning into that physician liaison role. But some are absolute superstar. So you can see there really isn't a perfect fit. A lot of my Lisanne sometimes come from the staff, which is what I just mentioned. Even so, because they have spent. Years with the actual physician in the office really built that personal relationship, so when they hit the field marketing, it shows their straight line of communication, that they understand their ebbs and flows of their own physician they represent.

[00:10:20] And I've had huge success that, liaisons. that have just already existed within the practice may be ready to grow their career or feel like this is something they'd really

like to try out. And sometimes they start again with a part time position. Just important if you're going to pull someone from your practice that's already existing. A big mistake. I see. So this is like my morning pitfall is make sure you're substituting their work that they're going to be messing with somebody else. It's not fair to someone to pull them from their full time duties and then add this huge role physician liaison marketing, and you're going to see both sides of their responsibilities fall because if they are in charge of both, it can be really difficult. So if you are going to pull someone from the practice, make sure there's someone to replace them that is trained to help them succeed, as always, on in the field. I've also seen people who used to work at the front desk be excellent physician liaison because they too understand kind of that front desk gatekeeper type style. They see people walking in practice every single day asking to speak with their physician. So they kind of understand not only the practice, the physician and the internal workings of your organization, but they do understand kind of what that initial first impression looks like when someone's trying to come in.

[00:11:30] And sometimes they have a really good communication line with other practice staff members because they've either had communication before on the phone. They understand referrals, ebbs and flows. Different patients in some of these individuals are even in charge of some of the referrals and contacting these practices. So they do have some relationships and they can relate in that way. And I think sometimes they're accepted really well. So those are three types of experience. You can also hire someone brand spanking new right out of college. They're easy to train there, a whole lot more affordable than hiring someone with something, plus years of experience for a full time so you can put them through a solid physician liaison training program interested in marketing. And sometimes they even have really good experience with some social media marketing. So you can add that into your marketing program. And I really, really like hiring newbies because I feel like they're really excited and they can offer really new great ideas and they're easy to train. And you tend to have more longevity and of course, it's more affordable for your program. So those are some examples of the types of LESNES that I usually hire. But I don't have a strict rule. If if you have come from any background, as long as you fit the mold with your personality, you're a good fit for the practice and the physicians, you know, I'm ready to train them.

[00:12:43] So that's kind of open to now. Part time physician liaison, though we've talked a lot about full time is an option to not everyone is ready for the full time

responsibility. Just be aware with a part time physician liaison again, you're really clear on roles and responsibilities and you have the training process in place and you're ready for the ROIC metrics. And all of the reporting is in place because what you want to avoid with part time is you want to avoid the hourly versus the effectiveness. That is where a lot of physicians and programs struggle with part time lesnes. How do I know they're being effective and what they're doing with their time? Because when you have a full time liaison, it's a whole lot easier to tell them to go to a certain networking event to do some internal work in the office as well as in the field. And when you have part time, you're starting to struggle between where to put them during that time and what's best, because you're going to get some feedback if you say, you know, I need you to hit this many offices. I need you to see this X amount of people, X amount of physicians do lunches, you start to struggle between what is worth a certain amount of time versus if you need them to go somewhere else.

[00:13:43] So I think a lot of physicians have an issue with part time. So you have to make sure you really have that part time structure in place on the expectations for effectiveness, for your liaison, as well as what is required in their hourly work and how you're going to split that time in the month and in the year. So I think that's a really important thing to talk about in Physician liaison marketing is something that's very unique to each program. It just it's really important when we're talking about hiring physician liaison the you as the physicians and your staff are invested into the program, nothing's worse than hiring a physician liaison and not letting them meet your staff and interview your staff. So one of my first steps when I hire Physician liaison is to make sure they spend their first two weeks in the office. I know that sounds crazy, but I want them shadowing surgeries, clinical goals. I want them meeting the front desk. I want them talking with billing everybody. I want everybody to know exactly who this leads on is their name, how to contact them. And I want that Lesin to understand the roles and responsibilities of each member of the office, because that is huge. The more the liaison knows and knowledge and contacts, the better success they'll have in the field, especially when some of these referrals can be cash based.

[00:14:56] So maybe you're an infertility clinic. That's a really big one, or even some aesthetics. So you want to make sure that when you're hiring the on. Part time or full time that you really invest in a solid training program, everybody's on the same page, there's clear roles and responsibilities and most importantly, a very clear reporting

system in which you can measure ROIC and their success. And everybody's on the same page of accessing it and that you spend spend those first two weeks, at least with the lease on as part of your internal practice, either shadowing or learning and getting to know everybody. The more time a physician liaison spends with the physician, the better the liaison. I say it all the time. What has helped me in my career and those I've trained to be successful is when they're physicians and staff buy into them and their success. And that is something that separated me in the field, some of my competitors, because I've spent so much time with the physicians that I represented, I build personal relationships with them first. So, I mean, these physicians were at my wedding. These physicians, we would just have Saturday dinners. We'd always go to each other's houses. We built real friendships so that when I was out in the field representing them, I really, really knew them. And that reflected in my marketing. It also gave me confidence when I was discussing these relationships with other physicians, and they could really tell that this is somebody who's invested their time and of course, understands this physician.

[00:16:21] Nothing's worse than when you meet somebody and you're asking these questions as a referring physician and you feel is just kind of has no idea or really doesn't actually spend a ton of time the physician they represent. And that gives the referring physician a little bit of an uncomfortable and kind of discredits Lesin. And then when it comes to hiring a new lease on, I want you guys to really make sure that they are completely immersed in the medical side, a physician liaison marketing. This is something I learned from pharmaceutical medical sales reps. When they are hired, they are put through a rigorous medical training process to understand their product or service that they are selling all the way down to like the chemical elements. And I feel like when it came to Physician liaison training, this was really, really missing as part of the training process. So when I implement my physician liaison training, I make my students absolutely learn the medical side. And I don't mean they do not have to be clinicians by any means, but they need to understand even easy medical verbiage and vocabulary so that when questions are asked that are really simple, knowledgeable questions, but I don't want them to ask what Texas means. You know, I know it sounds so simple and easy, but it would look so foolish if someone was marketing free and didn't really understand that term.

[00:17:37] If a referring physician said, do you do that in office? Because they're asking that because they want to know if they're going to go to the E.R. or if they can get a patient in quickly with your office. So you want to make sure, like, I don't know, I need to ask the physician that, you know, that would make the liaison look really, really silly just because that leaves. I didn't put in the time to understand simple medical verbiage and vocabulary that can help them answer questions better the more medical knowledge that they have as far as what terms mean and the capabilities of the practice, that they can have a conversation with the physician to answer questions. That's good. And again, this does not mean medical advice. I'm not saying that they need to be clinicians or that they need medical advice and training to make sure they're advising these physicians just as much as they can answer questions even about medications, you know, some postop care questions that are pretty popular or common that the referring physician may be asking what the physician they represents approach is to a certain symptom or condition. So these are things that are really, really important in a great way to get started is put them in the surgery room and have them watch it, because it's one thing to learn about the process.

[00:18:43] But then when you actually see it, you better understand the post up the recovery, what it looks like, and you can even get down to the types of tools. And so I've shadowed so many surgeries and I cannot tell you how it impacted me in the field when I was talking with referring physicians and answering questions because it is gold, if you're able to answer some really important questions, that may sway a referral in the future. So remember, medical knowledge helps you stay the highest educated, qualified and knowledgeable liaison in the field. So the more medical knowledge you have as far as what you need to know as is liaison, the better. The reason this is so much more than drop treats and shaking hands. I really want that to be something we talk about today. I do not want you guys to hire Physician liaison in the hopes that they will just drop off flowers and candy and host lunches. Because here's the thing. When a referring physician is in clinic with that potential patient and they're describing their symptoms, their conditions, their hurts, their pains, that referring physician is not thinking about a slice of pizza or a cupcake that a physician liaison brought, they're going to think about those buzzwords that that Physician liaison was talking about when they had that quality time with them. And I want them to relate that back to my liaison.

[00:19:59] And that starts with medical knowledge, not gimmicks, treats, candies, lunches. That's all foolishness. And I also. I think that helps you kind of blend into that medical sales field when we really want to stand out as liaisons, I want my Physician liaison to earn their way back and not bribe their way back, because when a physician liaison has that medical and clinical knowledge as well as knowledge of their own practice, when they make that first impression with those gatekeepers front desk staff, it's a huge difference because you're coming in with a direct point that matters to both physicians. And they say, hold on one second, doctor. So-and-so is in a room. If you don't mind waiting, I'll get them. And that's such a big one. You've already show that your credit, your knowledgeable, qualified and incredible resource to have a conversation with the referring physician versus staff member. So then when you do get that time with that physician out of clinic, away from their patients, you don't want to waste that one or two minutes kind of regurgitating obvious information or handing them a treat, because the next time they're going to say there was no reason to pull me away from my patients to talk to that individual. So you want to make sure that medical knowledge, clinical knowledge and referral information that you have specific to their practice is what your lead on is communicating in that one or two minutes so that when that potential patient is in their room, they say, you know what, I just had a on in here, you know, saying these two, three, four or five buzzwords.

[00:21:17] Exactly. This patient is communicating. I know a physician down the street that I think I can send them to. So that's where the big differentiator is. And you want to make sure you stay away a little bit from that pharmaceutical medical sales approach that unfortunately, I think is the worst advice that comes to Physician liaison marketing is that we need to be bringing all these treats and lunches. And I'm a big believer in lunches. I just am really strategic about how I use lunches. And I just hate the idea of bribing my way back. I think you take all credibility from your physician liaison and it's a waste of time both for the physician and that, liaisons. you want to make sure your liaison is really earning their way back and you will see the results are a huge difference when they earn their way back and build these relationships, referring physicians through clinical knowledge and knowledge of the practice first, you know, coming by for the fourth or fifth time with candy. So now the practice is obligated to send the physician up front, which again, they're not listening to anything That, liaisons. says at that point. They're just doing it as a favor, not only to That, liaisons. message, not stick, but there's no quality referral relationship being built.

[00:22:22] And that's the point of earning your way back. And you're going to do that with medical knowledge, clinical knowledge, knowledge of the practice, and, of course, with physician representation. So if you're going to invest in a physician liaison marketing program, you want to make sure that the physicians are invested and buy in as well. And that starts with spending time with your physician liaison. Another point you want to make with physician liaison marketing to make sure it's successful in hiring. Listen, is you want to understand how many offices, practices, physicians that these liaisons need to be in front of to be effective in building your program. It's quantity versus quality, and that's a really big thing. Obviously, quality is really important, but so is quantity. So many times a part time physician liaison they're hired hourly. So they say, you know, I've seen seven practices this month based on our hours and I'm going to be honest with you guys. You're not going to see a lot of uptick for either the liaison or the practice. And you're both kind of put in that rocking that hard place. You want to make sure you're really hitting the pavement. And that's something that brought a lot of success to me in my liaison's that I train is because I think I double the numbers I want them to see. And that's why hourlies always been a little funny for me, because some practices may be quicker than others in building cultivating these relationships.

[00:23:35] But you want to make sure you're seeing a solid number of practices, physicians and staff of your referral community to really see that uptick, because sometimes just building that relationship can take time and you need to really cast a wide net out there and be really consistent with your follow ups and understanding the relationship that exist. I always say each physician that I go into, I want to know specifically our existing relationship. Have they said do they send, will they send? And what types of procedure surgeries would they send? What is the relationship look like on our end? You know, mutual referrals lead to referrals in general. So are we going to be sharing patients? Do we share patients? Do we want to share patients? Is there a specific type of procedure? Surgery? I am marketing to this physician, even though they can maybe send A, B or C as well. Is there a higher price point on one of them that is really specific? That is probably an easier referral than to target some of those lower, lower points. So you want to really understand each relationship and each relationship potential and that takes a lot of time. And we on to study the community, but it also just takes time getting out there. So I have my liaison's out there a lot. I try to say one day in the office, four days in the field or one and a half days in the office.

[00:24:51] You know, the rest in the field, the field is where the magic happens. But it all starts with a really solid structure internally. So these lesions can keep on tracking their process. So that means you need to have a solid tracking process in place and I highly recommend badger mapping, you can find that at Kelley knott dot com, just click the link for my special discount code if you guys are interested. But that's not the only system out there that's successful. A lot of reasons use different types of systems, like Salesforce has a good system. I used to use that. I prefer badger mapping because it's a really affordable it's built for the reason in mind. Easy to kind of keep almost any CRM in place as well. You can put the practice, it pops up on Google, you can search for clinics in the field, you can track your entire team. You can send reports with one click of a button. That way, they're not spending as much time in front of the computer and more time in the field. So that's where it really comes in play when it comes to tracking. But just remember, you need to hit a solid amount of offices in a week to really produce results. Now, here's a small number I'm going to give you guys now. Every piece of advice I'm giving is kind of a general information.

[00:25:58] If you want more specifics, you can reach out to me for some one on one consulting. But I always said ten offices a day was my goal as a physician liaison. And that sounds like a lot to some people. But that's how I made, you know, multi-million dollar physician liaison marketing programs just because I was really hitting the pavement and these were in and out practice's. Some took longer than others. Some are shorter. It just depended on how I built those relationships. So that's a good number to try to reach. You know, sometimes you're going to get seven in a day. But I think ten is a really quality number that you're still getting that quantity amount of time, especially in these larger health care systems and programs. You can walk into a large health care system and there can be forty offices in there. So it's really easy to get ten maybe that day versus another day when you may be in a more rural area and you're driving all around. So again, it's not something that is in stone that if you don't see today, you won't succeed, but it's a good number to kind of shoot for. So hopefully that helps you guys kind of organize and how you build this program. So I'm going to try to recap here. When you're investing in a physician liaison, I highly recommend full time, but part time is an option to full time.

[00:27:04] Just means full time commitment. You have more control over their hours. You can avoid some disagreements or what it means and where they should be investing their time. Just make sure that when you have full time work, part time, you have a pretty good compensation program and benefits you can offer because you really want to retain that physician liaison it usually starts anywhere between sixty five to eighty five grand. It can go way up if you have someone with a lot of experience or even more affordable. If you're doing part time with someone who's brand new, just make sure you invest in physician liaison training. Not only does it support the reason for success in the field, but anyone who's being hired wants to feel like their company, their physician, their program is investing in them to further grow their career. And with my training program, that's really a big deal because I offer the certification so that if they ever go anywhere in the future, they feel like they've kind of attained something from your practice. And additional, when you want to make sure that you're training your liaison with the clinical knowledge, it's so, so important to invest your time as the practitioner into your liaison, getting to know them personally so you can even see how they interact because that's how they're going to be in the field. Make sure liaison is trained in the office for at least two weeks, getting to know your staff.

[00:28:11] We need everybody on board for this buying in. Keep in mind that a clear reporting system is the key to success. There should be clear goals and measurements and how you're going to measure the success efforts and growth of the program, especially our new referrals, new patients and high revenue procedures. Those are usually all the things we need to monitor in your lease on these access to this, because it's not always as soon as you go out there, success. They need to monitor their own growth. Maybe some areas are falling. They need to understand maybe why that area is not doing as well as another area. And it could be something as simple as a lead. Referral has moved to a different practice in a different location. So it's really important you let your lease on have access to these reports so that they can tweak the program throughout the year to better ensure success. You want to make sure that your liaison's are seeing around ten offices a day when they're out in the field. It'll help them really produce those numbers. And don't be shy about spending more and more time through liaison if you want to go on the field with them. It's a great way to kind of boost their credibility in front of other physicians and a physician will start to remember them more if they know that this particular surgeon or specialist represents them and allows them to go out and build these relationships, you get them through the door easier.

[00:29:27] But then you also make them more memorable and allow the reason why you're discussing patient care with the physician to get to know the staff, put referral processes in place and get some of that other information out. So kind of hitting two birds with one stone. So when hiring a physician liaison, there is no anything set in stone. But there are a lot of things you can do to ensure the success of your program. But it all starts with you guys as the practitioners buying in and identifying the perfect candidate. And what we talked about a little bit is about experience. First, newbies. I love having newbies because they're easy to train. They tend to be more affordable and they tend to stay longer. But there's a lot of great lesnes out there that are absolute. Superstars with either Physician liaison experience or sales experience or medical sales experience that do a really rockstar job, you and a physician liaison roles and responsibilities are building position, peripheral relationships, helping coordinate and manage events like CDMS and of course, supporting the marketing program in the process. You want to make sure that this is someone you can be around and that your staff is into. So for more information about physician liaison marketing or my physician liaison training and consulting, you can find Kelley knott Dotcom.

[00:30:31] I do offer an online course of physician liaison training certification program and that's Physician liaison University. That's really great because you can have as many team members on and you can start from any time from anywhere so you don't have to wait for a certain date or time. It's not condensed training over three days. So depending on how your liaison wants to take the course and what works in their schedule, they have this continuous access to this online training program. So it's really, really great. And you can make sure your whole team is speaking the same language. I mentioned a tracking program that I really, really like. That's badger mapping dotcom. You can check it out on their site or you can go through my site for a special discount code for your team. But that's not the only awesome tracking program out there. I do not sell software, so there's a lot of other options out there that physician liaison use that are even specific to physician liaison marketing. But that's just one that I always felt like was really affordable, fits in my budget and does everything that I think that it needs. So I really appreciate you guys stopping by Liston's podcast. Hopefully this helps you build those physician referrals tips. And remember, each program is different and specific. So just be open to new ideas. Find someone you feel like it's going to be a good representative and invest the time.

[00:31:42] Thank you for listening to today's latest episode of the Patient Convert podcast. Don't forget to subscribe and review on your favorite podcast platform. We are on Apple, iTunes, 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 out there interested in growing their physician referrals are learning strategies that it takes to build highly engaged physician referral networks. Check out my website, kelley knott dot com, where I have free webinars, free downloads and of course, my online physician liaison training course, Physician liaison 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 Kelley knott. And thank you guys again for listening to the Patient Convert podcast with your host, Kelley knott.