



Physician Relationship Management: Data-Driven Approaches

April 2015

Road Map

2

1

Getting Started with a Data-Driven Approach

2

Key Initiatives and Impact

3

Lessons Learned

Introducing Health Quest



Case in Brief: Health Quest System

- 597-bed, multiple facility health system located in Lagrangeville, NY; system includes three hospitals:
 - Northern Dutchess Hospital (Rhinebeck, NY)
 - Putnam Hospital Center (Carmel, NY)
 - Vassar Brothers Medical Center (Poughkeepsie, NY)
- System also includes 200+physician medical practice, two urgent care centers, 100-bed nursing home, and home health agency
- Significant building project at Vassar Brothers Medical Center



Why Use a Data-Driven Approach?

Key Factors Create Strong Alignment with HQ Priorities



Increased Market Consolidation, ACO Pressure

- At the time, market was facing increasing consolidation of practices, mergers (consolidation has actually happened since then)
- Increased discussion of transition to value-based care and implications for growth potential



Timely, Comprehensive Data

- OP data difficult to get in New York; the data we leverage, CMA, provides robust, high-quality OP data
- State IP data typically lags far behind; CMA provides “almost real-time” access, enabling review of physician activity in an actionable timeframe



Visibility into Market Activity

- Splitter data in particular of interest to Health Quest, providing visibility into physician activity and where volumes are going in the market

Maximizing Limited Outreach for Greatest Impact

Engaging Executives Across the Organization Key to Driving Results

I. Securing Senior Executive Buy-in

- Meetings about data-driven approach from the outset focused on including senior executives, explaining value of platform to key business objectives
- Deep involvement of SVP, Strategic Planning as partner to other executives

II. Driving Engagement to Next-Level Leaders

- Educated next-level leaders about platform through live demos, steering committee meetings
- Created demand for data among service line leaders and other managers

III. Involving the CEO of HQMP

- Focused on identifying where aligned PCPs are referring
- Reviewing data on employed practice and pointing out opportunities to physicians for in-house referrals



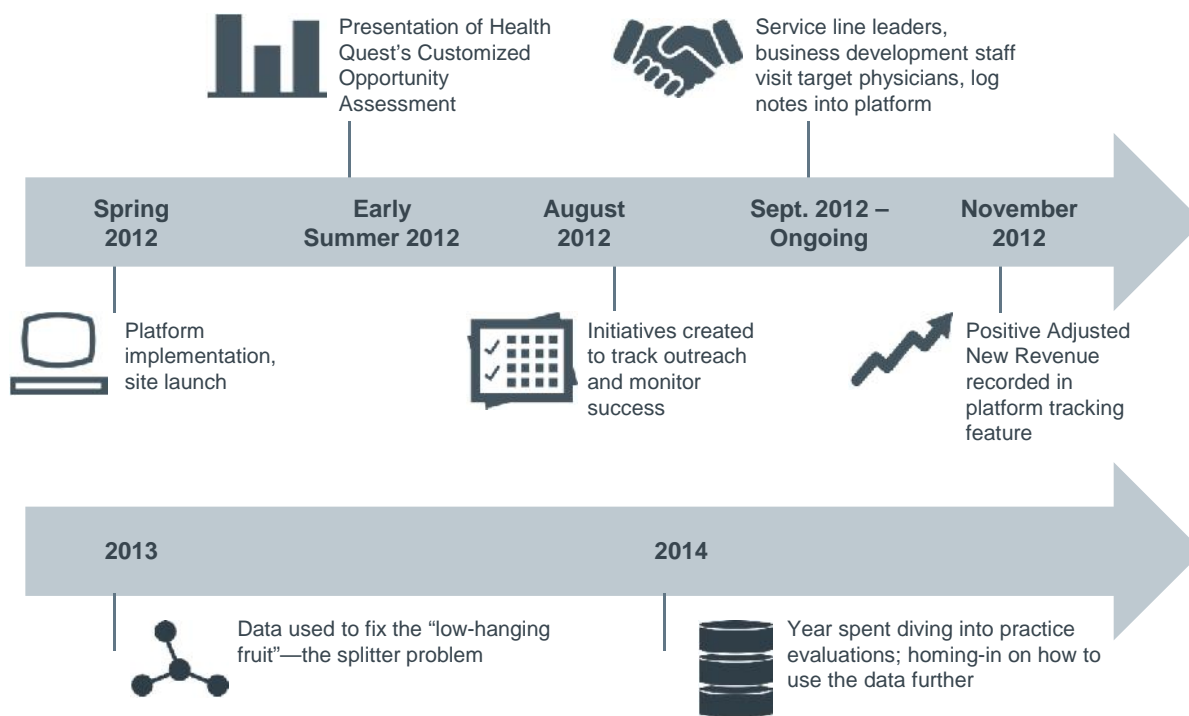
Building a Platform for Impact

“If you do not have a liaison team, one of the key things is to work with your management team to get them understand what [Market Advantage] is, and to understand how to use it.”

Manager, Strategic Business

Driving Outreach Impact

Developing & Executing on Health Quest's Initiatives



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Driving Business to a New ASC

Recapturing Lost Orthopedics Volumes

The Challenge:

- New ASC completed in July 2012, yet no increase in volumes
- Data analysis identified opportunities for outreach to support center's business growth
- Additional strategic goal of re-igniting orthopedics service line at Vassar facility

The Response:



Identify Key Orthopedics Splitters

- Data analysis surfaces two orthopedists with significant volumes going to competitors



Outreach Focuses on ASC Benefits

- Visits conducted by VP, Surgical Services and SVP, Strategic Planning and Business Development highlight benefits of new ASC services, facilities, and include personalized tours



ASC Experience Sparks IP Referral Growth

- Repeated positive experiences at new ASC (located across the street from HQ's Vassar facility) attract physician referrals for inpatient procedures

Adjusted New Revenue (12 months)

\$4.5M

Growing Urology Volumes

Resolving Operational Issues Heightens Physician Loyalty

The Challenge:

- Independent urology practice splitting volumes with competitors
- Data analysis reveals range of physician splitting from 40% to 90%

The Response:



Outreach to Identify Physician Concerns

- One-on-one conversations with group of eight physicians to surface reasons for choosing competitor facilities



Resolving Addressable Operational Issues

- Follow-up steps address physician issues (e.g., block times; surgical team composition; patient cohorting)
- As physicians become aware of improvements, referrals begin to shift



Adjusted New Revenue (12 months)

\$619K

Monitoring Employed Physician Referrals

Leveraging Data to Track Activity Highlights Growth, Opportunity



General Surgeons

5 Surgeons

- Tracking reveals “eye-opening” growth in activity
- Enables highly targeted outreach to protect, grow market share



\$1.6M

Adjusted New Revenue
(within first six months)



Breast Surgeons

5 Surgeons

- Tracking enables visibility into referrals sent by attending breast surgeons
- Demonstrates value of acquisition decisions



\$1M

Adjusted New Revenue
(within first six months)



Primary Care Practice

17 Physicians

- Outreach conversations probe addressable concerns, highlight HQ quality and services



\$100K

Adjusted New Revenue
(within first six months)

Using Data to Evaluate Potential Practices

The Challenge:

- Strategic initiative exists to grow the Health Quest Physician Enterprise
- Needed a consistent format to use for each practice
- Helpful to review incremental revenue potential
- Data needed to be presented in a way that could be transferred to proposals and business plans

The Response—Developed Custom Reports:



- Custom raw data reports were created so data is run the same way every time
- Data imported to a custom-designed excel template with multiple pivot tables of data
- Template includes:
 - ✓ **Physician Group Summary:** summary of leaked revenue, member revenue, and current % alignment with Health Quest
 - ✓ **Physician Leakage:** current leakage by physician to a non-Health Quest hospital or ambulatory facility
 - ✓ **Leakage by Facility:** shows where practice is sending attending business when not using a Health Quest facility
 - ✓ **Network Data:** examines networks physicians in the of the practice to determine likely referrers
 - ✓ **Payer Mix:** Examines payer mix for the practice

Launching a New Spine Center

The Challenge:

- Surgeon sees referrals from same group of physicians
- Referrals are not always surgical cases; surgeon has very low conversion rate
- No navigation exists to identify surgical cases and streamline patient experience

The Response:



- Northern Dutchess Hospital Spine Center launched April 1st
- Identify key referral physicians
 - Analysis focused on the physicians with weaker connections to the surgeon
- Outreach focuses on Spine Center benefits and ease of navigation
 - Head Surgeon/Administrative Lead identified key physicians to build relationships with
 - Surgeon personally going out to the community physicians with marketing materials and attending office meetings/ giving presentations
 - Surgeon visits will be followed-up by contact from the Center's Nurse Navigator
- Early feedback shows excitement from the community physicians
 - Additional specialties (community Neurology practice) getting onboard to see how we can work together
- Will be monitoring surgical conversion and physician connection strengths over next 6-12 months.

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Key Lessons Learned



1 Make sure you have a clear objective—and tackle it.



2 Start with the low-hanging fruit—prioritize initiatives that will show success quickly.



3 Be direct with your conversations with physicians—and be prepared to have more than one conversation.



4 Engage executives and service line leaders immediately—it is never too early to start (e.g., during implementation and training)



5 Set clear expectations with collaborating departments—disseminate information regularly and be specific about goals and what types of results are realistic to expect

For More Information

For more information on Health Quest or this presentation:

David Ping

dping@health-quest.org

Trista Parker

tparker@Health-quest.org