

LEVERAGE MARKET ANALYTICS

TO **GAIN LOYALTY** AND
ENGAGE PATIENTS

marketware^{mw}



HOUSEKEEPING

- All lines have been muted.
- Please close any online programs to avoid experiencing “dragging speech.”
- If you experience difficulty during the webinar, please use the chat box on your control panel to communicate with the organizer.
- You should adjust your own volume on either your speakers and/or headset.
- Attendees can ask questions by typing it into the question box on the control panel. Questions will be addressed at the conclusion of the webinar.
- You will be provided with a short survey to complete at the conclusion of the webinar. Please take a few moments to provide us with your feedback to help us improve future webinar presentations.
- Presentation is being recorded & the link along with the Power Point Presentation will be sent to you next week.



SPEAKERS



Carrie Bennett, FACHE

VP of Client Strategy, Marketware



Katie Alexander

Director of Physician Relations & Business Development, Tampa General Hospital



Josh Cameron

Marketing Manager, Oncology Consultants

marketware^{mw}

AN INNOVATIVE SET OF SOLUTIONS
EMPOWERING HEALTH SYSTEMS



Grow Referrals

Physician Relationship Management: Optimize & streamline your physician outreach initiatives



Retain Volume

Patient & Consumer Marketing: Engage patients to increase acquisition & manage population health



Discover Marketshare

Business Intelligence: See the full picture with 360° market insight that empowers growth

Upcoming Events



S H S M D

Connections 2017

Orlando, Florida

September 24-27, 2017



Carrie Bennett

VP of Client Strategy

marketware^{mw}

- Background includes 15 years in healthcare management in a variety of healthcare settings
- Former roles within business development realm include marketing, physician recruitment/onboarding, consumer engagement and service line planning
- Carrie is a graduate of the College of William and Mary; she also has an MBA with emphasis in healthcare management
- Board certified in healthcare management (ACHE), Carrie actively volunteers within the Georgia Association of Healthcare Executives, AAPL and other organizations.

Yesterday's Approaches =Smaller Returns



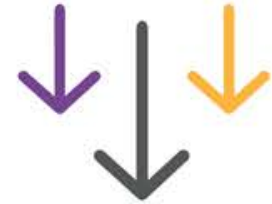
Shifts in
Case Mix



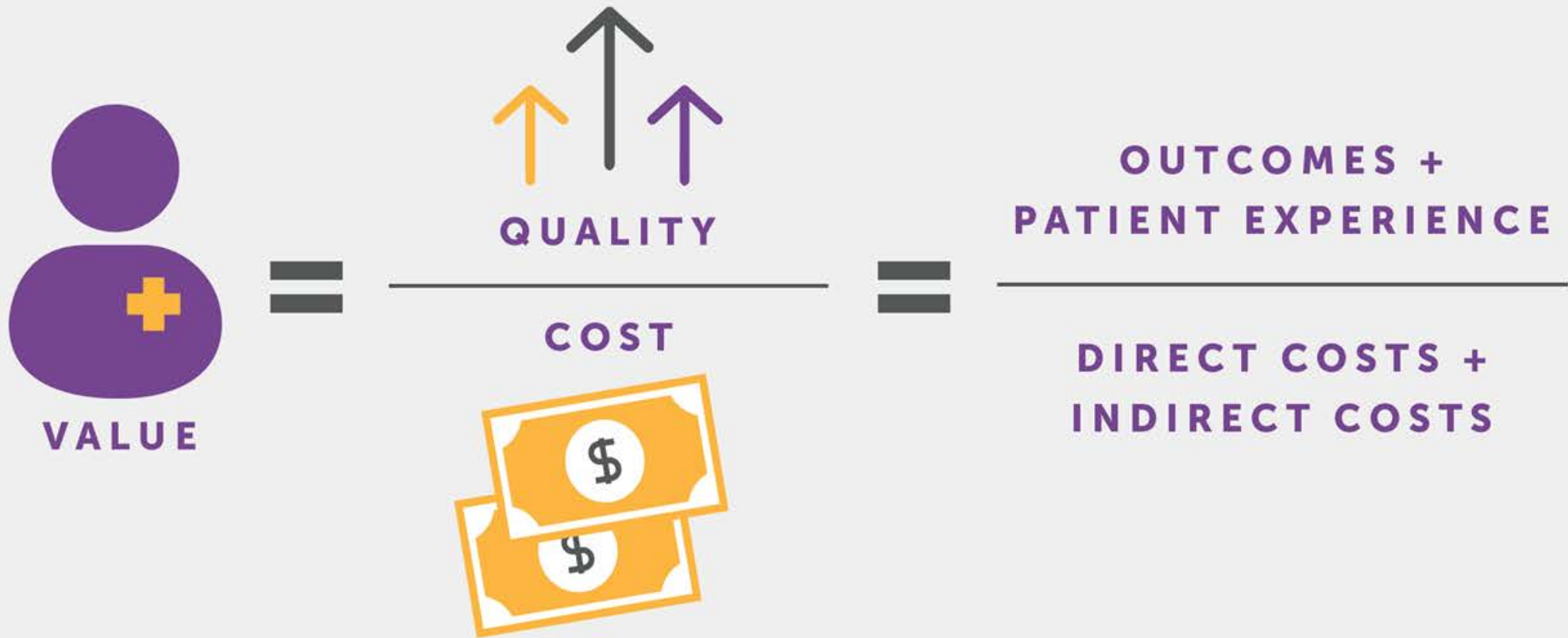
Shifts in
Payer Mix



Rising Costs



Shrinking
Reimbursements

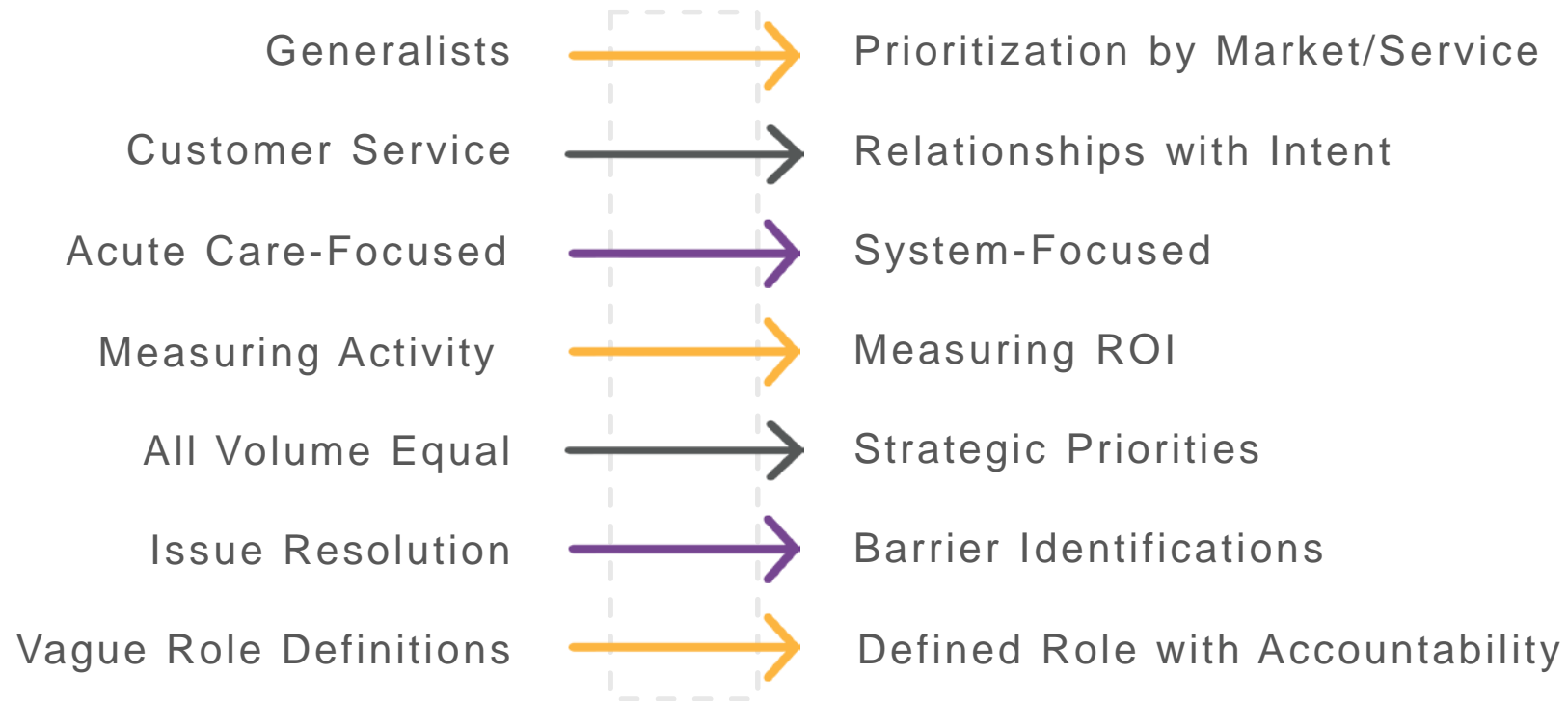


New Strategies Leading the Way

- Acquisition of healthcare assets that are not fully aligned with the system today.
- Expansion of services by adding procedures, tests, emerging clinical technologies, or subspecialists.
- Market expansion through enlargement of primary care network & ancillary services in targeted markets.
- Establishing preferred arrangements with targeted health plans.
- Aggressive recruitment of providers into alignment structures (i.e. employment, PSAs, co-management, clinical integration) that ease the way for hospitals & physicians to take advantage of reimbursement strategies.

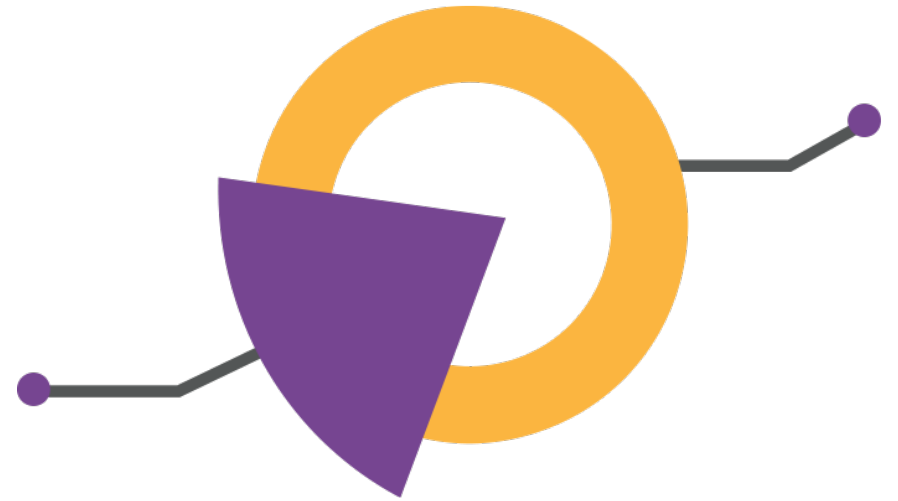


Physician Relations Programs Are Evolving

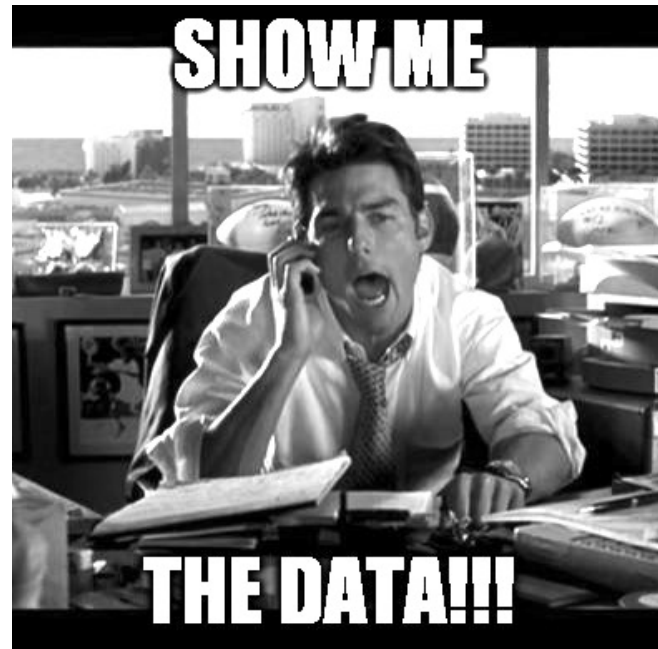


Why Data-Driven Approach?

- Supports the development of stronger strategic priorities.
- Focuses outreach resources where they add the most value.
- Provides foundational support needed to build & redirect a facility's referral base.
- Increases ability to measure ROI of outreach activities.



Overcoming Data Challenges



The 8 P's Of Data-Driven Development

1 Products That Perform
Services that define your organization

2 Position In The Market
Where you stand in market as compared to peers

3 Profitable Volumes
Identifying “good” volumes

4 Patient Pipelines
How patients get to your organization

5 Physician Alignment
Understanding impact of formal & informal connections

6 Prioritization
Quantifying and ranking growth opportunities

7 Planning For Progression
Actions taken to advance network relationships

8 Proving Returns
Impact of new reimbursement models and plans



Data Helps Liaisons Discover Products that Perform

QUESTION(S) I WANT TO ANSWER

What are my organization's strategic priorities & opportunities for growth?

What are the strongest areas within this service line and why?

What new physicians, services or equipment are being added to these areas in the near future?

How much growth can our operational leaders accommodate without compromising service?

Is our patient experience a growth accelerator or barrier?

Is our quality performance a growth accelerator or barrier?



Data Helps Liaisons Discover Profitable Volumes

QUESTION(S) I WANT TO ANSWER

What data do I have regarding the profitability of the services I am marketing?

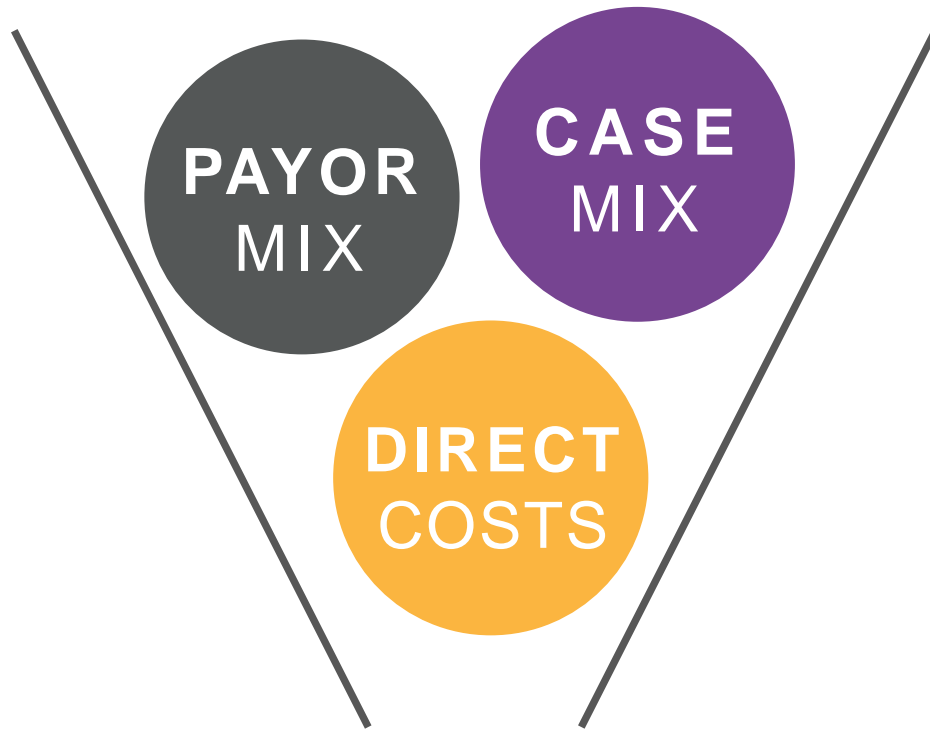
Do I know how the contribution margin tied to admissions/procedures/tests tied to this service line?

Are there specific volumes (procedures, payors, etc.) we should be going after to maximize service line performance?

How will growth in this area strengthen our financial performance?



What Is “Good Volume”?



Volume that positively impacts an organization's contribution margin

Data Helps Liaisons Discover Market Position

QUESTION(S) I WANT TO ANSWER

What has been our historical growth performance? (by service line, key markets, procedures, etc.)

What is our current market position?

Are we in a position to gain or lose market share?



Data Helps Liaisons Outline Patient Pipelines

QUESTION(S) I WANT TO ANSWER

How are new patients finding us today (i.e. self-referral, PCP, specialists, ED/EMS, social workers, payers)?

What data (i.e. internal encounters, practice referral logs, claims data) & field intelligence can you review to better understand existing referral patterns?

Where patients are being directed today & why?



Referral Mapping

COMMON SOURCES OF
REFERRALS



EXAMPLE 1:
NEUROLOGY
(EMGs)

EXAMPLE 2:
CARDIOLOGY
REFERRALS

TYPICAL REFERRAL PATHWAY



Spine Surgeons

Primary Care

ACCESS CONSTRAINTS



Neurologists

Surgical Specialists

TOP REFERRAL PARTNERS



Podiatrists

Neurology

TOP TARGETED PARTNERS



Rheumatologists

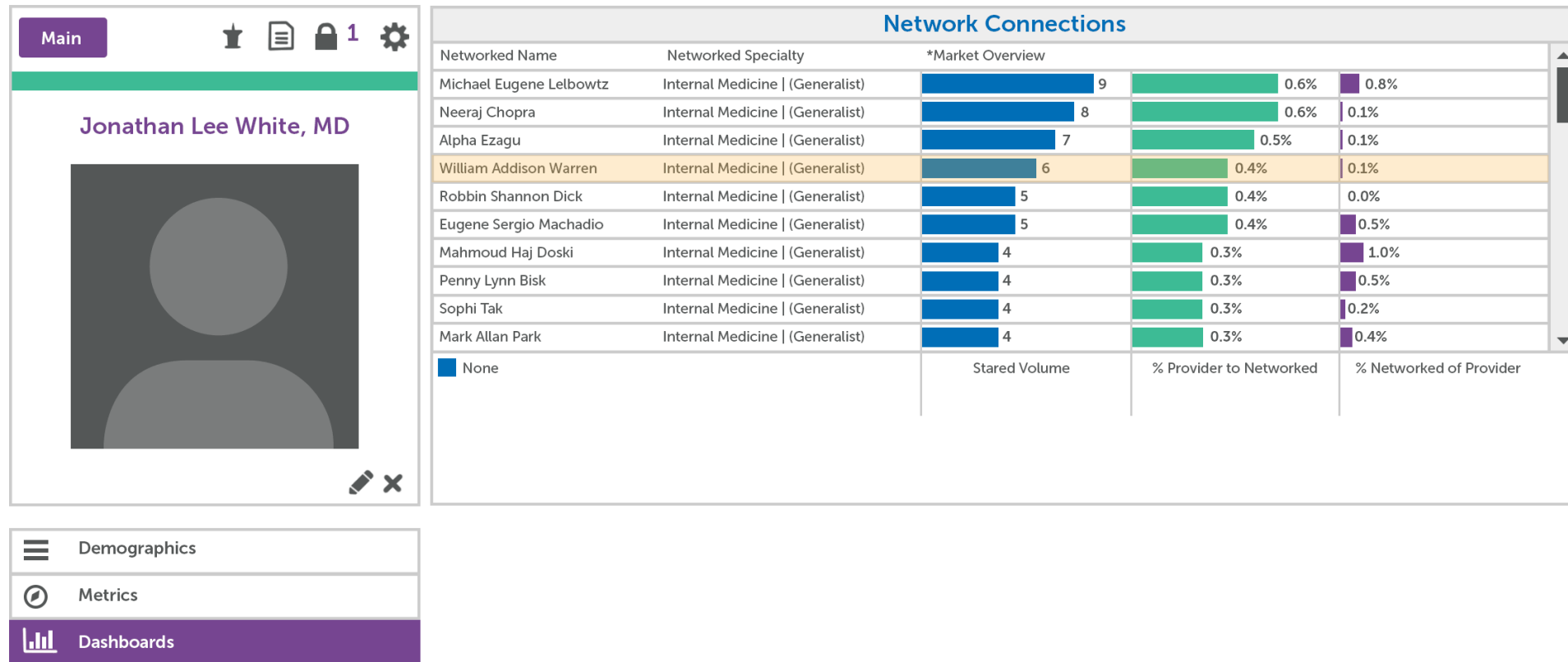
Reverse Targeting Analysis

Practitioners (Last Refresh 2016 Q1)		
Name	Specialty	Patients
	Urology (Generalist)	3,787
	Urology (Generalist)	3,373
	Urology (Generalist)	3,169
	Urology (Generalist)	2,614
	Urology (Generalist)	2,176
	Urology (Generalist)	1,997
	Urology (Generalist)	1,900
	Urology (Generalist)	1,651
	Urology (Generalist)	1,565
	Urology (Generalist)	1,342
	Urology (Generalist)	865
	Urology (Generalist)	831
	Urology (Generalist)	428
	Urology (Generalist)	266
	Urology (Generalist)	119

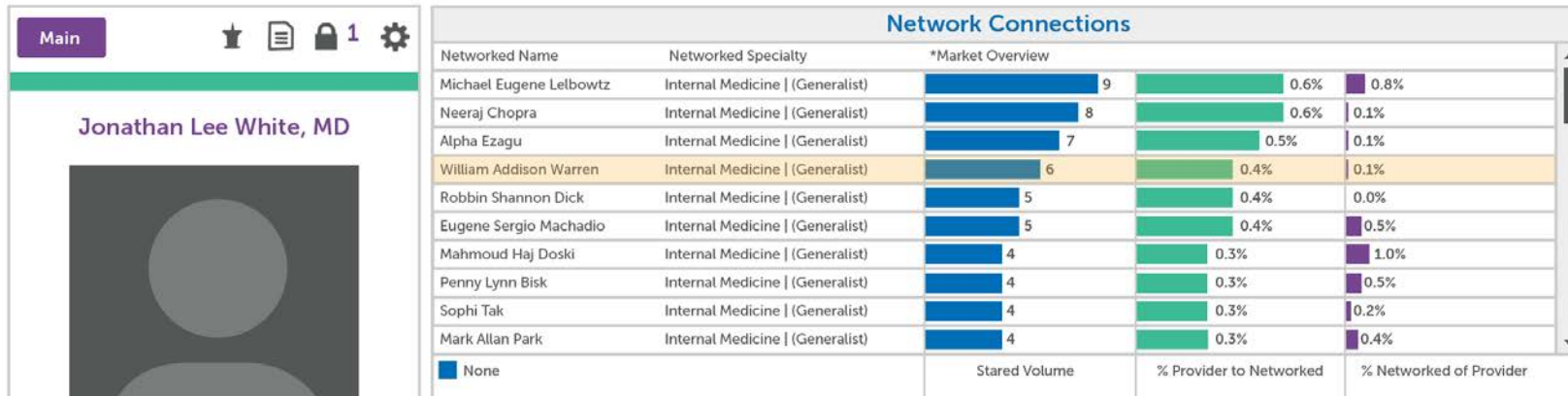
■ Null



Uncovering Competing Ties



Creating New Ties



UROLOGY REFERRALS



Data Helps Liaisons Determine Physician Alignment

QUESTION(S) I WANT TO ANSWER

What field intelligence can we access to better understand where physician relationships stand today?

What data do we have to better understand network connections within our market?

Are there specific relationships that exist that would be difficult to navigate or change?

What data do we have to understand which providers would enhance our value equation?



Data Helps Liaisons Discover Prioritize Outreach Efforts

QUESTION(S) I WANT TO ANSWER

What business can you not afford to lose?

Are you missing referral opportunities from your existing medical staff?

Are specific physicians are splitting their business?

What education could you offer to move the needle in your direction?



Identifying 'Keepage'

	% OF EMPLOYED PCP REFERRALS FY15	% OF EMPLOYED PCP REFERRALS FY16	▲
DPI1 DPI4 DPI5	1 3	2	4 4
DPI1 DPI4 DPI5			
DPI1 DPI4 DPI5	4	4 1	3 3
DPI1 DPI4 DPI1	1 2	2	
DPI1 DPI4 DPI1	1 1 4	1 3 3	1
DPI1 DPI4 DPI5	3	2 5	1 2
DPI1 DPI4 DPI5		1 3	
DPI1 DPI4 DPI1	1 1	1	5 3
DPI5 DPI5 DPI1 DPI1	36.0%	58.0%	22.0



Data Helps Liaisons Track Progression Towards Goals

QUESTION(S) I WANT TO ANSWER

What results do we expect if this strategy is successfully implemented?

What series of actions can we put into place to support this strategy?

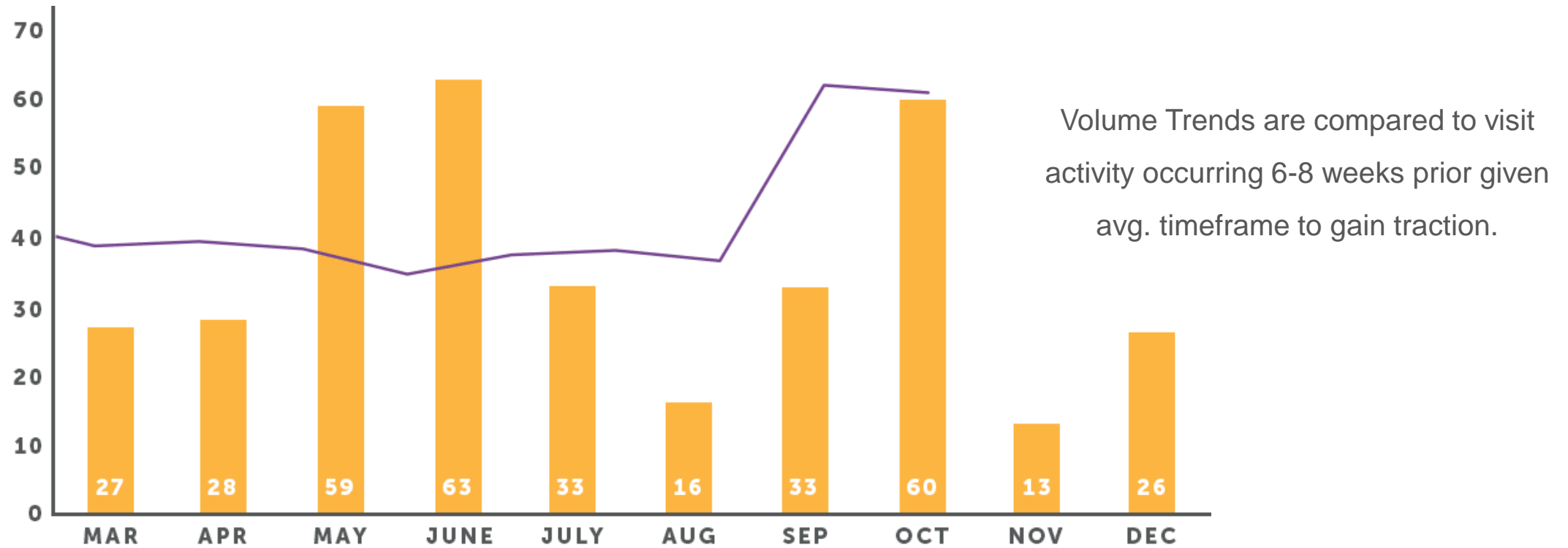
How many of these actions take place?

What percentage of targeted physicians were reached as a result of this initiative?

Has our team followed up on all outstanding issues and requests for follow up?



Measuring Visits Against Referrals



Source: Client's internal data pulled from Ascend and Scout



Data Helps Liaisons Prove Value

QUESTION(S) I WANT TO ANSWER

What data can I use to demonstrate the role my team & I have played in the success of my organization/service line?

What volume, financial, quality and alignment measures are impacted as a result?



Clear Progression

Strategic Priorities

Service line or engagement initiatives that strategically support the organization's overall mission, vision & values.

Success

Outlining the result(s) you expect to achieve within the next 12 to 18 months.

Strategies

Translate market insights into one or more approaches for allocating resources to reach expected results.

Tactics

Set of actions used to reinforce a chosen strategy.

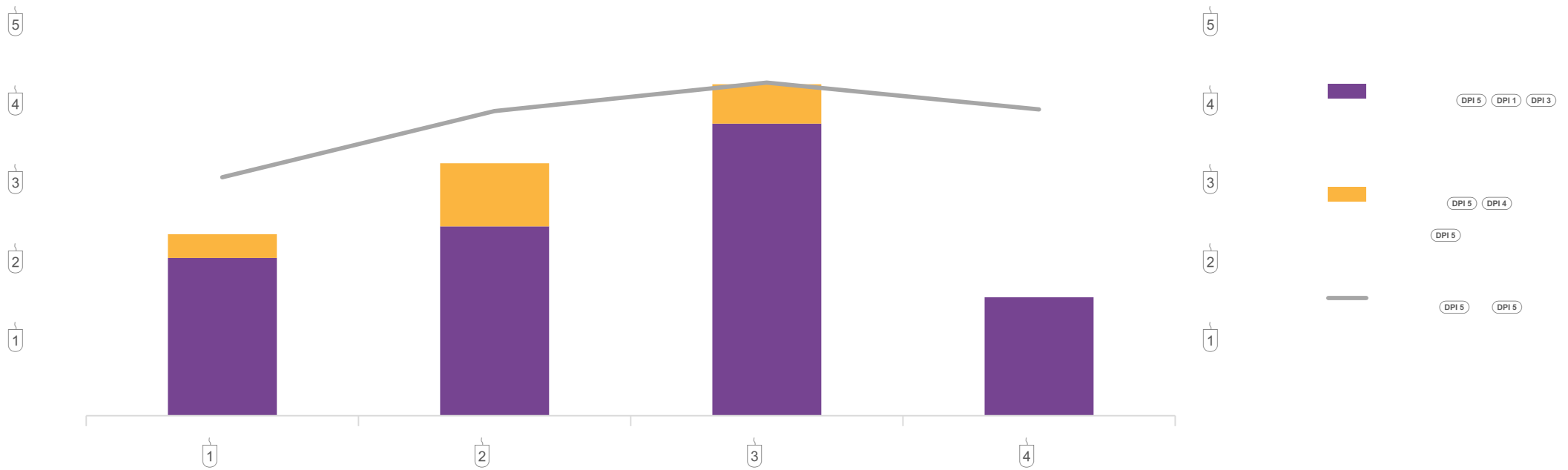




DPI 5

DPI 5

MEASURING VISITS AGAINST REFERRALS



Source: Client's internal data pulled from Ascend & Scout



DPI 1

DPI 5

DPI 5

DPI 5

DPI 1

DPI 5

DPI 5

DPI 5

ROI Analysis

INITIATIVE: GROW STRUCTURAL HEART CASES	INCREMENTAL VOLUME	PROFITABILITY PER CASE	BOTTOM LINE IMPACT
Shift of employed PCPs referrals to loyal cardiology practice	25	\$2,500	\$62,500
Recruit/onboard new CT surgeon	50	\$6,000	\$300,000
Targeted promotion of valve clinic/TAVR	50	\$1,000	\$50,000
Targeted promotion of arrhythmia center/watchman program	48	\$4,500	\$216,000
			\$ 6 2 8 , 5 0 0
	Est. Referral Development Program Costs		\$(160,000)
		Net Gain in CM	\$ 4 6 8 , 5 0 0

Source: Internal Financial and Volume Data Provided by Client



DPI 5

DPI 1

DPI 3

Block-Time

SURGEON SPECIALTY	BLOCK TIME ADDED (WEEKLY)	PROCEDURES/BLOCK (AVG.)	AVG. PROFITABILITY/PROCEDURE	EST. BOTTOM-LINE IMPACT
Orthopedics	4 days	4	\$4,000	\$2,256,000
OBGYN	1 day	8	\$1,000	\$320,000
Podiatry	1 day	10	\$500	\$200,000
ENT	2 days	15	\$2000	\$2,400,000
Other	0.5 day	3	\$1000	\$60,000
				\$5,236,000

Source: Internal Financial and Volume Data Provided by Client

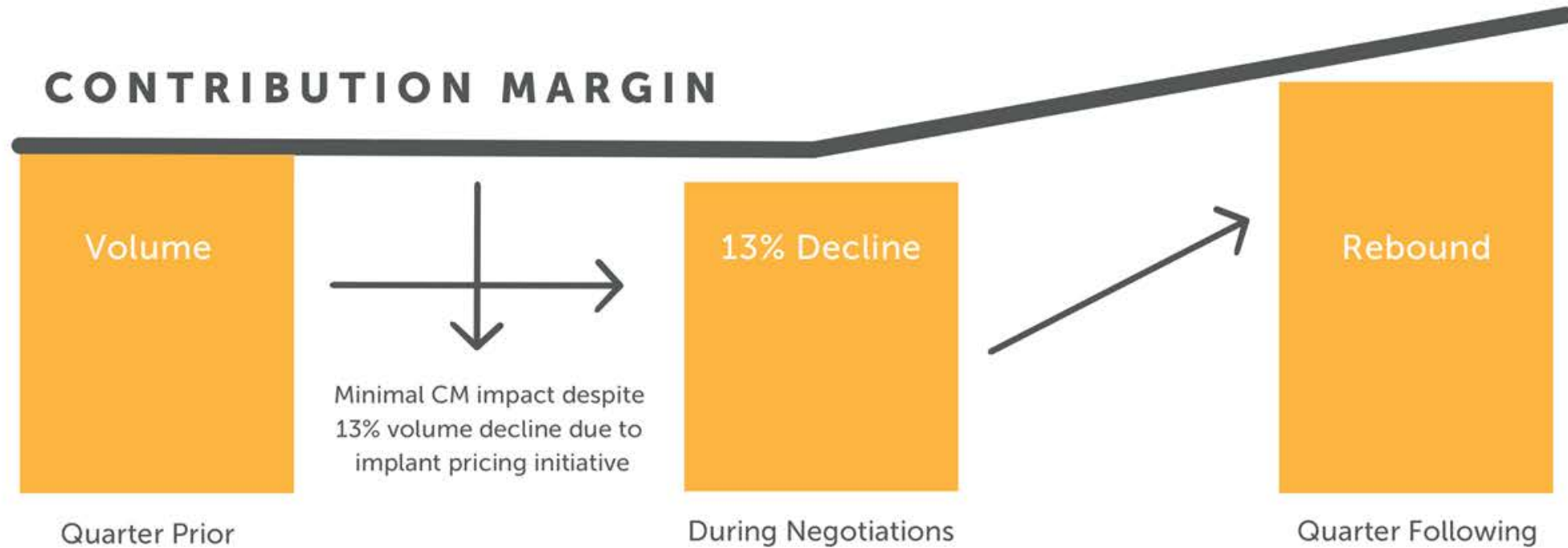


DPI 5

DPI 1

DPI 3

Direct Cost



DPI 2 DPI 5

DPI 5 DPI 1

DPI 1 DPI 2 DPI 1 DPI 1 DPI 4

DPI 5 DPI 1 DPI 1

DPI 4 DPI 5 DPI 4 DPI 2

DPI 5



I LOVE DATA ANALYSIS

IT MAKES PEOPLE CRY



Katie Alexander

Director of Physician Relations
& Business Development



- Background includes 12 years in physician relations.
- TGH's physician relations program initially included two liaisons including Katie.
- Today, Katie is responsible for providing directing 5 physician liaisons and 2 CME coordinators.
- Her department also supports hospital strategy, business development and marketing – including strategies designed to promote targeted service lines.

Using Data to Drive Outreach:

DPI 1

DPI 1

CASE STUDY:

Vascular Surgery department approaches physician relations with task of promoting their newly accredited Aorta Program. Vascular surgeons had historically been treating aortic aneurysms but wanted to capitalize on state accreditation and increase market share.

DATA SET:

Began with looking at our existing vascular surgery market share and identifying the top 4 zip codes. TGH identifies our market as 12 Counties.

Using Data to Drive Outreach:

DPI 1

DPI 1

- TGH considers referrals between 20%-80% to be our top tier focus. For this campaign we wanted to widen our reach so we focused on greater than 12%.
- Once the zip codes are benchmarked we create an outreach campaign that targets the tier 1 areas.
- Using Marketware we pull the list of providers driving referrals in those zip codes.
 - Look out our vascular surgeons networked connections
 - Look at network connections for other vascular surgeons in those zip codes.
 - Target primary care providers, cardiologists and emergency rooms with marketing materials.
- Work with marketing team to develop print materials to drive to that campaign.
 - Standard physician campaign materials include a program brochure and a pocket card for referring providers with referral criteria and phone number.

Vascular Surgery

DPI 1

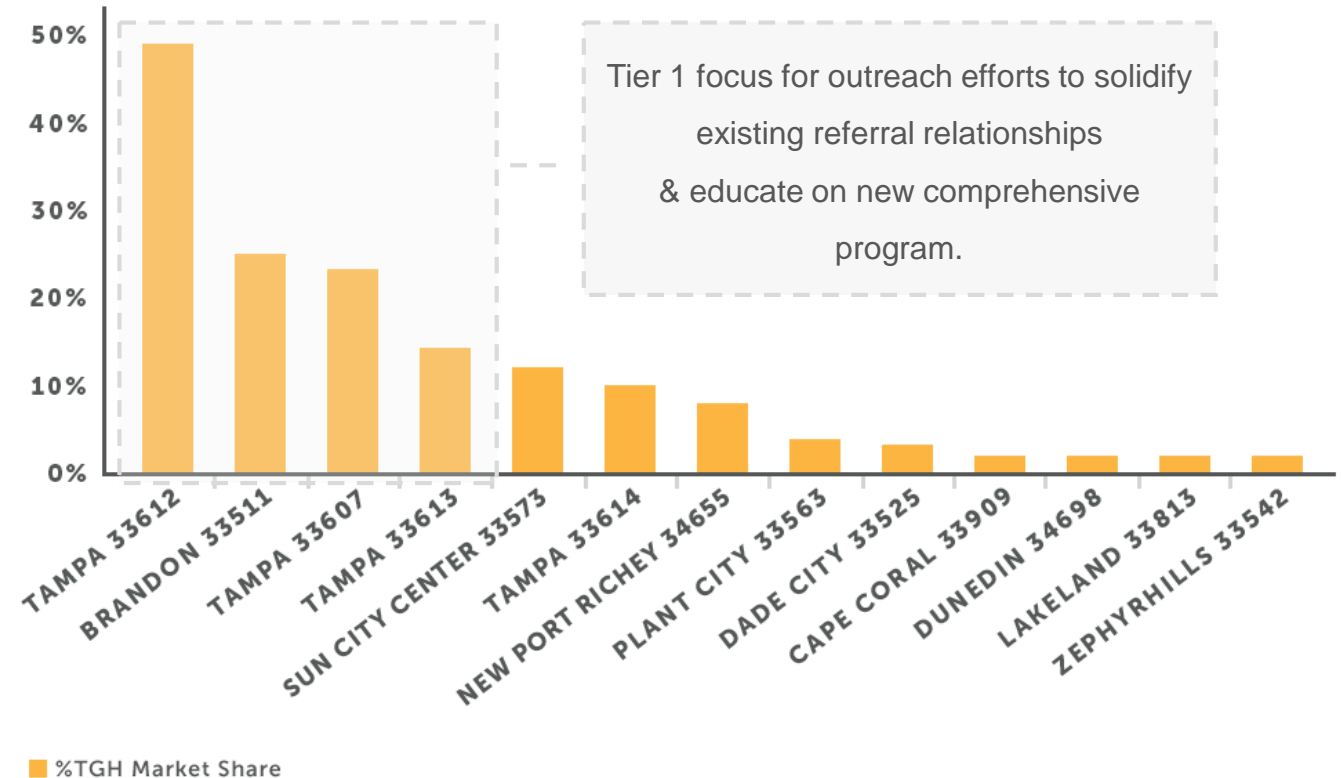
DPI 5

DPI 1

TGH Market Share for 12 Counties Vascular Surgery Referrals Benchmark

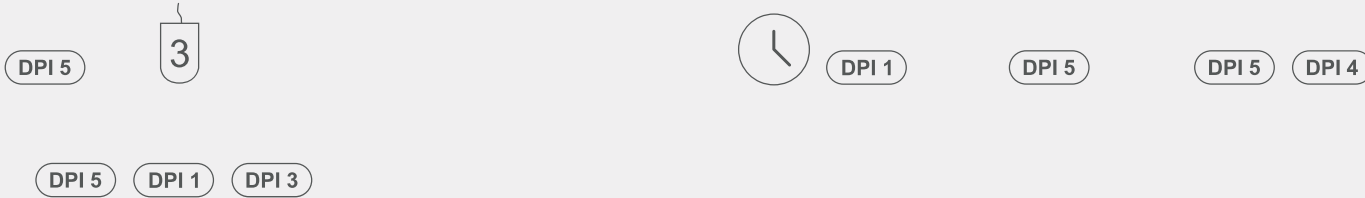
JULY - AUGUST 2015

Zip codes where TGH holds greater than 2% of the referral market from PCPs for Vascular Surgery & Aorta Inpatient Procedures.



Source: The Advisory Board, Crimson Market Advantage.

Vascular Surgery Market Analysis



TGH Vascular Market Share Trend 2015

OUTREACH SUMMARY:

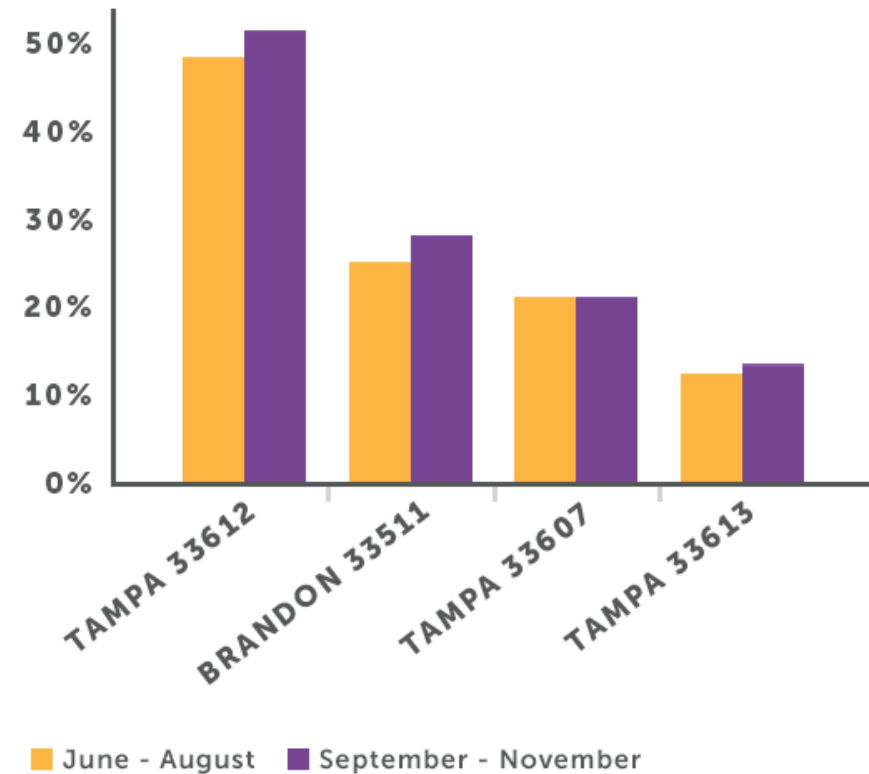
- 140 Office Visits
- 2 CME Dinners (43 Attendees)

FINDINGS:

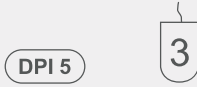
By using targeted outreach, the physician relations team was able to efficiently narrow down 1,600 potential referring offices to 140 to target with outreach visits and two CME events.

CAMPAIGN RESULTS:

After 3 months of outreach, the vascular surgery market share saw a 7% increase from 4 targeted zip codes.



Vascular Surgery Market Analysis



Physician Targeted Outreach Campaign

JUNE 2015 - NOVEMBER 2015

- Primary focus on Aorta Program with cross selling for all Vascular services
- Focused on top 4 zip codes where TGH held highest market share
- Targeted PCPs with greater than 12% of referrals coming to TGH.
- Targeted Cardiologists and Vascular Surgeons with strong connection to those PCPs.

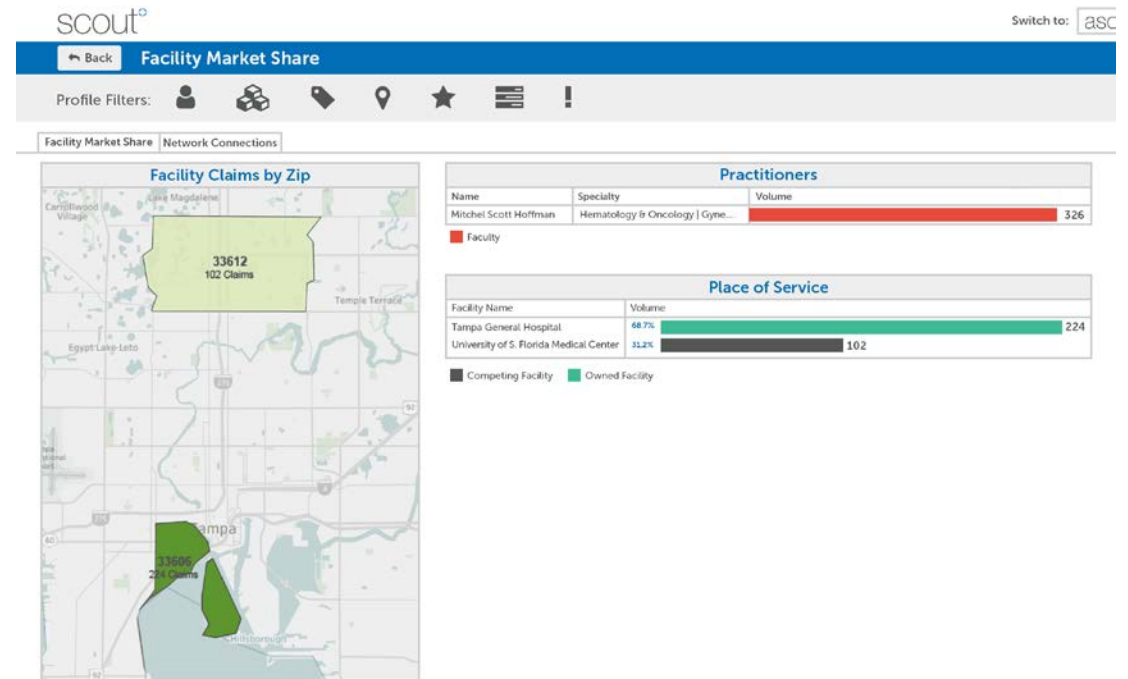
CITY	JUNE – AUGUST	SEPTEMBER - NOVEMBER
Tampa 33612	48%	51%
Brandon 33511	25%	28%
Tampa 33607	21%	21%
Tampa 33613	12%	13%

Physician Network Connections:

DPI 3

CASE STUDY:

- GYN Oncologist left & went to the competitor.
- New GYN Oncologist came on board & wanted an outreach plan.
- All new campaigns begin with a market overview & dive into the providers driving referrals in that market.
- Facility market share used to research former GYN Oncologist.
- Team searched for MD's strongest relevant network connections and prioritized outreach accordingly.





Josh Cameron

Marketing Manager



Oncology Consultants

- Oncology Consultants is multidisciplinary oncology practice with over 10 sites across the state of Texas.
- Their team of board certified physicians, nurses, researchers and other specialized providers offer a variety of oncology services including diagnostic imaging, radiation therapy and pharmacy services.
- Over the last two years, Josh has been responsible for all projects related to marketing and business development, including the management of OC's two physician liaisons.

Using Data to Drive Referrals: Three Marketware Dashboards for Growth

FIRST REFERRALS:

This report in scout allows our team to see what physicians are referring to our organization for the first time each month.



VARIANCE REPORT:

This is a report tracking the # of new patients each of our referring physicians is sending us monthly.



CLAIMS DATA:

In scout, we have access to claims data showing us the referral mixes for our referring physicians.



Using Data to Drive Referrals: First Referrals Report

REFERRAL DATE	REFERRING MD	ATTENDING MD	ATTENDING OFFICE	LIAISON ACTIVITY	LIAISON	FIRST VISIT	ACTIVITY TYPE	REFERRAL VOLUME	TOTAL CHARGES
1/12/16	J Alford	Pandya	Sugar Land	YES	Shanna	11/20/15	Visit Prior	19	\$57,000
4/9/16	S Patel	Raizen	Texas Med	YES	Allison	5/2/16	Follow-Up	12	\$36,000
3/22/16	G Ramos	Velasquez	Southwest	NO					

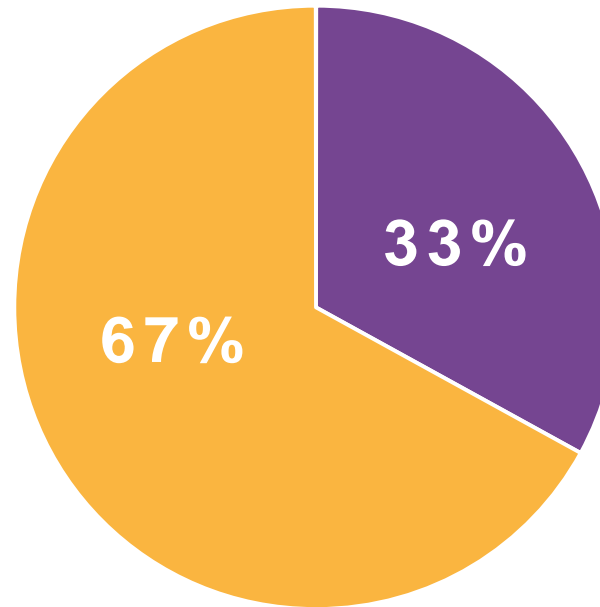
- Track liaison return on visits (ROV)
- Strategically target new new referral relationships opportunities with external claims data
- Other data points in this report: insurance, referring location, # of activity, attending MD visit

Using Data to Drive Referrals: Liaison ROV First Referrals Report

Liaison ROV Types

LIAISON	VISIT PRIOR	FOLLOW-UP
ALLISON	72	109
SHANNA	54	96
MIGUEL	43	137

Percentage of Visits Prior to Referral



■ Visit Prior ■ Follow-Up

Revenue from Prior Visits

LIAISON	REVENUE
ALLISON	\$216,000
SHANNA	\$162,000
MIGUEL	\$129,000

Using Data to Drive Referrals: Monthly Variance Analysis

Month over Month by Total Volume								
Name	Specialty	November	December	Total	January	February	March	April
Alex P Nguyen	Internal Medicine (Gen...	1	7	55	1	4	1	1
Yuval Raizen	Internal Medicine (Gen...	2	3	33	1	3	1	2
Anthony J Popek		3	4	38	1	1	1	4
Devesh M Pandya	Hematology & Oncology	3	7	39	9	6		1
Kelly Dempsey	Surgery (Generalist)	1	3	20	1	2	4	4
Fox, Mary Campbell - Fox								2
James M Mcbath	Surgery (Generalist)	2	4	18	5	2	2	4
Elizabeth T Bonefas	Surgery (Generalist)	4	3	39	7	1	2	1
Dwane G Broussard	Family Medicine (Gener...	3	3	20	1	1	5	2
William S Velasquez	Internal Medicine (Gen...	1	6	35			1	1
Amy Scheffler	Ophthalmology (Gener...	1	2	21	5	1	1	1
Sandra E Lemming	Family Medicine (Gener...	2	3	26	2	1	2	2
Rocio D Allison	Family Medicine (Gener...	2	3	15	1	3	1	1
Kathy Same	Internal Medicine (Gen...	2	1	9	2	5	1	
Georgine Deroth	Family Medicine (Gener...		1	11		3	1	4
Clive Fields		1	2	18	1	4	1	2
Cesar Andino	Family Medicine (Gener...		2	3	3	3	2	3

KNOW YOUR KEY PLAYERS

Who are your top referring physicians per service line?
Who can you not afford (literally) to lose?

FIND LEAKAGE FASTER

Before utilizing Marketware, Dr. Fox went 5 months without referring due to an issue. An estimated 20 referrals were lost allowing us to lose as much as \$60,000 in revenue.

HOW ARE TARGETS IMPROVING

Monitor first time referring physicians over time to see how their referral volume grows as well as insurance mix overtime.

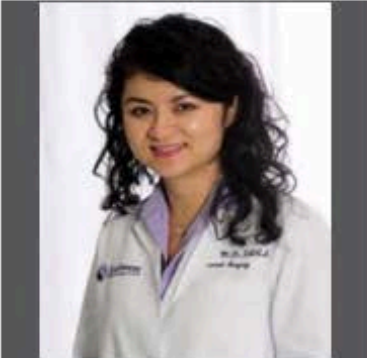
Using Data to Drive Referrals: Claims Data

ascend

Home Profiles Initiatives Issues Alignment Lists Routing Reports

← Main

Liz Lee



Overview CMS Networked Providers Internal Analysis Activity ROI

Networked Providers (CMS)

Networked Name	Specialty	Networked Interval (Days)			
		30	60	90	180
Ronjay Rakkhit	Hematology & Oncology Radiation Oncology	24	27	27	34
Frankie Ann Holmes	Hematology & Oncology Radiation Oncology	18	20	21	25
Vivek Kavadi	Hematology & Oncology Radiation Oncology				13
Kathleen Shadle	Hematology & Oncology Radiation Oncology				12

Using Data to Drive Referrals: Claims Data

STRATEGICALLY PLAN

When evaluating opening a new office, we can utilize claims data to see what the current competition is in the area and what type of patient mix (insurance, service line, etc.) is currently in the area.

KNOW YOUR MARKETSHARE

Identify what your top referring physicians are sending you on a regular basis. But, also evaluate what % of their referrals are they sending to you. What is the insurance mix of what they send you?

KNOW YOUR COMPETITION

When a liaison goes into a first time referring office, we can know in advance who he/she is currently referring to evaluate the potential opportunity.

WHERE IS YOUR LEAKAGE GOING

Example – Dr. Ahmed referral volume began to drop off in monthly variance analysis. A competitor opened an office closer to his office. Now, we are strategically planning to open office in his area.

QUESTIONS?

THANKS FOR ATTENDING

VISIT [MARKETWARE.COM](https://marketware.com) TO LEARN MORE OR REQUEST A DEMO

marketware^{mw}

