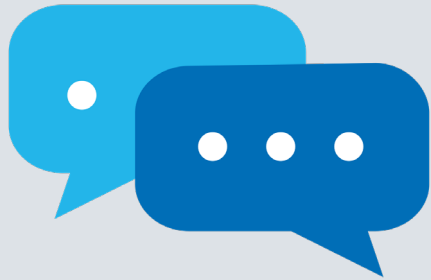


preparing physicians for
OUTREACH



marketware^{mw}

speakers



Carrie Bennett

VP of Client Strategy, Marketware



Crystal Bishop

Manager of Physician Business Development,
Tampa General Hospital

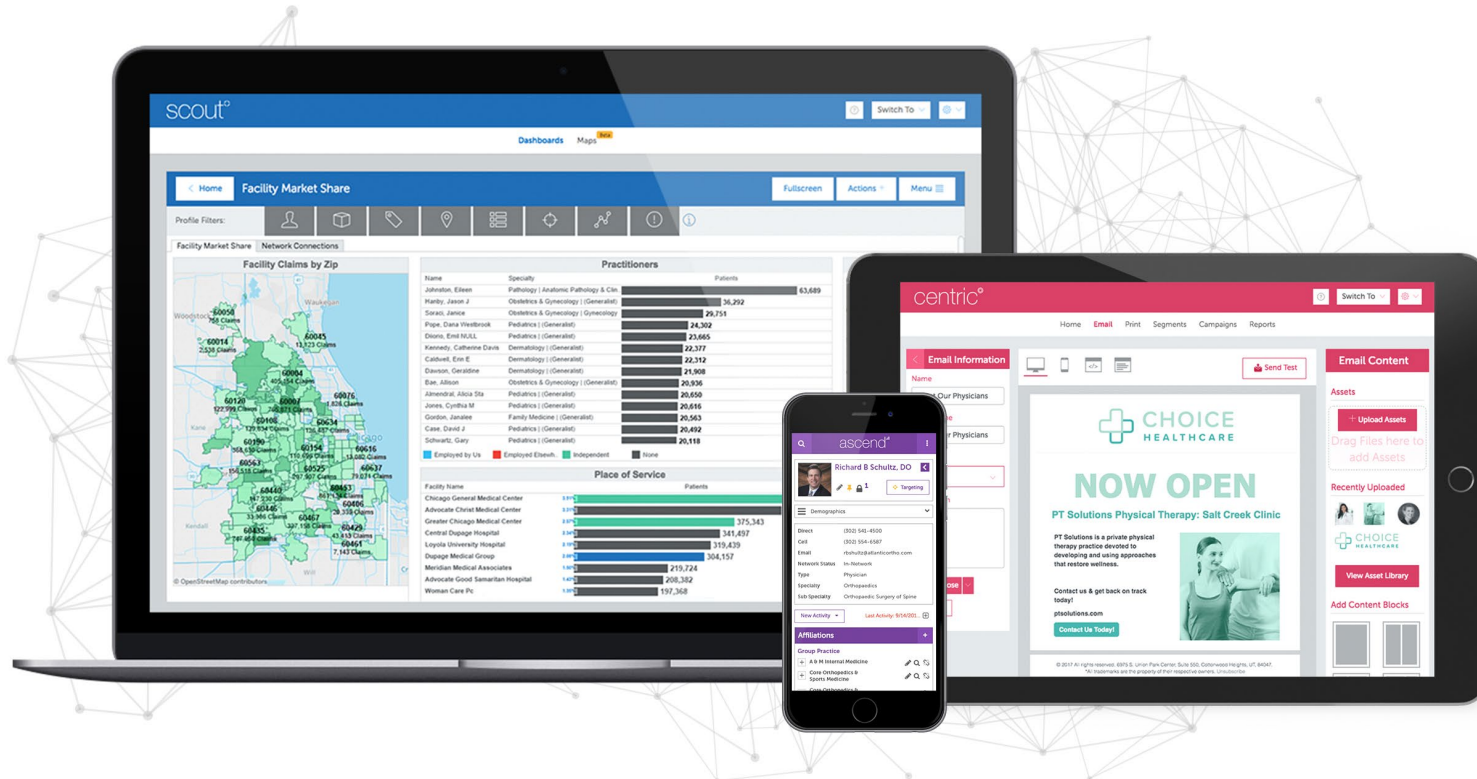


Rebeca Mitchell

Business Development Representative,
Tampa General Hospital

marketware overview

SaaS Based Physician Relationship Management & Analytics



ascend[®]
physician relationship management

scout[®]
data analytics platform

centric[®]
physician & patient marketing



client profile

1,010 Bed Teaching Hospital

15 Primary Care Offices

14 JV Radiology Clinics

4 Multispecialty Ambulatory Care Centers

1264 Physicians

5 Physician Liaisons (*Service Line-Oriented*)



five tips for
preparing providers for outreach



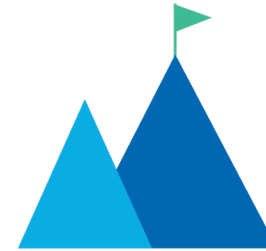
research &
discovery



setting
the stage



in the moment
coaching



hardwiring
next steps



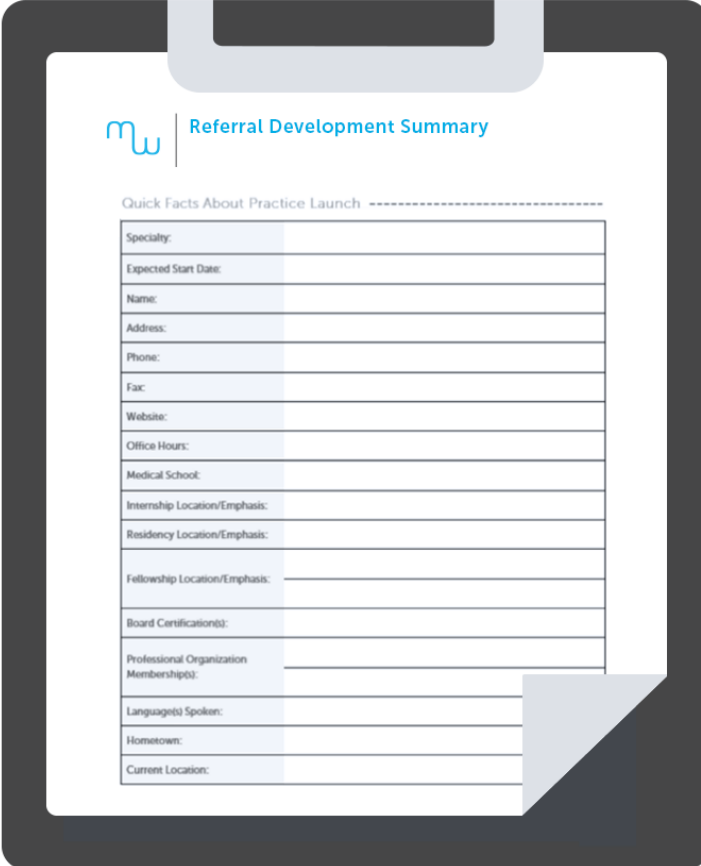
monitor &
act on results


research & discovery



- get to know your doctor
- understand the patient pipeline(s)
- zone in on key markets
- study internal data trends
- leverage external data trends

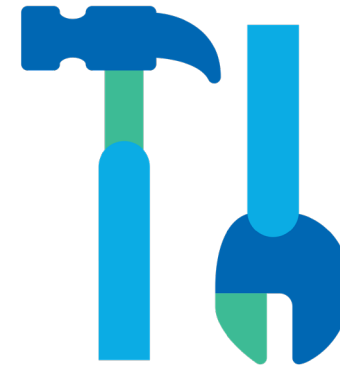
sample tool



 Referral Development Summary

Quick Facts About Practice Launch -----

Specialty:	
Expected Start Date:	
Name:	
Address:	
Phone:	
Fax:	
Website:	
Office Hours:	
Medical School:	
Internship Location/Emphasis:	
Residency Location/Emphasis:	
Fellowship Location/Emphasis:	
Board Certification(s):	
Professional Organization Memberships:	
Languages Spoken:	
Hometown:	
Current Location:	



download this tool &
others at
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onboarding questionnaire

Physician Marketing Readiness

Part I: Physician Specific Information

Date: 2/8/19 Name: Dr. Andreas Karachristos, MD, PhD, FACS
 Department: General Surgery Specialty: Liver Tumors, Pancreas, Gastric |
 Faculty Appointment: Associate Professor at USF per Dave Anderson, and he will also be the Chief of Surgical Oncology.
 Office locations: TBD
 Office Phone: TBD
 Cell Phone: 215-756-6796 *Please note that this may change to a local number. If it does he will let us know.
 Languages: English and Greek
 Email: andreas.karachristos@tubs.temple.edu * Please note this will change with a USF email - Amber will be providing the surgeon the steps on how to get his USF email created.
 Do you have business cards: TBD
 Preferred method of communication with Physician Services: E-mail and cell
 Secretary/Assistant/Nurse: Anna Herrera will be the Manager over all the HPB Division, Amber will be meeting with her this coming Monday. Provided her my contact card to pass along to Anna to connect.
 Clinic/Surgery Schedule: The surgeon shared with us that he has met with our TGH OR team and secured block time on Friday and would be interested in more once he picks up in volume.
 In terms of clinic, he will be having clinic at Morsani, Brandon HealthPlex, and the TGH Cancer Center and this schedule is still being finalized. His preferences are the following:

- Morsani - Half a day; Brandon HealthPlex – Whole day; TGH Cancer Center – Whole Day

	Monday	Tuesday	Wednesday	Thursday	Friday
Clinic					
Surgery					Block time secured
Office					

- Please note the surgeon is coming from Lewis Katz School of Medicine/ Temple University Hospital (Philadelphia) and he mentioned that he was operating 4 times a week. He said he has done more than 500 total liver resections and was doing the most in the Philadelphia area for the last couple of years. He has been here for the last 8 years.

Are there physicians at any TGH facility who treat the same conditions or perform the same procedures as you? If yes, please list names of physicians: Drs*: Amy Lou, Kiran Dhanireddy, Angel Alsina, Julio Sokolich, Marian Porubsky
 *The surgeon shared that although he has done transplantation before, that he will NOT be involved in that at all. His focus will be building the surgical oncology program.
 Are there physicians in your local market that are in direct competition with you? If yes, please list who you believe to be in direct competition with you: Dr.'s Alexander Rosemurgy and Dr. Sharona Ross – Advent Health
 In your opinion what sets you apart from the above physicians? What do you offer they do not? For example robotics, clinical trials, specialized treatments or surgical procedures:
 The surgeon said that he is a member of the National Comprehensive Cancer Network (NCCN) for hepatobiliary cancers and Dr. Rosemurgy is not. He said that he does more liver whereas Dr. Rosemurgy is a little more pancreas in terms of surgical case volumes.
 He does use the robot and he mentioned that he also removes tumors that include vascular reconstruction and that Dr. Rosemurgy does not do this.
 Have you met the physicians within your department or service line? Yes, the physician has met or personally knows the following physicians/surgeons:

- Velanovich, Rutherford, Schwarzberg, Lou, Dhanireddy, Alsina, the Chief of the USF GI Group as well as the USF GI group in general, he mentioned he would work closely with them as they do the endoscopic ultrasounds.

Are there any physicians or departments at TGH that you have not met and would like to meet: If yes, please list physicians you would like to meet:

- USF Med Onc. TGH/Moffitt Med Onc. Florida Urology Partners (Dr. Bukkaotnam), USF Urology, and private GI Group (Nakhabendi) (TGMG Dr. Garcia)
- Referral Base – MedOnc. and GI, and a little bit of PCP who see liver tumors

Part II: Outreach

The surgeon expressed that he is open to any and all forms of outreach including CME's, Grand rounds, dinners, lunch and learns, etc. He is ok to start locally and then look to going throughout the state of Florida. He wants to meet with "a lot, a lot" of physicians.
 Lisa and I explained to him how we work together, and that we will begin to work on strategically setting up these opportunities for him. The physician will be returning on either March 6 or March 7 and this will be his first official day with us.

Miscellaneous Notes: The surgeon said that he would like the program to be marketed as disease specific/surgical onc and multidisciplinary approach to the referring provider, that transplant cannot be the face, and that the referral process needs to be as streamlined as possible and that patients should have access to a 24-hour appointment line. He met with our Leadership last Friday (John Couris and Dr. Schwarzberg) and he said they agreed and shared with him that they are currently tackling the high priority project of creating a call center on site for the oncology program.

The surgeon also asked about survivorship, and I mentioned that this is part of the program buildout that is taking place under Dr. Schwarzberg leadership.
 He also mentioned that he has met with Dr. Rutherford and that he does some cases with him, I believe he mentioned the HIPEC.

Part III: To Refer a Patient – This section to be reviewed with Anna once the clinic schedule is finalized****

How can a patient obtain an appointment with you?
 Number to call to schedule appointment:
 Name of the person they should speak with:
 How will referring physician information be captured and documented by your department?
 If no, what is required to schedule an appointment? Labs MRI X-Ray
 Referring MD Note Record Review Other:
 How long will it take to get an appointment?
 What is your next available appointment per scheduling?
 How will you communicate outcomes and follow up with the patient?
 Phone Call Letter Fax Email Other:
 How will you communicate outcomes and follow up with the referring physician?
 Phone Call Letter Fax Email Other:



data diving

using data to drive target lists

internal data

Epic Data
Claims Data
Strategy Analysts
Surgical Services / OR

external data

Marketware
SG2
Intellimed

field intelligence

Physician Marketing
Readiness Form
Online research
Physician intel
Market Intel

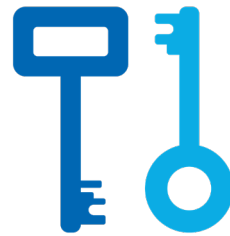
making a target list & checking it twice



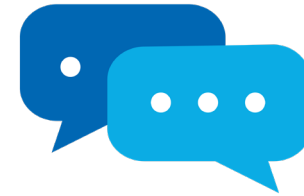
leverage
access to data



review
& refine



prioritize
key players



multiple,
meaningful visits



assess &
act on results

research & discovery: gyn-onc



Dr. Rutherford

Gynecology Oncology

Need: Launch surgeon who relocated to market, replacing a defected surgeon.

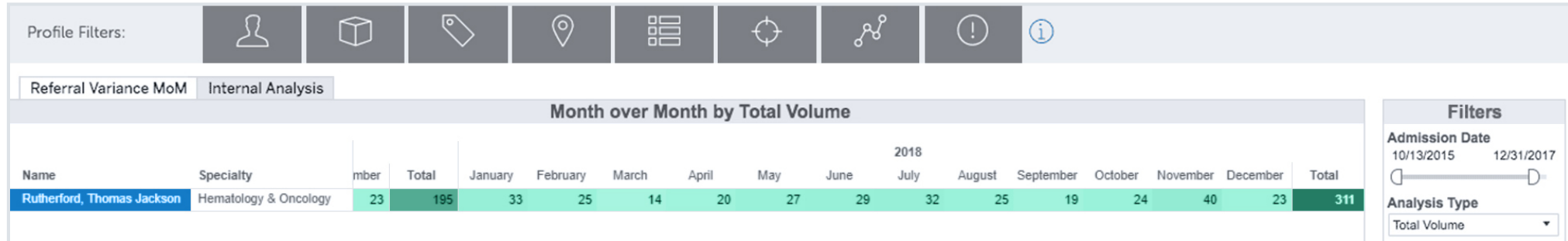
Research & Discovery:

- Physician Marketing Readiness Questionnaire completed to understand background, professional interests & key differentiators, etc.
- Used a combination of internal data for former surgeon as well as shared patient analysis to develop target list.
- Made visits to providers & completed SWOT analysis to assess alignment opportunity.
- Partnered with marketing & community relations to execute provider to provider outreach & CME programming & community education events.

Results: Captured 123 patients across 18 referring providers; continued growth going into year 2 across both internal (new patients, total procedures) and external (shared patient volumes) data sources.

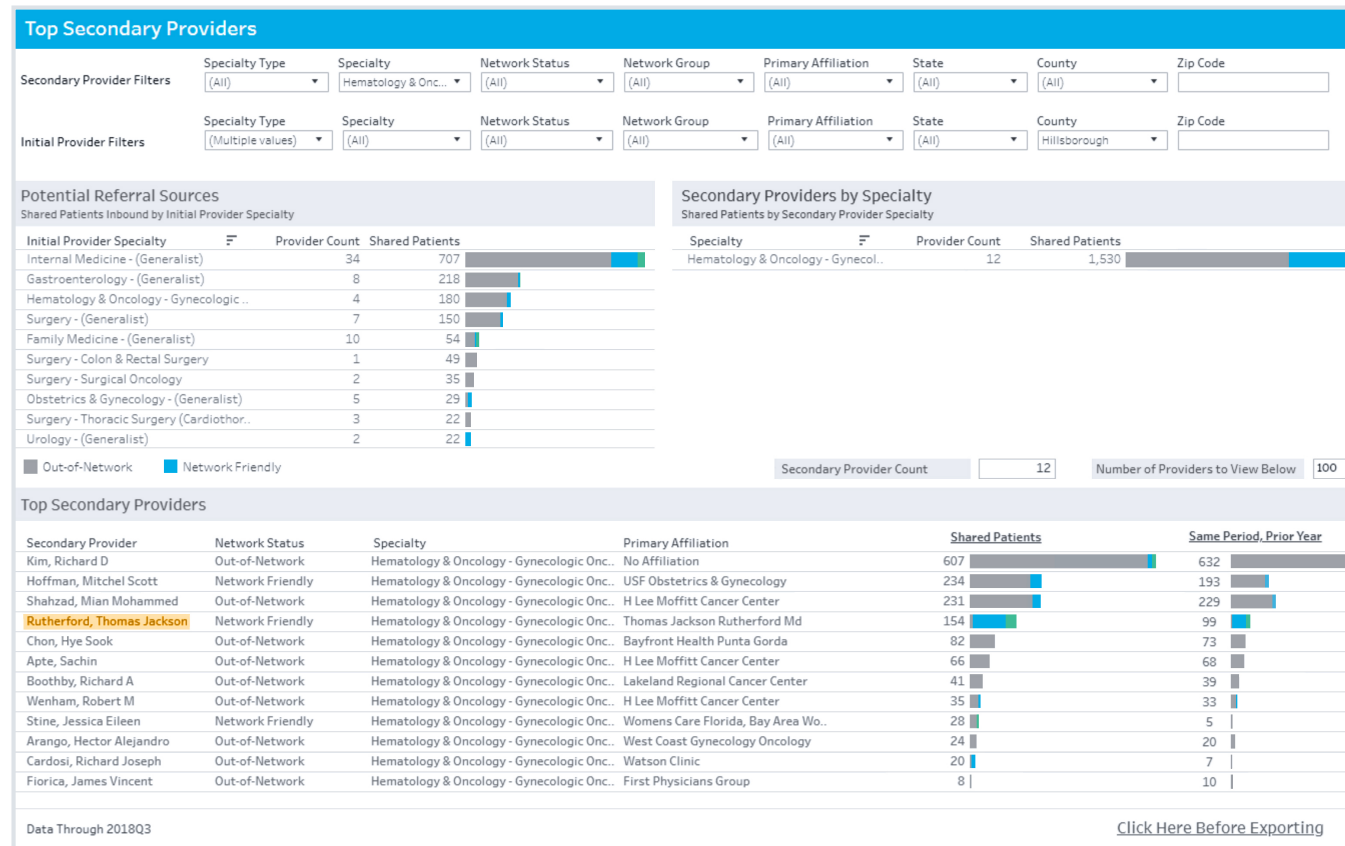
internal data analysis

attending volumes by month



external data analysis

top secondary providers analysis



setting the stage



- discovery/pre-visits
- provider preferences
- calendar smarts
- clarify selling points
- practice graceful exits

setting the stage: thoracic surgeon



Dr. Sommers

Thoracic Surgeon

Need: Rebranding of market thoracic surgeon who recently aligned with TGH.

Setting the Stage:

- Collaborative meeting with provider & key internal stakeholders to discuss goals for joining TGH, practice passions, competitor analysis, etc.
- Focus on sharing key points of differentiation (i.e. robotics).
- Support in leveraging those relationships that were not as organic as others.

Results: Maintained 82% of shared patients from out of network relationships while creating new connections within network.

Secondary Provider - Shared Patient Analysis

Secondary Provider Filters	Specialty Type (All) ▼	Specialty Surgery - Thoracic ... ▼	Network Status (All) ▼	Network Group (All) ▼	Primary Affiliation (All) ▼	State (All) ▼	County (All) ▼	Zip <input type="text"/>
Initial Provider Filters	Specialty Type (Multiple values) ▼	Specialty (All) ▼	Network Status (All) ▼	Network Group (All) ▼	Primary Affiliation (All) ▼	State (All) ▼	County (All) ▼	Zip <input type="text"/>

Secondary Provider Specialty

Secondary Provider Specialty	Provider Count	Shared Patients
Surgery - Thoracic Surgery (Cardiothorac..	1	399

Initial Provider Specialty

Initial Provider Specialty	Provider Count	Shared Patients
Pulmonology - Pulmonary Disease	8	155
Cardiology - Cardiovascular Disease	9	80
Internal Medicine - (Generalist)	6	41
Internal Medicine - Infectious Disease	2	39
Otolaryngology - Sleep Medicine	1	39
Cardiology - Interventional Cardiology	3	33
Family Medicine - (Generalist)	1	7
Endocrinology - Endocrinology, Diabetes & Me..	1	5

In-Network

Min Shared Patients

Secondary Provider Count **Apply**

Inbound Shared Patient Relationships

Secondary Provider	Practitioner Specialty	Secondary Provider Primary Affiliation	Initial Provider	Initial Specialty	Primary Affiliation	Shared Patients	Same Period, Prior Year
Sommers, Keith Eric	Surgery - Thoracic Surgery (Cardiothoracic Vascular Surgery)	Bayfront Health Punta Gorda	Rozas, Daniel A	Pulmonology - Pulmonary Disease	Rozas, Smith, Chandler, Perez, Reina, MD	60	67
			Reina, Domenick J	Pulmonology - Pulmonary Disease	Rozas, Smith, Chandler, Perez, Reina, MD	43	48
			Subramanian, Natarajan	Otolaryngology - Sleep Medicine	Rozas, Smith, Chandler, Perez, Reina, MD	39	42
			Mai, Jane	Internal Medicine - Infectious Disease	USF Infectious Disease	33	36
			Goldman, Anthony P	Cardiology - Cardiovascular Disease	Baycare Medical Group	26	25
			Hulse, Ronald Stephen	Cardiology - Interventional Cardiology	Florida Medical Clinic Cardiology	15	7
			Singh, Alok	Cardiology - Interventional Cardiology	Baycare Medical Group	13	14
			Rozas, Carlos J	Pulmonology - Pulmonary Disease	Rozas, Smith, Chandler, Perez, Reina, MD	12	13
			Irwin, James M	Cardiology - Cardiovascular Disease	Baycare Medical Group	11	18
			Schwaiger, Erica Lynn	Pulmonology - Pulmonary Disease	St Josephs Hospital-South	11	
			Zanchi, Dragos G	Pulmonology - Pulmonary Disease	Pulmonary And Sleep Of Tampa Bay	10	11
			Capo, William A	Cardiology - Cardiovascular Disease	William A Capo Md	9	9
			Casellas, Jaime F	Cardiology - Cardiovascular Disease	Jaime F Casellas Md	9	11
			Mc Fadden, Douglas S	Internal Medicine - (Generalist)	Bay Area Hospitalists, P.A.	9	11

“It is a pleasure to work with TGH Physician relations because I know they are super well informed about their referring physicians and their offices. The trips I make with them to the referral offices is one of my favorite parts of my practice because I get to highlight the incredible work that we do at TGH.”

Dr. Keith Eric Sommers

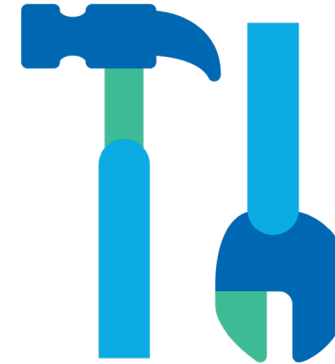


in the moment coaching



- use windshield time wisely
- sharing fun facts
- turn the spotlight around
- bring a strong wing(wo)man

sample tool



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others at
marketware.com/tools

in the moment: breast surgeon



Dr. Beard

Breast Surgery

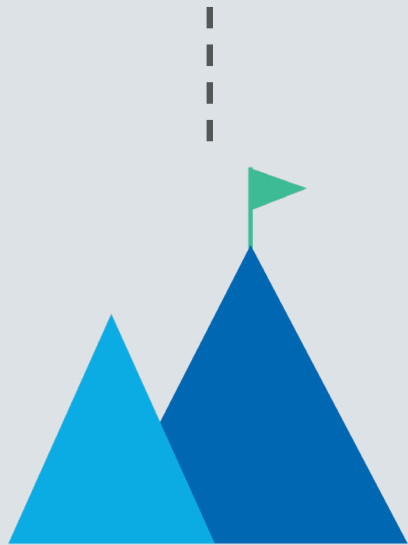
Need: Supporting a breast surgeon transitioning from training to private practice.

In the Moment Coaching:

- Share helpful tips to providers in advance as part of discovery meeting or first outreach event.
- Re-review SWOT to help set the stage & add market intel while in route.
- Coach to ask questions about their practice & needs.
- Reminder to highlight access.

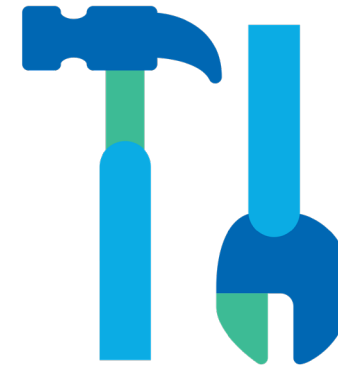
Results: Still under evaluation.

hardwiring next steps



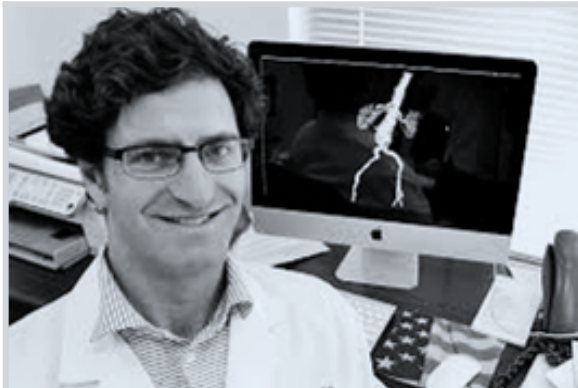
- first meeting follow up
- handwritten notes
- hardwiring consistent communications

sample tool



download this tool & others
at marketware.com/tools

hardwiring next: aortic surgery



Dr. Shames

Vascular Surgery

Need: Support vascular surgeon in boosting outreach results.

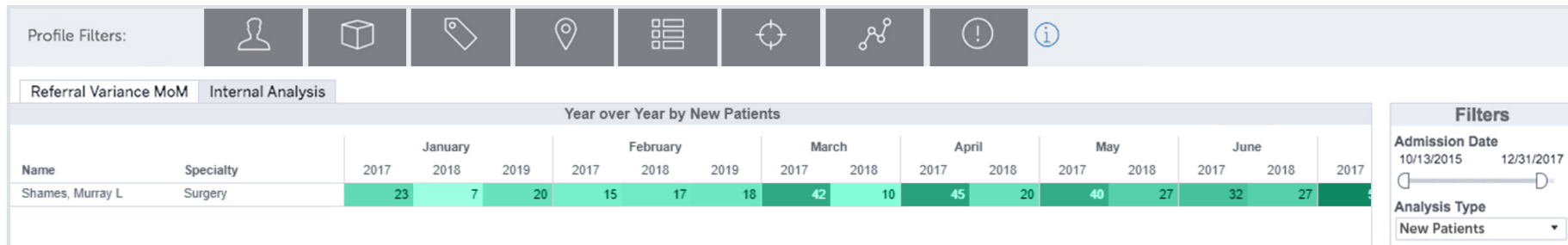
Monitoring & Acting on Results:

- Ordered boxes of cards for provider to complete in the car & liaison can mail out.
- Scheduled follow up visits afterwards including CME invite.
- Secure referral list from practice & follow up with thank you note. (sometimes done for vs by provider)

Results: 24% increase in overall shared patients.

measuring impact

internal and external data analysis



targeted zip codes	shared patients previous	shared patients current	% change
33606	289	324	12%
33511	75	103	37%
33607	58	77	33%
33609	72	76	6%
33612	23	31	35%

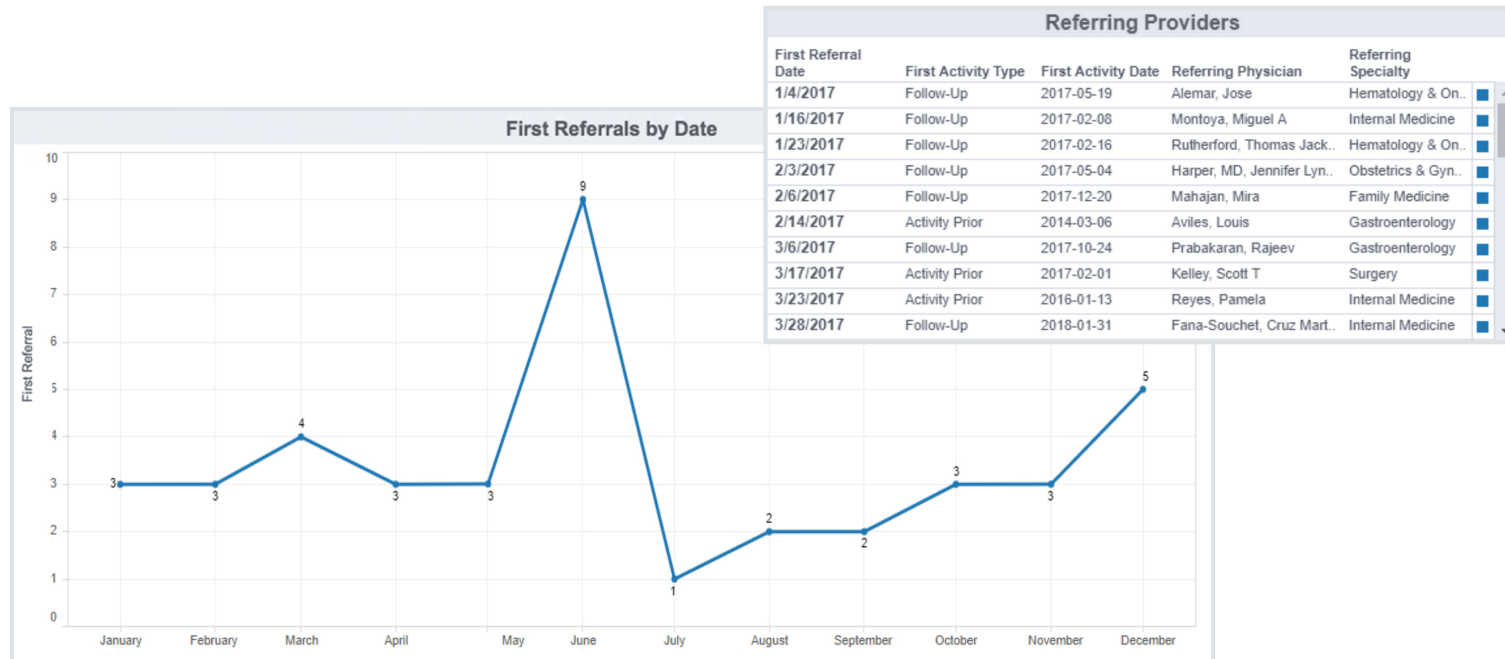
monitor & act on results



- referral tracking
- provide operational solutions for access
- follow up visits
- sharing results

first referral analysis

new referral partners per inbound referral trends



explore initial visit impact

Reviewing first referral data can tie back first referrals to initial outreach visit.

understand return on visit trends

Monitoring key trends can uncover understand patterns that will support future planning.

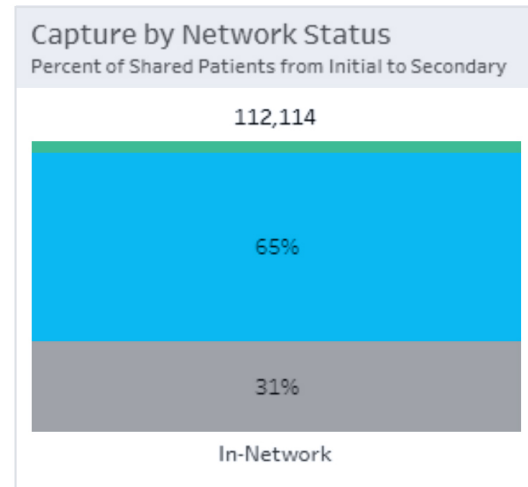
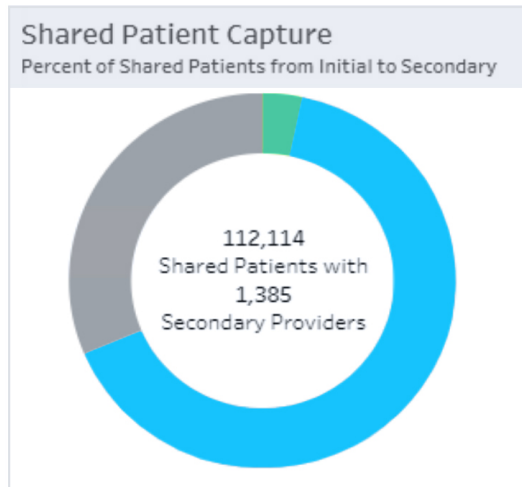
identify new prospects

Following up on unsolicited referrals can highlight new relationships.



network utilization

shared patients between TGMG providers & in network/network friendly specialists



■ In-Network ■ Network Friendly ■ Out-of-Network

Capture by Specialty

Shared Patients treated by a Secondary Provider Specialty

Secondary Specialty	Provider Count	Shared Patients
Pathology - Clinical PathologyLaborator	19	22,352
Emergency Medicine - (Generalist)	174	15,814
Radiology - Diagnostic Radiology	162	14,453
Cardiology - Cardiovascular Disease	102	10,390
Gastroenterology - (Generalist)	68	6,545
Obstetrics & Gynecology - (Generalist)	68	4,478
Dermatology - (Generalist)	58	3,443
Pulmonology - Pulmonary Disease	49	2,889
Endocrinology - Endocrinology, Diabetes	24	2,535
Psychiatry & Neurology - Neurology	50	2,372

Initial Provider Count Number of Providers to View Below

sample tool

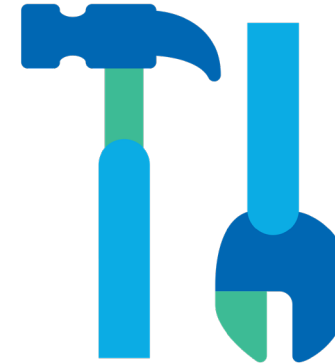
mw | Volume Assessment & Plan

Physician: _____ Specialty: _____

Facility: _____ Project Manager: _____ Expected Start Date: _____

Volume Assessment Question	Status	Action Completed
Is there any new equipment needs to assist the physician grow their practice? <i>Work with the CEO to determine the equipment necessity. Please document time frames for when the equipment will be in place to use.</i>		
Are there any services lines that could be initiated to increase the Provider's volume? <i>Consider: Internal Medicine - occ med program, hospitalist or ER shifts, Etc. Surgery - GI/Ortho - Rehab/Pain?</i>		
Are there procedures that the Provider can perform that he/she is not already? <i>i.e. CS - vascular, Ob/gyn - uro-gyno, ortho - too many fractures and not enough surgical cases, etc.</i> <i>Determine the population of potential procedures the specialty is capable of performing and cross-reference with what the physician is actually performing. Consult the hospital credentialing (privileges) application via the Medical Staff Office to see.</i>		
Did the physician join or become involved with civic organizations? <i>Review list of planned organizations from the original start-up marketing plan to determine the involvement of the new physician. Revise list based on current involvement and address any needs to include other organizations.</i>		
Did physician adhere to established office hours? <i>Is physician working at least 40 hours per week? If not CEO/Sr Director of Physician Services should meet with physician to discuss hours. Meet with office manager to understand the issues prior to meeting with the physician. P/T physicians not included.</i>		
Did the CEO/staff determine the necessary equipment needed for this specialist (CPT codes available to this type of specialist)? Was the equipment that was identified for this specialist purchased time? <i>If no one worked with the physician to determine their needs then please do so and determine the equipment needs. If the needs were determined but the equipment was not available to the physician timely please document why and whether the situation is now corrected.</i>		

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others at
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five tips for
preparing providers for outreach



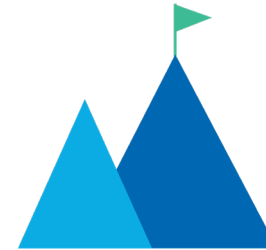
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monitor &
act on results

thank you

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