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Developing an RFP for a PRM/CRM System

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Today's Agenda and What's on Your Mind

✓ Strategic Direction influencing purchase of a CRM/PRM

✓ Socializing the players in advance of the RFP process – Roadmap before the Purchase

✓ The Components of a good RFP and Advocate's Case Study– what goes it it, how it aligns with your goals, who's involved, and evaluation. For purposes of this presentation and time, we will consider PRM in full scope and talk briefly about CRM

✓ Your thoughts, challenges, opportunities, and questions

✓ What is your wish list for today?

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Where are you in the continuum…

Who's represented here today?

Where are you in the process?

CRM and PRM as Engagement Tools

Customer Relationship Management (CRM) is *not a new concept*

- Aggregated data of all types used to learn more about customers' needs and behaviors in order to develop stronger relationships with them

- 15 years in healthcare, less than 25% percent of hospitals BUT growing fast

- Historically, a mechanism to target populations and feed them a message, collect data, feed them more messages. Not necessarily engaging. Now used for many other purposes
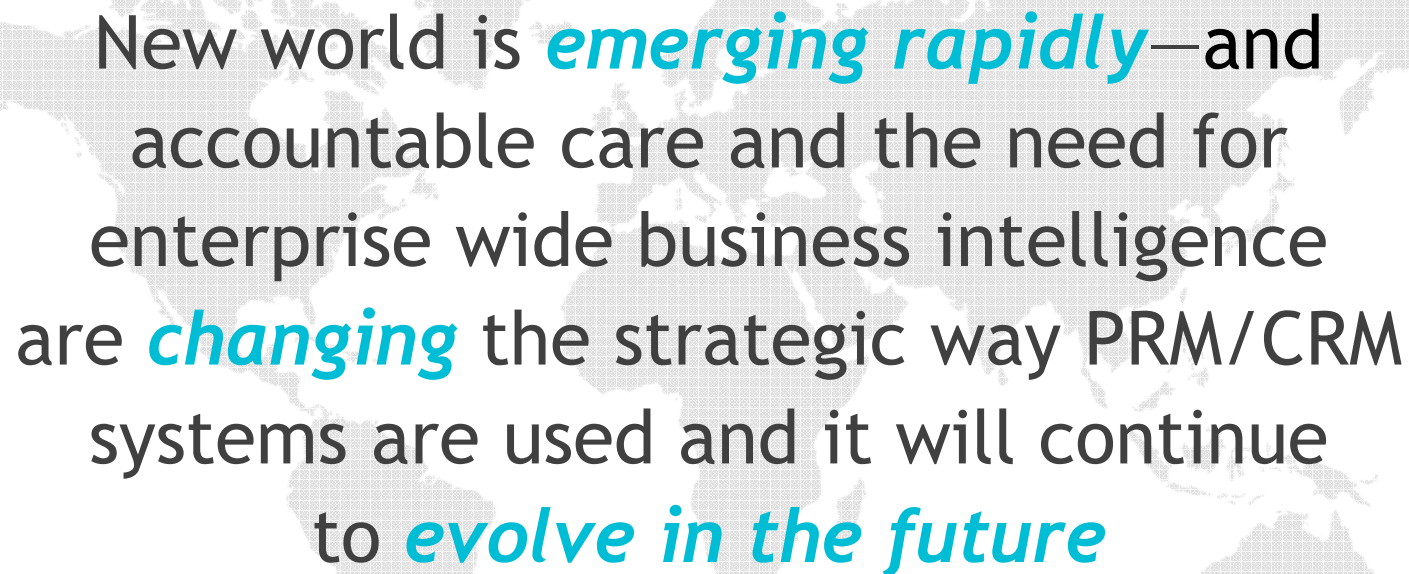
CRM and PRM as Engagement Tools

Provider or Physician Relationship Management (PRM) is *a newer concept but sales/contact management systems have been around for decades*

- Aggregated data used to learn more about physician or provider' needs and behaviors in order to develop stronger relationships with them

- Historically, a mechanism to target physicians from sales approach and document visits, issues, and business growth

- Pharma used PRM systems for years well before hospitals

New World of PRM/CRM

New world is *emerging rapidly*—and
accountable care and the need for
enterprise wide business intelligence
are *changing* the strategic way PRM/CRM
systems are used and it will continue
to *evolve in the future*

So Why the Decision to Purchase?
Alignment to Strategy

- Generate marketing campaigns *targeted at specific* patient types by combining what you know with analytics and tracking performance – no more spray and pray

- Manage the information around physicians to understand referral patterns, effectiveness of campaigns, liaison activities, etc.

- Analyze *the performance of routine processes* over time (admissions, discharges, transfers, referrals in order to eliminate steps, increase satisfaction)

- Develop workflow processes to *enhance care coordination* (docs' office, hospital, post care) to decrease readmissions, improve patient outcomes, ops efficiency and reduce costs

- *Proactively manage* chronically ill patients or specific patient populations more effectively

- Reduce costs by *eliminating* multiple intelligence systems

Another way to Look at It
Current Healthcare CRM Scenarios

Community Outreach

- Community health education
- Services outreach/promotion
- Opportunity management/ prospects

Relationship Management

- Patients
- Physicians
- Clinicians
- Prospects (internal or external)

Patient Management

- Appointment management – physician, clinics, pre-post op, ambulatory
- Knowledge and content management
- Referral management
- And overall experience management

EMERGING

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Roadmap for CRM and PRM Before the Purchase

You need to create a customer centric strategy

- Get your people, processes, and overall culture aligned with you new CRM/PRM – customer needs, business goals/objectives, processes, finances and technologies

- Cannot just plug in CRM or PRM into old habits and expect results

- Converting from a singular orientation to an enterprise wide orientation

- This may require a cultural re-orientation

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Roadmap Before the Purchase

Executive management has to champion the strategy

- Support is key

- Agree to support operational alignment
  to ensure organizational readiness

- Agree to a budget

- Agree to an owner(s)

- Agree on the metrics and the measurement

Roadmap Before the Purchase

Never underestimate the importance of data

◎ Hospitals collect a lot of data and sometimes collect it poorly. "Good data in, great insight out" instead of "garbage in, garbage out." Demographic, psychographic, EHR, financial, physician practice, social media, claims, disease propensity/predictive models, and others will all be utilized to formulate the picture

◎ Issues arise when hospitals do not understand what they are trying to do with data, collect the wrong data or fail to integrate it within the organization

Roadmap Before the Purchase

Measurement

- Stakeholders define realistic KPIs

- CRM and/or PRM is not a campaign or a one time event, but rather an all out approach to engaging customers

- Work plans should account for the creation of project metrics

- Timelines need to be realistic

- Results are not overnight

The components of a good RFP

General Components of a Good RFP

- ## Experience
  - Understand the vendors' product portfolio, years in business, clients (new and former), bench strength, backgrounds, reputation/brand in the space, financial vulnerability (capital), growth plans (merger, acquisition, etc.), client strategic support, and vision

- ## Tool(s)
  - Platform, proprietary algorithms, applications, web-based technologies, cloud, security, protections, outsourcing and breeches, ease of use, system upgrades, install schedule

General Components of a Good RFP

- Data
  - Proprietary, hospital-based, and purchased (third party – and its integrity). Costs of hospital feeds, record management (scrubbing, accuracy, de-duping), update frequency/freshness, reporting, visualization of data e.g., dashboards, custom reports, geo-mapping, predictive modeling, segmentation etc. Return/relinquishing of data if vendor change

General Components of a Good RFP

- ## Finance
  - Costs including data counts, platform, licenses, professional services, support and maintenance, add on costs, variable (dynamic) printing, discounts/bundled services

- ## Service and Support
  - Client team, training, support with projects, in-house project capabilities (printing, creative) strategic guidance, help desk, ongoing education

Contact Management System Vendor Assessment Evaluation Form

Vendor:
Participant Name:
Participant Title:
Participant Organization:

TOTAL SCORE:
Total Possible Score: 380

Column C: Enter a rating for each criterion with 1 being lowest and 5 being highest
Column E: Include comments that provide any additional insights or feedback on that specific factor

CMS Factors

Criteria	(1-3) Weight	(1-5) Rating	(WxR) Score	Comments
Layout/View				
Physician Record	2		0	
Functionality				
Ease of Use	2		0	
Data Entry	3		0	
Reporting	3		0	
Issue Resolution				
Data Entry	3		0	
Reporting	3		0	
Integration				
Email	2		0	
Data Import/Export	3		0	
Mobile Devices	2		0	

Analytics Factors

Criteria	(1-3) Weight	(1-5) Rating	(WxR) Score	Comments
Layout/View				
Reports	2		0	
Functionality				
Ease of use	2		0	
Data Entry	3		0	
Reporting	3		0	
Issue Resolution				
Data Entry	3		0	
Reporting	3		0	
Integration				
Email	2		0	
Data Import/Export	3		0	
Mobile Devices	2		0	
Data Access				
Robust List Offerings	3		0	
Metrics for Target List Generation	2		0	
Data Integration	2		0	

General Factors

Criteria	(1-3) Weight	(1-5) Rating	(WxR) Score	Comments
Understanding of Advocate's physician relations strategy	2		0	
Dedicated Client Support	2		0	
Product Commitment	3		0	
Back-up Mechanisms	3		0	
Privacy Walls	2		0	
Experience/References	3		0	
Cost	2		0	
Implementation				
Timeliness	2		0	
Staffing/Support	2		0	
Seamless and Efficient	2		0	
TOTAL	76	0	0	

Additional Comments:

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Evaluation of Vendors

- Objective tool to rank and evaluate vendor RFPs based on criteria set out

- As vendors are narrowed, important to develop a good team around the vetting of vendors, as well as, an evaluation tool for objective review

PRMS Committee RFI Evaluation Questionnaire

PHYSICIAN RELATIONS MANAGEMENT SYSTEM (PRMS) SELECTION COMMITTEE

Please respond to the following questions related to the selection of a physician relations management tool. Please post your response to the designated Sharepoint site **no later than _____ at __:__ am**.   Thank you.

1. *What are your departments/sites goals and priorities for using a PRMS tool?*

    i.e., Shared relationship management, issue resolution, sales, loyalty and marketing information as they relate to the physician practice.

2. *Which of the 7 responses to the RFI rose to the top and why? (No limit to the number you liked)*

3. *Which, if any, of the 7 vendors would you remove from the selection process and why?*

Case Study:

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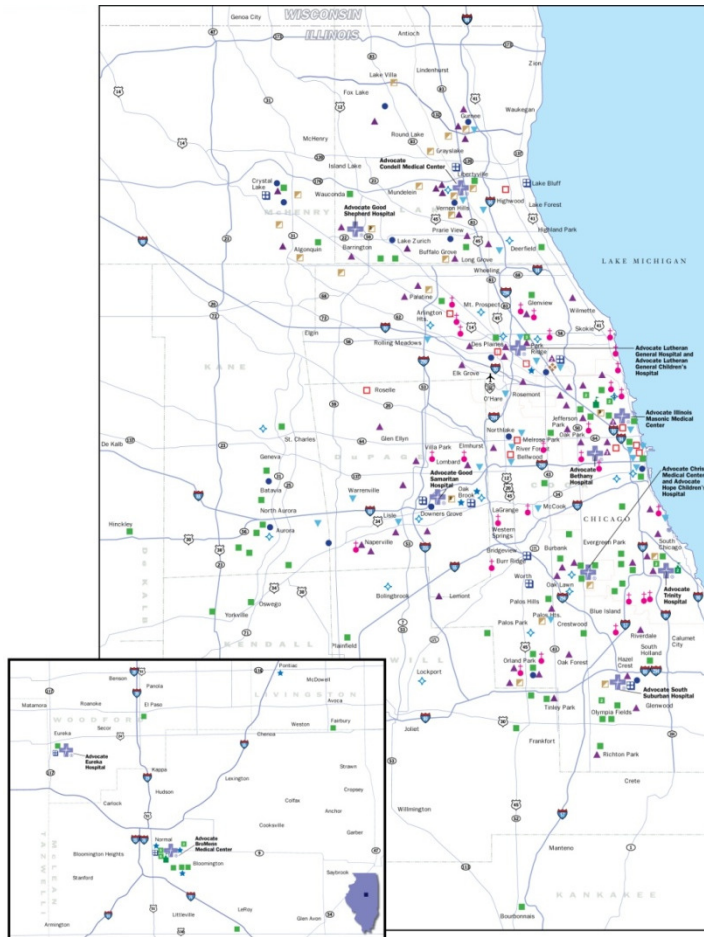Vice President, Physician Relations and Network Development
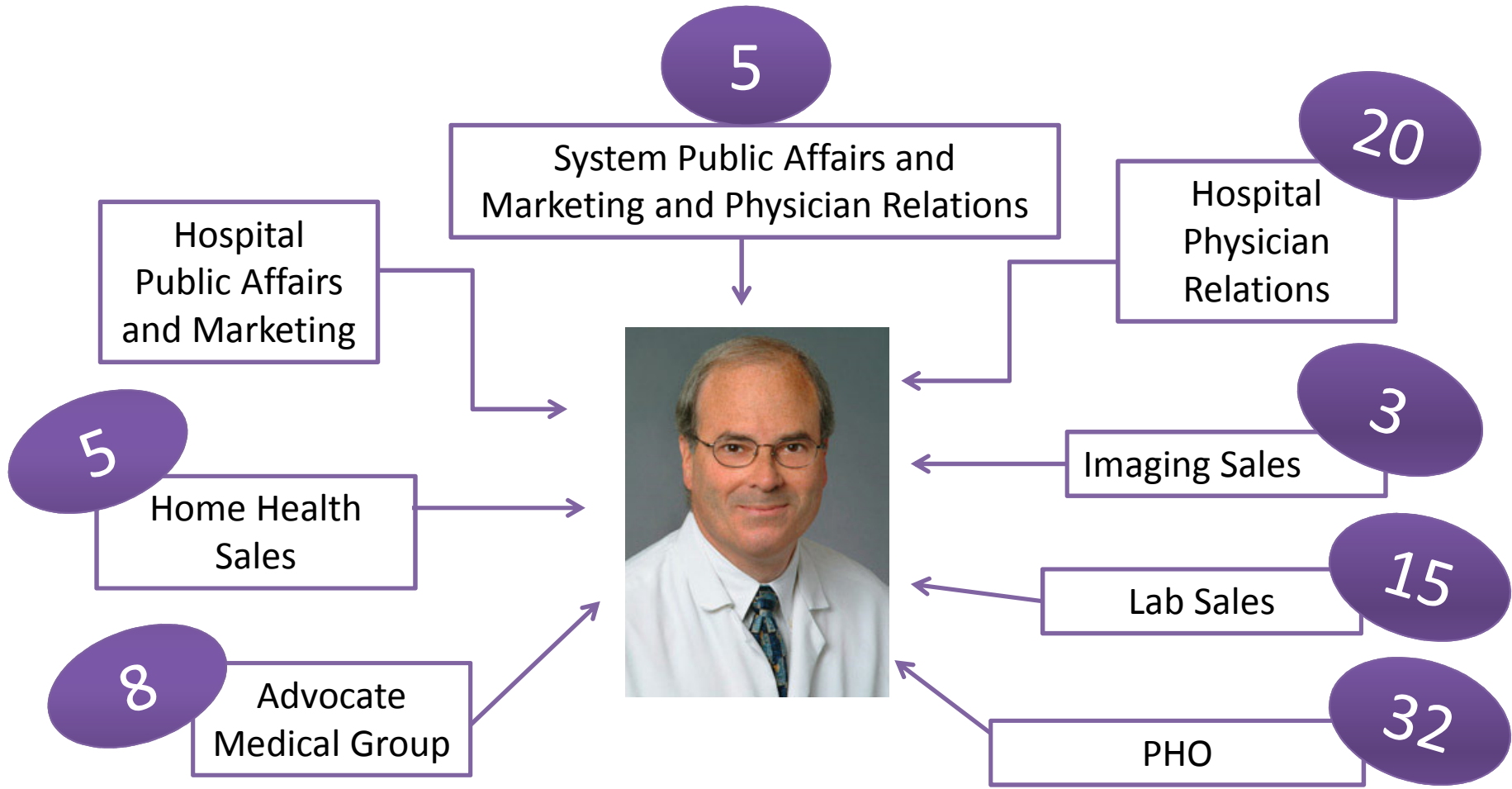
Advocate Health Care Overview

- $4.9 Billion Annual Revenue
- AA Rated
- 12 Hospitals
  - 11 Acute Care Hospitals
  - 1 Children's Hospital (2 campuses)
  - 5 Level 1 Trauma Centers
  - 4 Major Teaching Hospitals
  - 5 Magnet Designations
- Over 250 Sites of Care
  - Advocate Medical Group
  - Dreyer Medical Clinic
  - Occupational Health
  - Imaging Centers
  - Immediate Care Centers
  - Surgery Centers
  - Home Health / Hospice
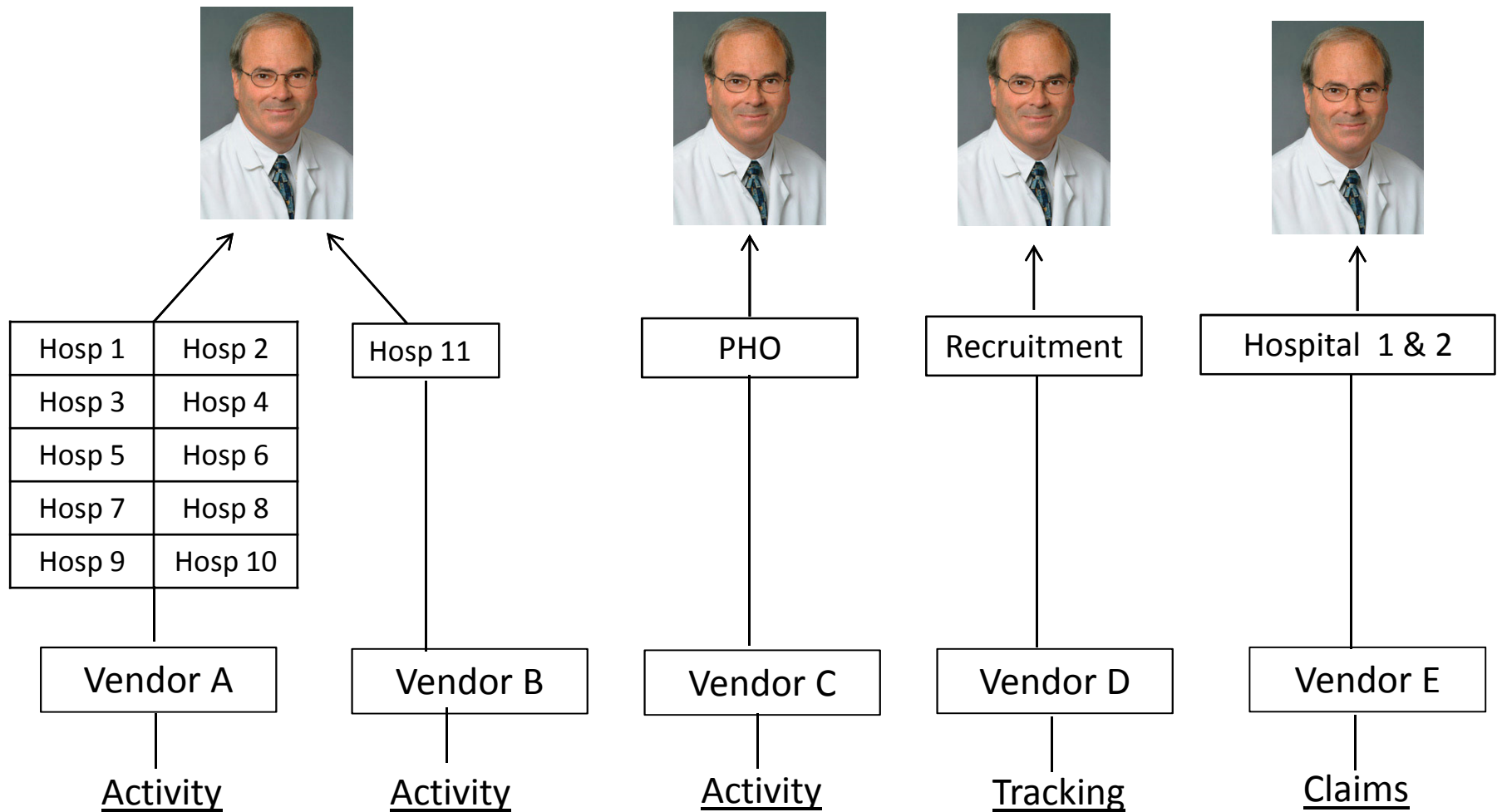
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Physician Outreach

- Fragmentation
  - Multiple touches
  - Multiple messages
  - Multiple repositories of physician demographic/practice information
  - Multiple physician data points (loyalty, attribution, data warehouse, purchased files)

Staff Alignment to Physician

5

System Public Affairs and Marketing and Physician Relations

Hospital Public Affairs and Marketing

20 Hospital Physician Relations

5 Home Health Sales

3 Imaging Sales

8 Advocate Medical Group

15 Lab Sales

32 PHO

Previous PRMS

Hosp 1	Hosp 2
Hosp 3	Hosp 4
Hosp 5	Hosp 6
Hosp 7	Hosp 8
Hosp 9	Hosp 10

Hosp 11

PHO

Recruitment

Hospital 1 & 2

Vendor A

Vendor B

Vendor C

Vendor D

Vendor E

Activity

Activity

Activity

Tracking

Claims

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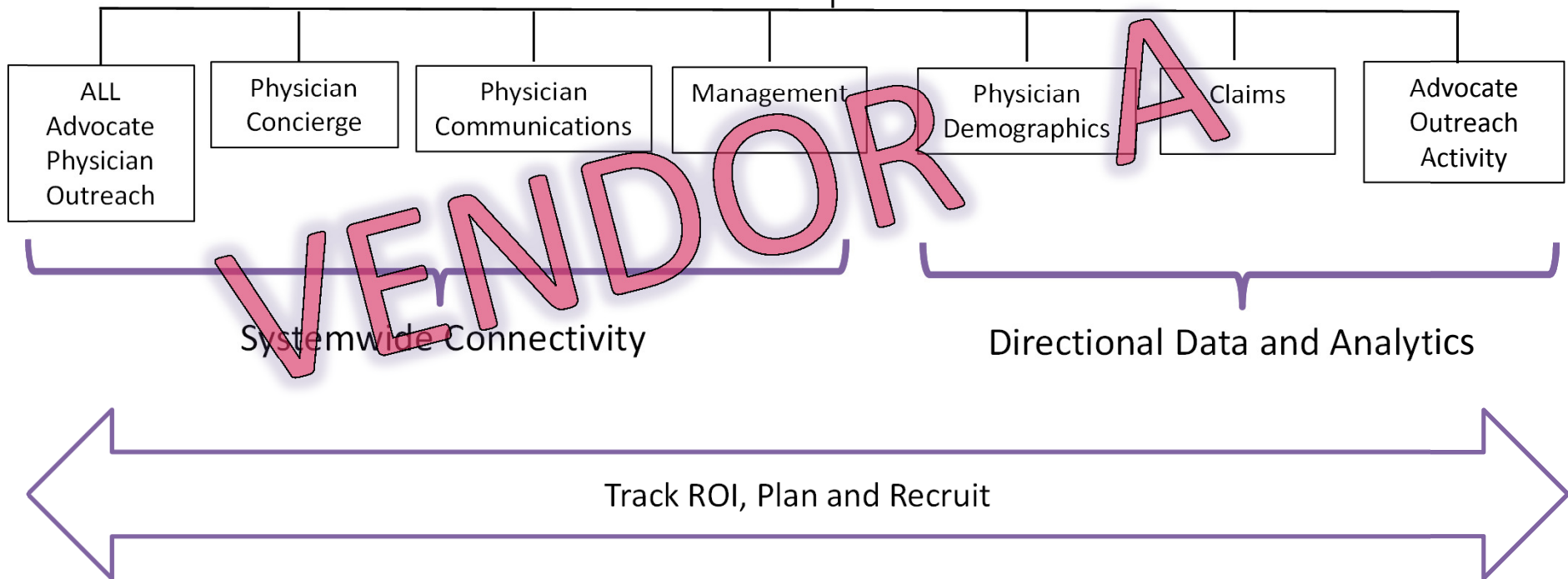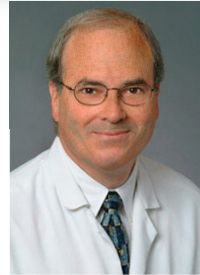
Systemwide PRMS Benefits

- Integrates message, people and process
- Supports efficiencies
  - Elimination of overlap
- Track ROI
- Physician satisfaction
  - Improved service

Systemwide PRMS Benefits

- Common Physician Data Repository
  - Demographics, contacts, issues
- Directional Physician Information
  - Loyalty, referral patterns
- Planning Tool
  - Recruitment, targeting
- Reporting

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Future State

ALL Advocate Physician Outreach

Physician Concierge

Physician Communications

Management

Physician Demographics

Claims

Advocate Outreach Activity

VENDOR A

Systemwide Connectivity

Directional Data and Analytics

Track ROI, Plan and Recruit

Selection Process

- Formation of Committee
- RFI to six vendors
- On-site product demonstration
- Committee selection of 2 vendors
  - Onsite scenario demonstrations
  - Reference calls/reviews
  - Pricing considerations
  - IT approval (pre-testing)

Approval Process

- Executive Management Approval
    - Sr. Leaders
    - Presidents
- Funding

PRMS Selection Committee

Title	Advocate Affiliation
Director Physician Relations	Hospital 1
Director Physician Relations	Hospital 2
VP Business Development	Home Health
VP Business Development	Hospital 3
VP Ambulatory	Hospital 4
VP Medical Services & Clinical Integration	Advocate PHO
VP Business Development	Lab Services
Director Physician Recruitment	Hospital 2
Director Advocate@Work	Imaging Services
VP Support Services & Communication	System IT
VP IS Physician Services	System IT
Director Web Services	System Marketing

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Implementation

- Identify users
  - Primary
  - Access Only
  - Reporting

- Phased approach

- Build from outside in
  - What reports/data do we need?

Questions on your Mind?

Thank You!

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