The physician outreach playbook: Part 1

A guide to conducting data-driven outreach

Contents

A note for our readers

COVID-19 has changed the way we all live and work, and physician outreach is no exception. While your visits and interactions with physicians and practices might be different these days, they are more important than ever before. It is our hope that the tactics in this playbook will help you make the most of your interactions.

Section 1. Strategic physician outreach: Key principles

This playbook is designed to guide outreach teams through a structured process based on the four elements outlined below. Following these strategies will provide the foundation for a successful outreach organization.

1. Know your organizational goals.

Engaging in strategic outreach efforts is dependent on knowing the strategy. Some outreach teams will be provided with specific service lines to grow or be asked by the system planning department to target physicians in a specific market. Other teams are asked to identify opportunities independently. Whatever the case, confirm outreach goals with hospital administration before beginning specific initiatives.

2. Tie all visits to defined strategy and goals.

Don't visit physicians just to check in or because they have been on your call list forever. Most visits should be part of a broader strategy, and you should know the specific reason for the visit based on the type of opportunity identified. The initiatives in Optum® Market Advantage help you keep track of those strategic visits, rather than just general outreach. Effective teams tie at least 80 percent of visits to initiatives.

3. Leverage both data and your own market intel.

Our market data will allow you to identify splitting physicians and dive into the details about their referral activity, helping you refine talking points. However, you should always layer the data with your market intel. If you know that a physician is planning to leave the market, take them off your list. If you know that a physician complained about neurology wait times, discuss a new solution, even if your visit is for a cardiology initiative.

4. Measure outcomes.

Effective outreach can be measured by new business. Use year-over-year revenue data to show that your visits correlate to a physician's increased business at your organization. If you don't see an increase, adjust your strategy to learn why and course-correct.

Section 2. Identifying opportunities for revenue growth

Origins of outreach strategy

Before you start building a target list or scheduling visits, work with your health system leadership to sign off on an outreach plan that will be aligned with broader system goals.

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1   **Start with your organization's strategic plan,** ensuring that you know which long-term organizational goals the outreach team is responsible for supporting.

Action steps

- Meet with system administration to approve outreach team goals based on the strategic plan.
- Discuss specific service line goals with our experts.
- Design initiatives and target lists based on growth expectations.

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2   **Integrate short-term opportunities** such as promoting services in which there has been a recent investment or a newly employed specialist, or take advantage of a competitor closing a location.

Action steps

- Discuss technology investments and new physician hires with service line leadership.
- Create initiatives with target lists specifically selected to advance the identified business line.

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3   **Include medical group priorities** or other affiliated networks that have an established relationship with your facility. Stemming leakage from these groups is often low-hanging fruit.

Action steps

- Collaborate with medical group leadership to establish the clear roles for outreach staff, distinct from conversations led by practice managers.
- Evaluate leakage from medical group providers and create initiative to improve relationships with physicians who have the most leakage.

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4   **Evaluate market opportunities using market data,** analyzing non-customer revenue to quantify potential gains from outreach in specific markets across service lines.

Action steps

- Review service line dashboards with our experts, pinpointing sub-service line opportunity and learning about competition in the market.
- Take findings to system administration to confirm outreach team priorities.
- Develop initiatives to promote growth in identified services and markets.

Section 3. Translating opportunity to action

Assembling your initiative plan

After identifying which service lines and markets have the best opportunities for growth, the next step is to build a strategy to translate the opportunities into new business. Every visit should be tied to a specific goal, reducing time spent calling on providers without a clear objective.

Outreach teams are typically working against several priorities concurrently, so you will likely need to establish multiple initiatives for the same time period. Use the example below as a guide for establishing the right workload for outreach staff at your organization.

Plan for multiple, quality visits

- Liaisons will need to meet with the physician and practice staff several times during the course of the initiative.

- Visits should be scheduled and meaningful, not just drop-ins.

Don't confuse your message

- Referring providers are often splitting across multiple services, so be careful not to target the same provider for multiple initiatives at once.

- You may need to start with general relationship building before targeting growth of a specific service line.

Sample annual initiative plan

The chart below provides a monthly visit plan for one liaison's initiatives. This plan takes into consideration that the liaison should visit all physicians in the first month of the initiative (with the exception of introducing a new physician to referrers) and that some types of initiatives will need more touch points than others.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total providers*
Initiatives	Cardiac referrals north	20	20	10	10	10	10							20
	Cardiac referrals south	45	15	20	10	10	10	10						40
	Employed PCPs		10	5	5	10								10
	Sports medicine program		30	20	15	20	0	15	10	25	8	8	8	30
	Imaging growth tier 1			20	20	0	0	10	5	5	5	5	10	20
	New surgeon market intros							5	5	5	5	5	5	0
	Imaging growth tier 2					30	15	15	15	15	15	15	15	30
	Gyn surgical referrals						45	22	22	22	22	22	22	45
Goal: # strategic visits		65	75	75	60	80	80	77	57	72	55	55	60	

*Providers may be included in multiple initiatives throughout the year.

Setting expectations

Each market is unique and there is no single answer for how many visits it takes to see a result, or how frequently you should visit a provider office, but the chart below will help you establish a starting point based on the type of initiative you are pursuing.

Take a look into time to yield results for a typical outreach program.

Research shows that the **inflection point** for physician outreach typically falls between **visit 4 and visit 6**. Use the guidelines below to begin creating your initiative plan based on situation and strategic approach.

Desired result	Strategic approach	Expected timeline	Visit frequency
Shift additional loyalist volumes	Convert a competitor-loyal physician	3 months	3–4 weeks
Shift outpatient and/or ambulatory volumes	Build awareness of available services	4–6 months	4–6 months
Convert a product splitter	Build awareness of available services	4–6 months	4–6 months
Convert a true splitter	Address key concerns and barriers	6–9 months	4–6 months
Convert a competitor-loyal physician	Sell on organizational vision	9–12 months	4–6 months

How many physicians can you expect your liaison to visit?

Experts suggest that each liaison should have **14 to 16 scheduled visits** with **physicians** per week. In addition, some organizations develop separate activity goals, expecting 20 to 25 additional conversations with other stakeholders who impact referrals, such as the office manager, biller and nurses. Taking into account visit frequency from the chart above, use the calculation below to determine how many physician visits per month you can expect each liaison to conduct.
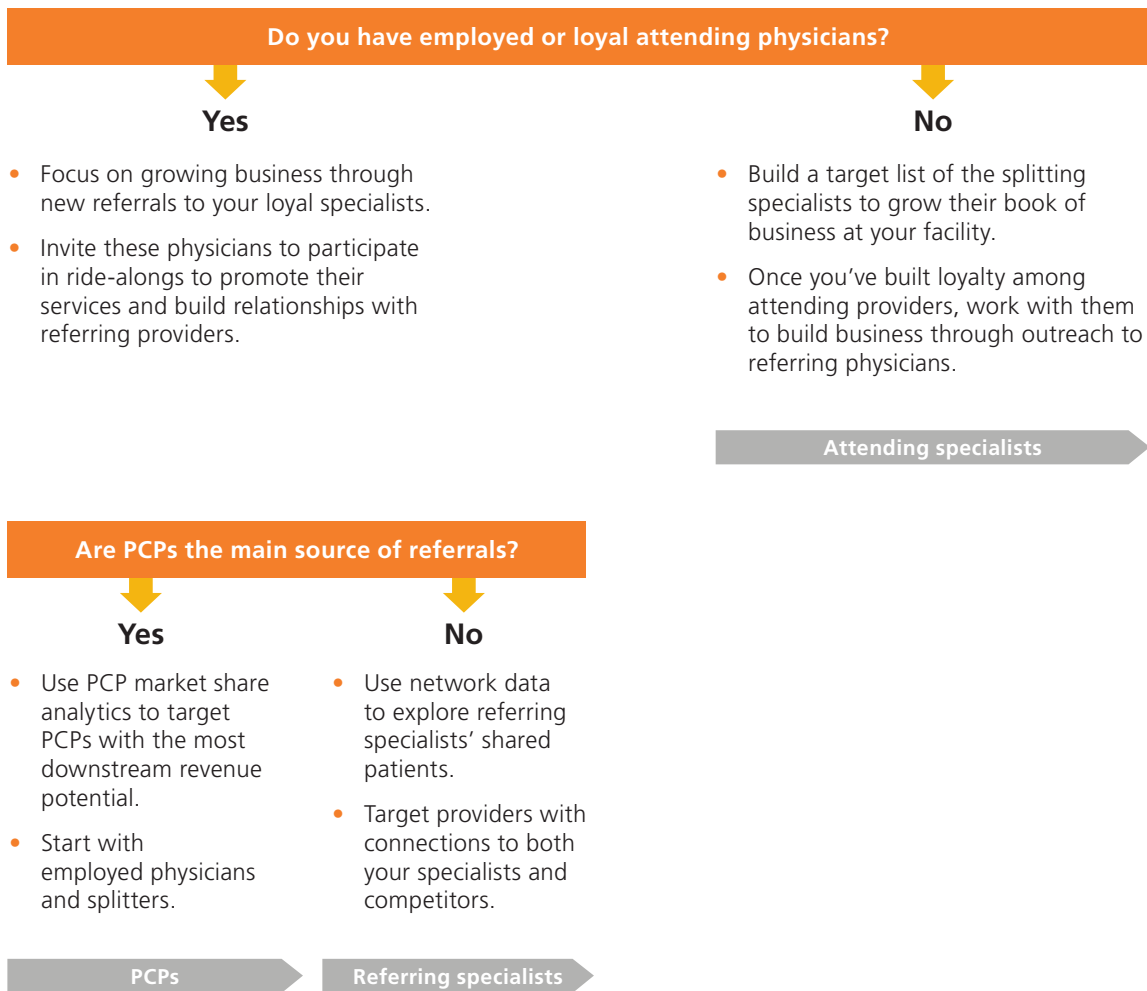
Monthly liaison capacity calculation		
Visits per week devoted to growth	20	*Note: based on average of 12–20 visit capacity per liaison, per week*
Visits per week per physician for growth	0.25	*Note: based on one visit every four weeks for targeted relationship growth*
Goal: # of strategic visits, per month	80	

Building targeted lists for physician outreach

Once you have determined an initiative plan, you need to generate strategic target lists for each initiative. Liaison teams may be used to call on the same providers for all campaigns, but our physician data allows you to segment physicians in the market based on their business patterns to create a targeted list for outreach.

Use the questions below to guide your team's efforts, then dive into the data in Optum Market Reports, where you can easily create lists of physicians based on your criteria.

Define what you want to accomplish and identify your market challenge.

Do you have employed or loyal attending physicians?

Yes

- Focus on growing business through new referrals to your loyal specialists.
- Invite these physicians to participate in ride-alongs to promote their services and build relationships with referring providers.

No

- Build a target list of the splitting specialists to grow their book of business at your facility.
- Once you've built loyalty among attending providers, work with them to build business through outreach to referring physicians.

Attending specialists

Are PCPs the main source of referrals?

Yes

- Use PCP market share analytics to target PCPs with the most downstream revenue potential.
- Start with employed physicians and splitters.

No

- Use network data to explore referring specialists' shared patients.
- Target providers with connections to both your specialists and competitors.

PCPs   **Referring specialists**

Vetting your list

Market data is the best place to start building a list of physicians to shape your outreach strategy, but layering your intel about physicians in the market is a critical step to finalize the list. You may also need to trim the list down to ensure you are able to visit all of the providers and have meaningful visits.

Consider these three guidelines as you finalize your physician outreach list.

Guideline #1	Guideline #2	Guideline #3
Review and remove	**Prioritize**	**Keep it manageable**
Your data may include physician activity with a 3–4 month lag, so there may be physicians on the target list who have recently retired or moved from the market.	Once you have your list, you may need to reprioritize based on existing relationships.	Your final list should represent an initiative that you plan to track for several months, visiting the included physicians several times. If your list is too long to visit all of the physicians within the first month, break the list into multiple initiatives.

Tactics

- Send the list out to your team and ask them to cross off any providers who they know are not active.
- Do not cross off providers just because they have a reputation for not referring to your organization.

Tactics

- Create tiers of physicians based on revenue opportunity and current share your organization receives.

Tactics

- Use priority tiers to separate the providers into several initiatives.
- Review all concurrent initiatives to make sure liaisons will have time to visit each provider several times.

Section 4. Appendix

Data literacy

Building blocks of our market data

We provide many different types of data and analytics to help liaisons and individuals conducting outreach create physician target lists. Here are a few key principles about our data to keep in mind as you use our analytic tools.

Action-oriented

The primary pitfall customers encounter is not acting on the data. While it might look slightly different from what you expect, the data is actionable and provides significant insights into your market place. Our experts will work with you to create an agreement that your team can follow as a path to value, which will include regular opportunity assessments, as well as a plan to execute outreach or incorporate the insights into your planning efforts.

Comprehensive

Our market data draws from an extensive claims database that includes over 70 percent of medical claims in every market. The models are designed to fill in as many of the gaps as possible. Two known gaps in the network data are pediatrics and obstetrics, due to the complexity of these claims and the high incidence of redaction. While we make every effort to minimize (and isolate) gaps, they do not affect your ability to make sound, data-driven decisions about physician outreach.

Physician-centered

The Optum Market Advantage tool is ideally structured for physician-focused analytics, including the ability to determine when two physicians share patients, but does not include any patient-level data. The underlying claims do not include identifiable patient information due to PHI[1] and HIPAA[2] regulations, so we do not provide analyses based on patient origin, patient age and other patient demographics.

> With this foundation in mind, we'll outline details about our data sources on the next page, including what they are, where they come from and how to use them in your analyses.

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1. PHI is Protected Health Information.
2. HIPAA is Health Insurance Portability and Accountability Act.

Understanding our data sources

What types of data are included, where do they come from and how are they used?

Our analytic tools bring together multiple data sources to help hospital leaders develop competitive strategies and direct physician outreach. The data includes records from your own electronic health system, as well as data from other sources. We work with a third-party vendor, Health Market Science (HMS), to aggregate claims data, including facility and professional claims, to give you a full understanding of the market.

Three approaches to your market

	Attending activity Quantify the *value of procedures performed* at your facilities and competitor facilities.	**Physician networks** Understand *providers' relationships* and how patients flow through the market.	**PCP activity** Quantify the *downstream value of procedures* at your facilities and competitor facilities.
Metrics	Modeled revenue, volume, contribution margin and percent alignment	Number of shared patients and activity level	Modeled revenue and percent alignment
Example	Dr. Smith, general surgeon, performs 20% of her business at our hospital, 30% at Competitor A and 50% at Competitor B. She did $525K of Colorectal/Lower GI at Competitor A.	Dr. Smith shares 122 patients with Dr. Jones, employed PCP, and 52 patients with Dr. Lee, diagnostic radiologist.	Overall, Dr. Jones sends 82% of his downstream business to our facilities, but we only capture 43% of his downstream general surgery. About $350K general surgery business goes to competitor A.
Sources	**Non-customer data** • Hospital facility claims from hospitals and professional claims from ambulatory facilities (HMS) • Our National Benchmarks for expected reimbursement • National Roster (HMS) **Customer data** • Customer facility encounter files • Customer physician roster	**Network data** Hospital facility claims and professional claims (HMS)	**PCP** Our proprietary attribution model, which uses both attending activity data and network data to estimate PCP's referral revenue

About the data

1 **Update frequency:** The data is refreshed monthly with the network and market data experiencing a 3–4 month lag and the customer data a 2–3 month lag.

2 **Data time frames:** Market data is available in 12-month snapshots. We hold up to four years of customer data which can be analyzed by month.

More physician insights
Updated monthly

Roster data
• Metric: Physician name, practice, specialty, contact details, birthday date, medical school, employment status
• Source: State licensure boards, pharmacies (HMS), your roster

Payer mix data
• Metric: Count of unique patients by payer for each physician
• Source: Retail pharmacy claims (HMS)

Tools and analytics

Optum Market Advantage

Maximize the effectiveness of your physician network strategy.

Optum Market Advantage ensures data-driven planning and focused execution against prioritized growth initiatives, while enabling the ability to react nimbly to market disruptions and competitive activity.

We're committed to innovation and market leadership.

Notable existing features

- **Physician roster integration**
  More robust repository of physician information gained from syncing national roster with other sources of physician intel
- **Network connection trending**
  Track referral and activity trends for physicians month-over-month
- **Completely refreshed mobile experience**
  Seamless iOS and Android mobile application built on the Salesforce platform

- **Initiative manager**
  Enable outreach managers to target high-value providers, measure new revenue and trend referrals across key strategic initiatives
- **Event manager**
  Run your physician events smarter by empowering your liaisons to plan and run CME sessions, physician meet-ups and open houses with greater efficiency and impact
- **Smart roster technology**
  Ability to make real-time roster updates to ensure your physician outreach team is operating as effectively as possible

Comprehensive platform driving growth nationwide

AMC redirects tertiary and quaternary referrals

- Our data reveals newly acquired PCP practice sends business to competitor-loyal cardiology group.
- Fisher Medical Center* conducts outreach to educate cardiology group on tertiary and quaternary cardiac surgery program to increase surgery business.
- **Result: $3.5M** annual increase in referral revenue.

Succession planning recovers millions

- Employed oncologist with high revenue share plans to leave the market.
- Azure Hospital* conducts outreach to PCPs with strong connections to the oncologist by promoting other employed oncologists to keep referrals within the hospital.
- **Result: $2.65M** annualized oncology service line loss avoided.

760+ hospitals using Optum Market Advantage   **93%** of customers saw a 3:1 return on investment in 2019   **$152M** in incremental value captured for customers in 2019

*Pseudonym.

Want to see an Optum Market Advantage demo or access to the rest of this playbook?

Let us know.

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