

Together, we can build stronger physician relations.

Please be prepared to discuss the following questions with us when you call, or fill out this form.

What service/specialty is requesting outreach? _____

Is this a unique service only offered at UMMC? yes no

Are there other UMMC departments/divisions that can offer the same services? yes no

What are your goals for outreach? _____

What type of outreach are you requesting? internal external both

What type of physicians do you wish to target? _____

Have previous outreach/inreach efforts been made? yes no If so, were they successful? yes no

Which physicians would be involved and available for external promotion? _____

What qualifies them? (training, personality, track record) _____

Is this is a multi-disciplinary team? yes no Who are the key stakeholders? _____

Can the requesting clinic handle increased volume? yes no

Adequate support staff? yes no

Depth of providers? yes no

Facilities? yes no

All technology requirements currently available? yes no

Third next appointment is? _____

Adequate continuum of care resources, or will care be returned to referral source? _____

Do you provide feedback to a referring physician? yes no

If so, how long does it take for you to communicate back to the referring physician? _____

What means of communication do you use? (EPIC, phone call, fax, etc.) _____

Are there any pending risk management/HR issues? yes no

Have any marketing efforts been associated with this request? yes no

If marketing materials are necessary, has your department agreed to pay these expenses? yes no

Other comments: _____

Requestor's signature: _____ Department Chair's signature: _____

*Other vetting may be conducted by the Office of Physician Relations.
Requests will be reviewed to ensure alignment with UMMC's strategic plan, mission and vision.*