

Tracking and Measuring Physician Relations



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Using Technology For Greater Success

By Allison McCarthy, MBA

Tracking and measuring the success of physician relations program has become vitally important to healthcare organizations. Competitive hospital markets, diminishing resources and growing focus on how marketing initiatives contribute to the bottom line make it imperative for physician relations programs to accurately quantify and communicate their worth to their institutions.

The value of a top-notch tracking system goes far beyond its ability to measure program success. The value behind these programs can be found in:

- Managing the day-to-day operations of a physician relations program
- identifying what's working in a program, and what's not
- bringing together critical physician data that may currently reside in different locations
- synthesizing large quantities of information, and distilling out intelligence that is key to furthering physician relations goals

This white paper will describe the background work organizations need to do before they begin looking for a system: assessing what they want the system to do; how the system will interact with other hospital information systems; and the level of support they will need from the vendor.

This paper will also broadly describe the types of physician tracking systems currently on the market and advise organizations on how to get the most out of these systems -- once they've made their purchasing decision.

Physician Tracking Systems: Where We've Been

It wasn't so long ago that tracking the progress of physician relations was done with old-fashioned pen and paper. Spotting trends, gleaning market intelligence and measuring success was an arduous process that required a lot of paper shuffling and superb organizational skills.

When technology finally entered the picture, it was usually in the form of fairly straightforward database management programs—sometimes built by the hospital's

information technology department. The sophistication of these solutions increased significantly once ACT and Goldmine appeared on the scene, although these customer relationship management (CRM) solutions still weren't built from the ground up for physician relations.

In the past couple of years, several vendors have begun offering CRM software created especially for the physician relations market. These new offerings include both web-based and installed solutions. The key advantage of these systems is that unlike their more generic counterparts, these were developed especially for the physician relations market, so they require less, if any, customization, saving a lot of upfront development cost and time. Undoubtedly, as these programs begin penetrating the marketplace and proving their value, the number of offerings will grow.

Creating the Framework

It may sound obvious, but before an organization begins the search for a tracking and measurement tool, it should have a good idea of what it wants to measure. In the broadest sense, these tools usually quantify two basic things: the retention and/or growth of referral volume and the performance of the physician relations staff.

A solid physician relations business plan— the roadmap that assesses the current referral business and projects the goals and objectives going forward – should provide the fundamental framework for what the system will track and measure. The other key component of this framework are staff performance measures that clearly articulate expectations and desired outcomes for each employee of the physician relations program.

The Value of Software Tracking and Measurement Tools

The value of software tracking and measurement tools begin with the ability to precisely capture a program's myriad activities as well as the results from these activities. Then a program should present this data in way that enables managers to determine what is working and what isn't.

Quantifying success, then communicating these achievements to key stakeholders is absolutely critical in today's hospitals, where different programs often compete fiercely for the same marketing dollars. Each one needs to make a compelling case for how it contributes to the hospital's strategic goals.

Improving Communication

Tracking and measurement tools help improve communication in countless ways. Because they manage real-time information in a very efficient manner, users are always up to date on how the program – and in particular the physician relationships -- are progressing. For example, if a particular physician is expressing some dissatisfaction with the hospital, the software system ensures that the right staff members know this immediately, so they can be proactive, not reactive.

On a more global level, these systems enable physician relations staff to more accurately take the pulse of the marketplace and lend insights – supported by data – into things like referral source preferences on service offerings and delivery prior to developing a new clinical program.

Having the ability to store and efficiently access market intelligence also enables sales staff to be more targeted in their efforts. They know exactly who they need to talk to and what they need to focus their conversations on. Furthermore, because these systems also improve communication among physician relations staff members, programs avoid the all too common situation of multiple sales people pursuing the same physician in an uncoordinated manner.

Finally, because physician relations tracking and measurement tools can efficiently consolidate multiple sources of physician data – for example information residing in clinical decision support or credentialing systems, significant efficiencies are gained and staff are able to view a more complete picture of the physicians with whom they work.

What These Systems Can Do

Before beginning the search for a physician relations tracking tool, organizations need to ask some basic questions which include: what information needs to be captured; what should the system do; how will staff access the system; and what types of reports should be routinely generated? By answering these questions, physician relations program managers will go into the vendor selection process with a clearer idea of what they're looking for and how the software tool will eventually fit into their day-to day operations.

Generally, there are certain features that every physician relations system should have, including:

- Ability to capture basic demographic data on physicians, including contact information, office staff information, location of offices, hospitals with which they're affiliated, etc.
- Ability to capture history of physician relationships, including everything from conversations with physicians to issue resolution to results of specific sales initiatives. The tool should also have a tickler system to help sales staff manage next steps.
- Program management capabilities. This is the part of the tool used by the sales manager to oversee the program, including prioritizing targets, monitoring sales staff activity and gauging progress. The management functionality also enables other hospital representatives who work with the target physician to view relevant activity.
- Email and calendaring. This functionality may be redundant for hospitals that already have such systems. But for some physician relations tracking and measurement software, users must utilize the system's calendaring functions in order to produce staff performance/productivity reports.
- Basic reporting capabilities such as history activity reports, staff activity reports, call back lists, issue resolution reports and others.

Combining the Tracking Tool with Other Customer Initiatives

There may be some instances when an organization may want to combine its physician relations tracking and measurement tool with information technology systems from other areas of the organization. In some cases, such unions can be extremely beneficial to an organization offering increased efficiencies and better leveraging of the functionality of each system.

Before embarking on such a project, organizations should ask themselves how much commonality exists between departments. For example, a physician relations-payer credentialing system or a physician relations-call center system are natural pairings because each area is simply another touch point in the physician relationship. Another critical question is whether staff would be able to function well with the same basic screens and data fields?

To a large extent, whether to tie the knot will depend on how much these groups are already working together and whether there is a senior manager already overseeing both areas who could be a strong advocate for a shared system.

The Software Options

There are currently three general categories of tracking and measurement tools on the market:

- off-the-shelf, generic customer relationship management (CRM) software
- installed software designed especially for physician relations
- web-based, vendor-hosted system

Which option is the best for a specific organization depends on many factors, including the size of the physician relations program, budget, the computer literacy level of staff, the organization's security concerns, etc.

The Off-The-Shelf Alternative

These generic off-the-shelf CRM systems can be ideal for a small program with a modest sized staff while also providing expansion potential in the future. They're straightforward to load on to a PC or network system and staff can begin using them very quickly. Users can customize the programs themselves quite easily – say by changing the names of fields and creating specific drop down menu options – with more advanced customization and training provided by a vendor with expertise in that software program. Many physician relations programs find they can work extremely well with these programs to keep track of basic physician relations activities and then grow the software's functionality as the program grows.

The Installed Solution

The advantage of installed physician relations software is that it comes ready-made for its market. The vendor comes on site to install the tool and can offer a good level of customization to better fit the distinctiveness of any particular program. While the software license costs are about the same as the off-the-shelf options, organizations will have to pay for consultative services to get staff up and running.

The Web-Based, Hosted Solution

Web-based, hosted software is ideal for users who aren't yet comfortable with technology, and need a good deal of support, which may not be available internally. The vendor builds the databases and there is no complicated software installation process, so implementation is fairly painless. System crashes, bugs and other inconveniences become the problem of the vendor, not the organization.

But the flipside of this convenience is the fact that the platform is more rigid: there is little room for customization since the vendor is licensing the same tool to various customers.

Also, some organizations may be uncomfortable sending proprietary – and perhaps sensitive – information outside of their organization's firewalls. Additionally a hosted solution is about twice as expensive as the other two options.

Good Data In, Good Data Out

As with any technology system, the data you put into the system, to a large degree, determines what you get out of it. Also, these systems provide the critical opportunity to bring together all of the fragments of physician data that may currently reside in different systems throughout the hospital.

To fully leverage the power of the disparate sources of physician information, an organization would ideally build interfaces with systems like credentialing and decision support, so that new physician data automatically populates the tracking and measurement tool. But for a number of reasons, including a lack of in-house IT support, building interfaces isn't always an immediate option. This can always be a longer term goal, so organizations should make sure that the tracking and measurement tool they choose can be integrated with other hospital systems as painlessly as possible.

If systems integration isn't in the short-term future, at the least, the physician relations program needs to regularly import relevant data from other information systems, rather than perform manual data entry or store the data on paper, outside the tracking and measurement tool.

Once the system is up and running, one person should be designated as the database administrator. To preserve data integrity, this person should be the only staff member, besides the program manager, who can make changes to drop down menus, etc. The database manager also should act as the central contact for in-house requests for customized physician information.

Licensure and System Access: Closely Contained or Broadly Distributed?

Who will have access to the system will be determined by how the system will be used across the organization. For example, if it will be used to manage issue resolution or customer service matters, then access may need to be broad, in order to include operations staff. Licensure distribution, system access and training should be planned collaboratively by those who will be using it the most, namely, physician relations, marketing, planning and leadership.

From a security perspective, a tracking and measurement system should be flexible enough to accommodate different levels of access. The physician relations team should have access to all aspects of the system.

Non-physician relations staff, however, should have at least “read only” access to most of the data elements, with the exception of the history section, which could contain sensitive material gleaned from conversations with physicians. But some of these staff members may need more than read-only access to particular areas of the system. For example, if the information system also manages credentialing, physician recruitment or referral verification data, then personnel working in these areas need the ability to enter and edit data in these sections. Systems can be programmed to set access parameters for each field of data.

Remote access for physician relations field staff is a must. Because sales representatives can spend between 50 to 80 percent of their time on the road meeting with physicians, they need the ability to work remotely and to regularly synchronize their information back to the network, so the system’s data is real-time.

Using the System to Measure Physician Relations Success: Best Practices

Once quality data is being fed into the system, what’s the best way to analyze it in order to measure the success of the physician relations program and its staff? If the program has

a solid business plan and staff performance measures in place, how progress is assessed has probably already been defined.

Depending on the culture of the organization, the metrics may be highly specific or more general. For example, growth may be measured by new referrals coming in from individual physicians or physician groups or more generally, say by general admission trends or market share changes. Organizations also need to determine whether growth will be measured by volume, revenue or contribution margin and whether to capture it by service line or strategic priority areas only.

Measuring staff performance can be trickier, because it's not always possible to show a causal relationship between specific actions and outcomes. But at the very least, a good software tool can easily track and measure staff activity against the expectations outlined in the performance measures.

A few other things to keep in mind when it comes to measurement:

- Be realistic about what you can't measure. For example, some facilities don't do a good job of tracking the original referral source, so it may not be possible to measure referral volume by physician or physician group.
- Evaluate the priorities of the organization to ensure that what you're proposing to measure provides perceived value for senior leadership.
- Decide which program or department gets credit for growth upfront, especially if staff members are being compensated partially through an incentive arrangement. This could be done by examining growth trends before and after the physician relations program was launched.
- Stay consistent. Once metrics are decided, resist the temptation to revise them, unless absolutely necessary. Constantly changing measurement criteria and methods leaves people uncertain of the program's impact.

Reporting What You Have Measured

Once an organization has determined what to measure and how to do it efficiently with the software tool, the next step is communicating that information to the physician relations program's different constituencies.

The best way to decide what information should be reported to whom is to simply ask each stakeholder what information he or she needs and the preferred format. The tracking and measurement tool should have the ability to create a variety of standardized reports, including:

- Qualitative survey information on important trends or issues, for example, results from a survey of a physician group about the reasons for its steep decline in referral volume.
- Sales staff performance report, including visits conducted, continuing medical education sessions arranged, hospital orientations provided, etc, measured against performance expectations.
- Referral volume, revenue and contribution margin trends, viewed in a variety of ways, for example, by physician group, specialty, etc.

Most organizations will want the ability to develop customized reports as well. The software tool should be able to create these non-standard reports but may require an additional investment in software and/or programming by the vendor.

Reports to senior leadership should be prepared using the same format each time, and distributed on the same day of the month. This consistency speaks to the focus and stability of the physician relations program.

Some Advice on Training

Physician relations tracking and measurement system vendors should be expected to provide three levels of training.

- Basic orientation to the system. Here, the vendor would demonstrate the system's fundamental functionality, including creating calendar appointments, logging issues, entering new data, running reports, etc.
- Specialized training on integrating the tool into the day-to-day world of physician relations. This would include things like showing users how to produce target physician lists for scheduling appointments; how to incorporate the physician relations business plan into the system and then manage tasks against the plans; and how to run customized reports.

- Technical training for “power users.” This would be additional training for a staff member who is designated as the system’s in-house expert. The power user would assist other users when questions or problems arise.

Vendors should also provide written documentation to serve as an ongoing reference tool and provide telephone support as questions and issues arise. Typically, it should take users from two or three months to feel comfortable with the system.

Conclusion

A physician relations tracking and measurement system can be a tremendous asset to any program. With a lot of good planning and a willingness to integrate the software tool into the day-to-day work of the sales team, organizations will reap the benefits for many years to come.

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