



SymphonyRM

CASE STUDY:

Precision Physician Outreach

Data from 10 Million+ Touchpoints & 20,000 Meetings Show
How Intermountain Healthcare Grew Referrals over 20%

10M+
Touchpoints

▶ **20,000**
Meetings

▶ **20%+**
Increased Referrals

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INTRODUCTION

The Problem with Physician Engagement Programs

Physician engagement programs have clear purpose: ensuring that physicians' needs are met in order to facilitate referrals and improve relationships. In-network referrals may mean better care for patients as data sharing within the network reduces duplicate tests and procedures. This improves the patient experience and drives more revenue to help fund the health system's mission. For patients involved in value-based contracts, keeping care within the network may be even more important!

As easy as the goal is to define, measuring it is not. The only clear metric is cost. Quantifying returns on salaries, benefits, and expenses involved in these efforts is complex and often faces leadership resistance. As a result, growing the program can be a hard slog!

Intermountain Healthcare's Data-Driven Approach

Intermountain Healthcare, a Utah-based, 23-hospital system known for healthcare innovation leadership, felt this pain and sought to streamline physician outreach. Robert Perkins, Intermountain Healthcare's Director of Outreach Services, led the charge to transform outreach into a data-driven operation.

This data-driven shift holds over 10 million referrals, 40 million claims, and 20,000 meetings on SymphonyRM's HealthOS platform. With AI insights on this data, Intermountain Healthcare shifts operational strategies to deliver greater value and quantify the results! This means seeing how physician outreach efforts such as meetings & messages drive physician referral growth.

From this approach, you'll learn several key takeaways you can potentially tie to your own physician outreach strategy:

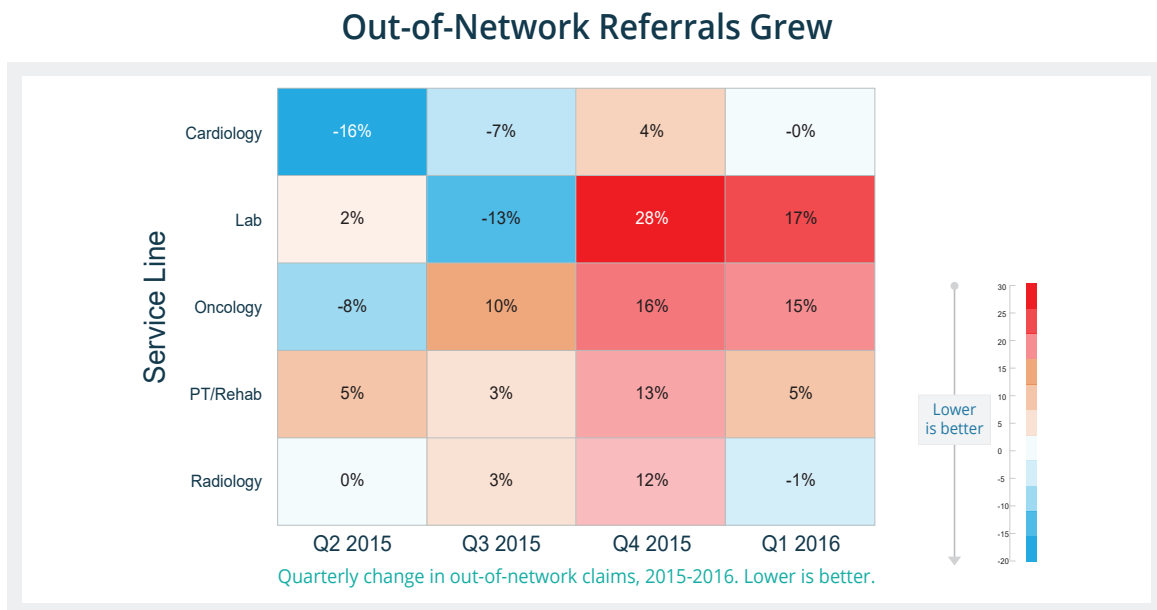
- ✓ How to drive adoption on a Healthcare Customer Relationship Management (CRM) and Provider Relationship Management (PRM) platform
- ✓ How to optimize outreach performance and activity by optimizing work teams
- ✓ Quantifying an outreach program's value in the language of executive leadership

CHAPTER 1

No Data = No Direction

The Challenge

In 2015, Intermountain Healthcare was spending over \$4 million/year on a massive engagement team. Systems available at the time couldn't tell them whether this program was actually drove appropriate referrals. Claims data shows referral flows and paths, and the volume of these flows going out-of-network painted a grim picture:



With such significant investment, why were physicians increasingly referring elsewhere? There are certainly operational processes (access, scheduling, specialty, etc.) that impact referral patterns. However, a major challenge was that the outreach team couldn't reach providers with the right, data-driven messaging in time. Why?



CRM/PRM was low value, poor adoption: Without expensive customizations, the CRM/PRM couldn't ingest healthcare data to drive healthcare-specific use cases. Without integrated access to healthcare data, the team saw little value in using it. They fractured from the system and tracked all engagement through spreadsheets. This dealt a painful blow to coordination efforts. Physicians even reported major frustration that they were receiving conflicting communications from multiple liaisons!



No data to drive purposeful conversations: The CRM/PRM couldn't ingest EMR, EDW, and claims data. Without this healthcare specific data, it couldn't suggest Next Best Actions or produce valuable healthcare metrics



Inability to respond to shifting needs: Without centralization, Intermountain Healthcare couldn't quickly direct the team where referrals were bleeding or shift strategy based on common complaints and issues. Without this guidance, liaisons lacked needed insight on which providers to engage and when

Doctors were frustrated with this process, and their confusion passed on to their patients. Patients were brought to tears as they struggled to adapt to shifting and conflicting messages.

CHAPTER 1

No Data = No Direction (cont.)

The Challenge

Robert Perkins and his team were fully aware that lack of coordination sullied the experience for physicians. There were many problems to admire, but how to actually solve the challenge?

They opted to search for a system that would provide the intel and insight to keep their liaisons engaged. Their priorities were to deliver the right message to the right providers at the right frequency:



Find Opportunities

The system would have to be able to parse voluminous healthcare and claims data in order to target physicians with the most need



Purposeful Conversations

Once need is identified, what are the Next Best Actions to engage with the provider? The system would have to answer this with insights easy to understand in the field



Change Management

The selected vendor would have to be capable to drive and manage organizational change rather than deploy technology and leave

At the time, no vendor could pull off all of those things. This meant there were 3 options: cobble together a set of solutions from different companies, partner with a consultant to build a solution, or work with a SaaS company and co-innovate on the platform.

The team at Intermountain Healthcare saw long-term viability in filling this hole in the market, so they partnered with SymphonyRM. Building the solution involved engagement at all levels, from top level strategy on reporting and market approach to conducting ride-alongs with the physician liaison teams.

The result: a purpose-built platform for physician engagement teams to meet the three goals above. Still, there's a question that's more important than whether a platform could meet the bullet points above. Would meeting these goals drive greater adoption, more in-network referrals, and a better provider & patient experience? We examine this in the following chapters.

CHAPTER 2

Driving Adoption with Next Best Actions

A feature-rich, powerful CRM/PRM platform means nothing if the team isn't using it. Robert's team at Intermountain Healthcare saw this first-hand with a platform in place that the team abandoned.

Readers who've led healthcare CRM/PRM initiatives know that attempting to force adoption causes resentment and burnout. The reason engagement teams don't adopt is that platforms force cumbersome data-entry tasks without returning valuable intel. To drive adoption, the team would have to flip this dynamic. The CRM/PRM needed to be an instrument to help team members exceed their engagement and growth goals.

A Next Best Action Approach

To avoid repeating past CRM/PRM failures, the new approach completely focused on helping liaisons reach their goals:



Find Opportunities:

Seek and suggest outreach opportunities based on referral flows



Offer Suggestions:

Use Next Best Actions to suggest purposeful conversations for physicians



Change Management:

Manage the shift to a data-driven organization

By combining EMR encounters, third party claims, and internal meeting data, SymphonyRM's platform crafted Next Best Actions. One example of this is the "Falling Stars Report," (below). This report tracked referral flows and guided team members towards who had the biggest drop in volume vs a moving average. De-Identified Falling Stars Report:

De-identified Falling Stars Report

Provider ID	Relationship to Intermountain	2 Week Avg Vs 14 Week Avg ^	2 Week Avg vs 14 Week Avg (%)
28578	Medical Group Employed or Contracted	-466.0	-58.6%
2943	Medical Group Employed or Contracted	-434.0	-65.1%
7404	Non-credentialed Provider	-237.0	-96.7%
30885	Independent Practitioner	-237.0	-45.3%
51015	Medical Group Employed or Contracted	-209.0	-82.3%
59812	Medical Group Employed or Contracted	-193.0	-79.1%
6342	Medical Group Employed or Contracted	-182.0	-51.3%
50306	Medical Group Employed or Contracted	-154.0	-40.1%
140	Independent Practitioner	-151.0	-39.1%
51904	Medical Group Employed or Contracted	-146.0	-91.8%
34794	Independent Practitioner	-135.0	-34.1%
54336	Medical Group Employed or Contracted	-124.0	-28.4%
8804	Medical Group Employed or Contracted	-122.0	-61.9%
31815	Medical Group Employed or Contracted	-119.0	-79.3%
54291	Medical Group Employed or Contracted	-117.0	-48.0%
6341	Medical Group Employed or Contracted	-107.0	-45.9%
55758	Medical Group Employed or Contracted	-84.0	-44.9%
53321	Medical Group Employed or Contracted	-82.0	-49.1%
35350	Medical Group Employed or Contracted	-79.0	-36.2%

CHAPTER 2

Driving Adoption with Next Best Actions (cont.)

The rollout quickly delivered insights for leaders wanting to see bleeding across the market and team members needing the best opportunities. The system also enabled friendly competition by establishing leader boards for Next Best Actions closed or “Falling Stars” converted.

The numerous reasons for reach-outs helped establish confidence and drive purposeful conversations with physicians. Removing the need to mine multiple data sources proved the value of the system to team members. Teams would ramp up within days of roll-out and never dip in adoption afterwards!

Liaison Teams Quickly Adopted the Platform and Stayed Consistent in Thier Usage



Teams were jumping on the platform and never looking back to their spreadsheets and one-off tools.

Was it all just for fun, or did the new process allow them to achieve results?

CHAPTER 3

More Meetings, More Practices

Even with CRM/PRM in place, outreach specialists can miss important conversations and opportunities in their regions.

Typically, there are more providers than a given liaison can meet in a given quarter. Given their limited capacity, there has to be a way to prioritize who gets the focus. What often happens is that without Next Best Actions, people make easy calls into already established relationships. *Living in the comfort zone inevitably excludes the portion of the market with the most needs and concerns.*

Lack of data-driven priorities leads to lowered confidence, lower meeting frequency, an unpredictable referral pipeline, and revenue misses.

A Data-Driven Approach on Who to Visit Next

To prevent these types of misses, physicians' specialties, strength of relationship, and referral volumes drove a Next Best Actions approach to prioritize outreach. These factors divided physicians into 30, 60, and 90-day tiers, each tier being the maximum permissible time between touchpoints.

With these priorities feeding Next Best Actions, the team could direct their outreach with more purpose and confidence. Recall the adoption graph in the previous chapter. Over that period, the team size remained about the same, so they grew meeting volume without additional hiring.

Total meetings by quarter increased significantly



CHAPTER 3

More Meetings, More Practices (cont.)

Driving more meetings is great, but did liaisons break free from the comfort zone and blanket the market appropriately? Volume is not enough; the meetings have to happen with the right physicians. The chart below shows how Next Best Actions helped the team to escape the comfort zone! From full implementation, they nearly doubled their coverage to unique offices.

Expanded Reach! Visits to UNIQUE Offices by Quarter Grew as Well



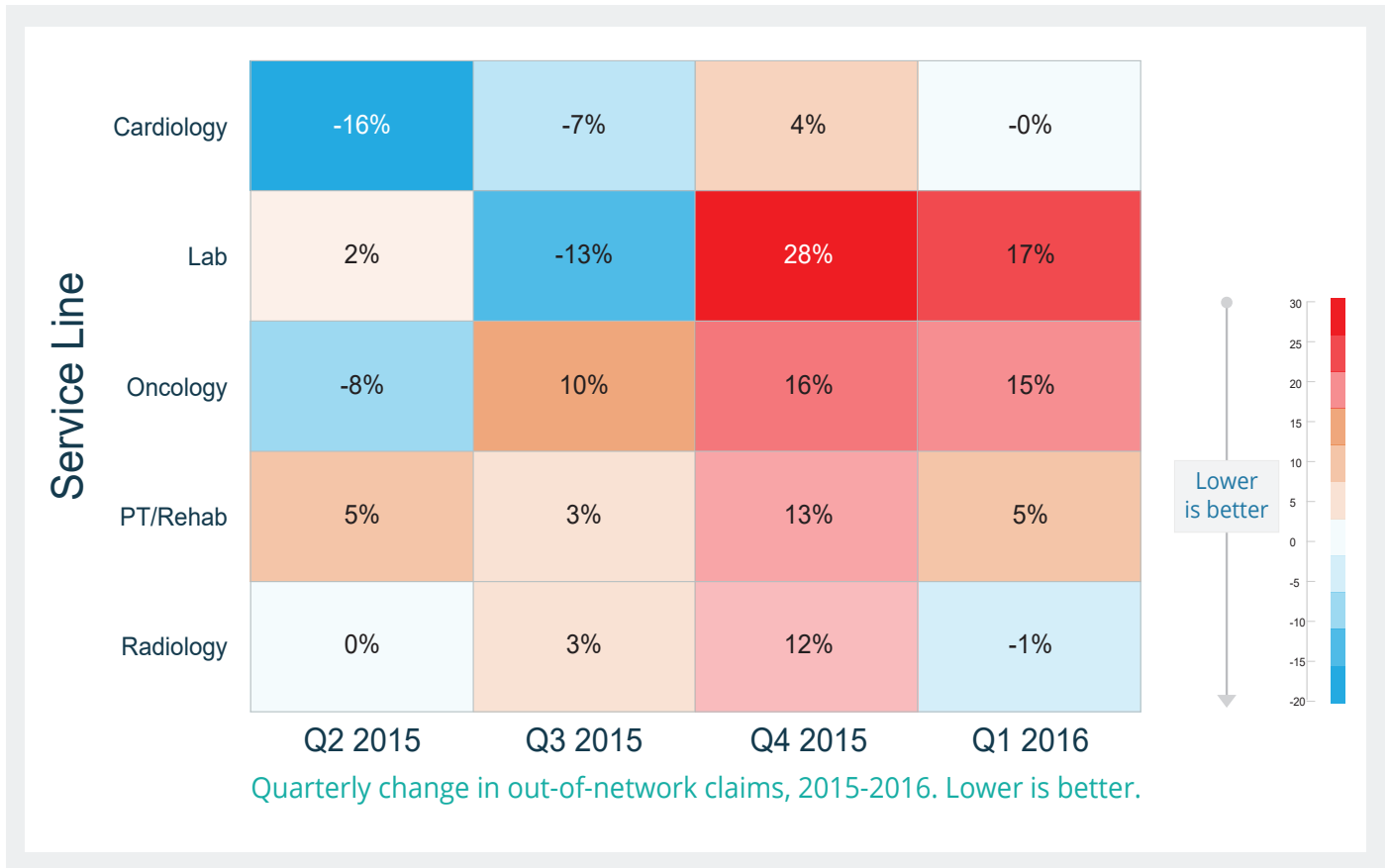
Expanded and more varied outreach are great leading indicators for success engaging a physician market. The next chapter explores the impact that these meetings had.

CHAPTER 4

Reversing the Leakage Trend!

Recall the scenario outlined in Chapter 1: No Data, No Direction

Out-of-Network Referrals Grew



At Intermountain Healthcare's most significant service lines, more and more referrals were going out of network!

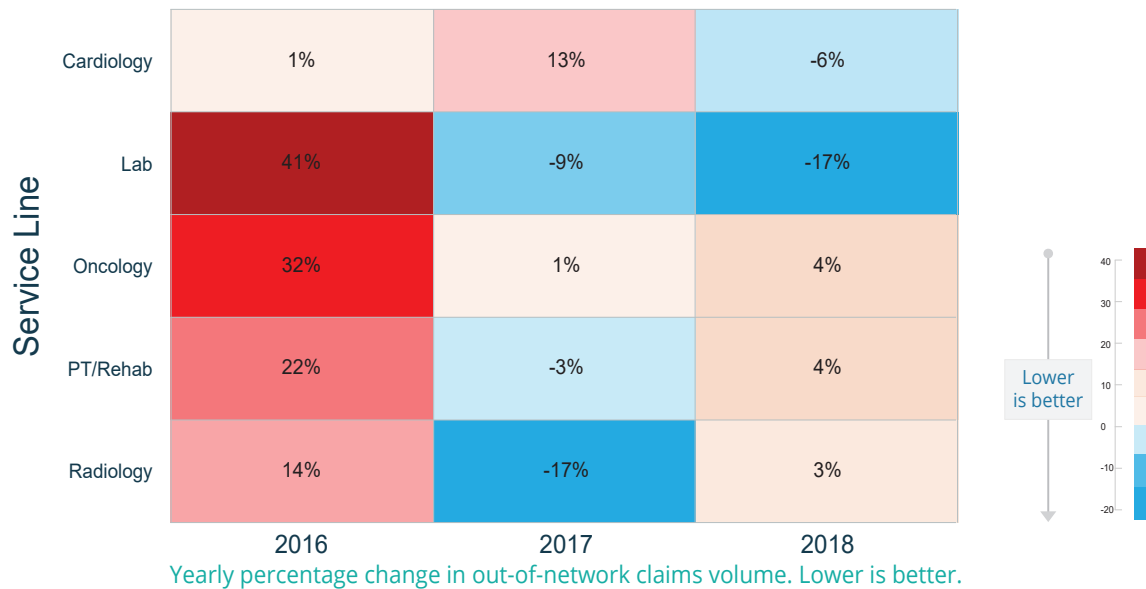
Doctors were frustrated with uncoordinated or unnecessary outreach. The team couldn't see or determine who were their most high priority contacts or why they should even engage.

With the shift to Next Best Actions and data-driven insights, ***these trends massively reversed***. Below, we can see **out-of-network referrals drop by as much as 17%** in key service lines.

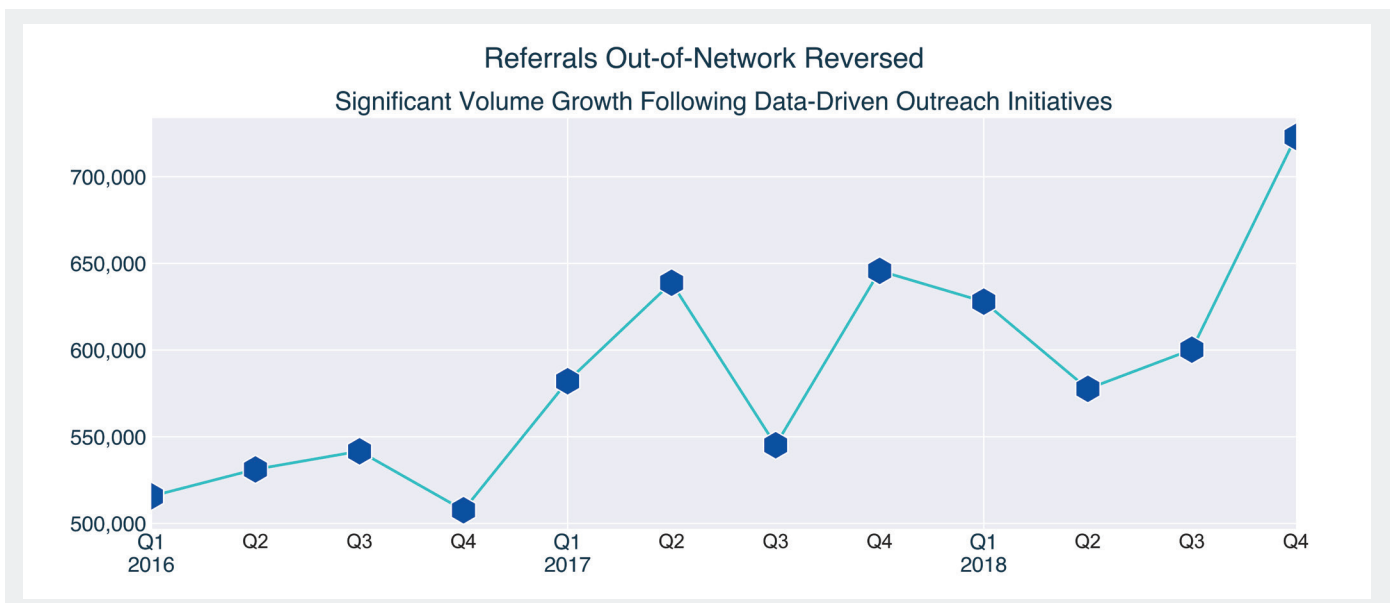
CHAPTER 4

Reversing the Leakage Trend! (cont.)

These efforts helped halt the referrals out-of-network trend!



Intermountain Healthcare was, and is, focused on creating a valuable experience for patients with in-network referrals. These improvements were especially welcome news. The transition was positive overall because the total number of referrals increased significantly as well. Below, we can see a more than 20% increase in referral volume without an increase in team size.



The next section looks at ways to estimate the impact of these efforts.

CHAPTER 5

Estimating the Impact

Why it Matters

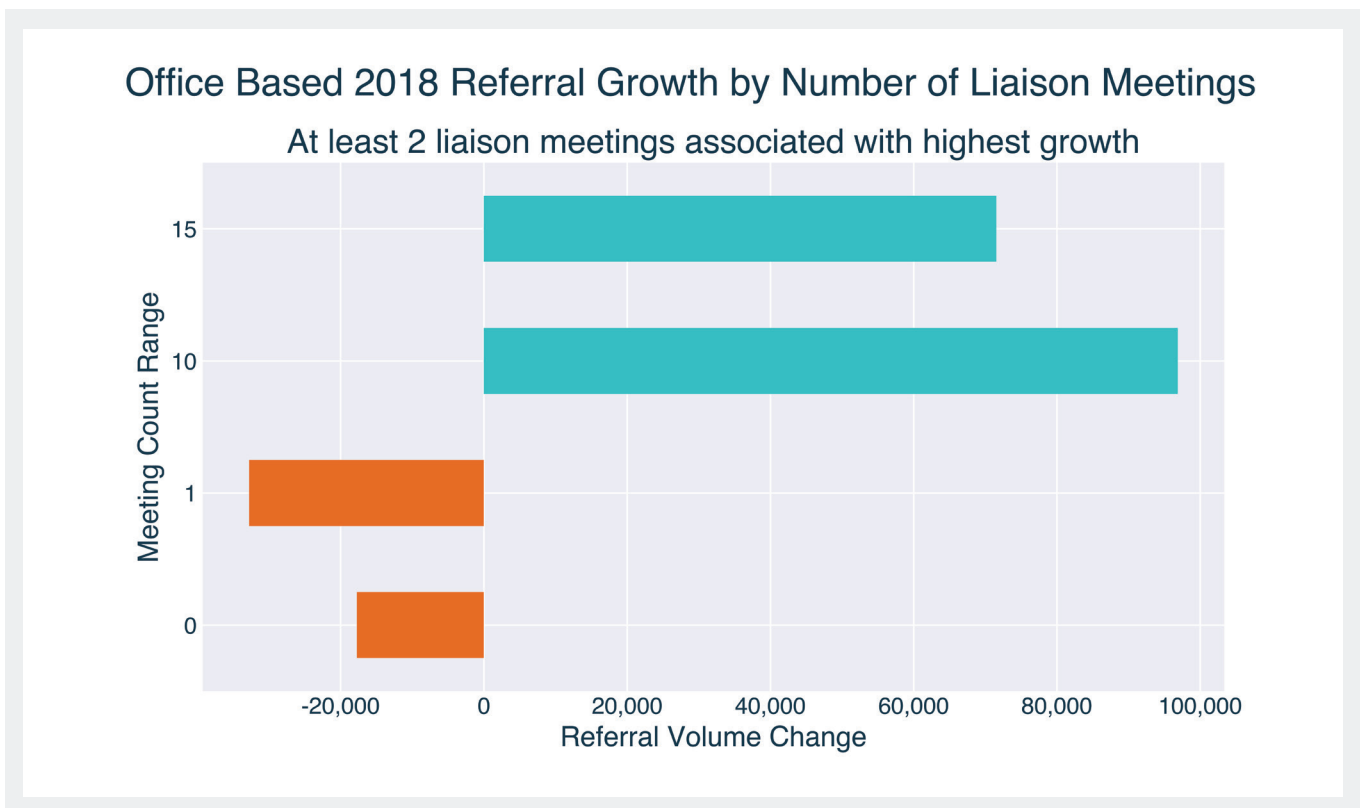
Engagement touch points are one of many other factors that could impact referral volume. For example, purchasing new facilities could have an impact, and even time of week or year impact growth. We're of course proud of our outreach efforts!

Executive leadership, however, will never 100% attribute referral growth to increased outreach. What's important becomes the question, "If our program hadn't conducted outreach, what would our in-network referrals be?"

When attempting to quantify the outreach program, it's important to understand the incremental value that meetings add. Being able to approach it from this perspective allows for better decision-making and better defense of requested budgetary expenses.

Simple Approach

To calculate each meeting's impact, there is some complex modeling involved, but *there are some simple approaches as well*. The Intermountain Healthcare example below looks at which physician offices grew and lost referral volume in 2018. What's clear: low outreach touchpoints were associated with referral losses while growth occurred at offices with higher engagement.



CHAPTER 5

Estimating the Impact (cont.)

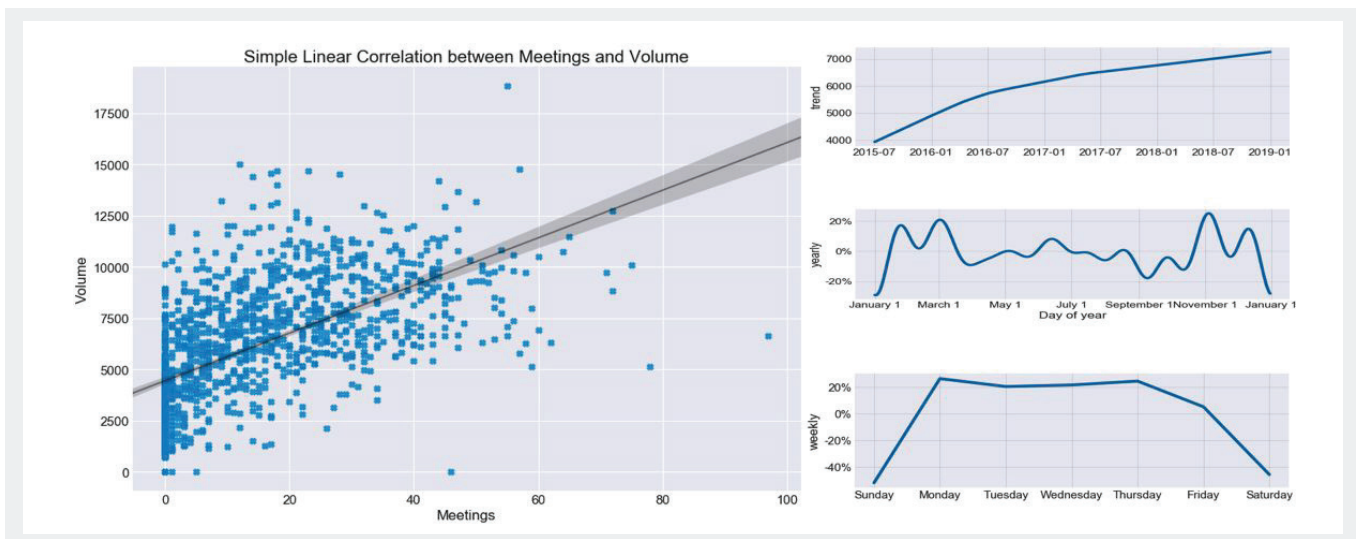
This can help support that meetings do have an impact, but it's not known or estimated what the impact is. Attribution is one of the biggest sources of conflict when valuing physician engagement programs. We discuss models designed to tease the question from before, "Would this growth have happened without outreach?"

Modeling Approach

Economists and social scientists rely heavily on being able to calculate how policy changes impact the world. What impact might a rate change have to a country's GDP? What impact might a social program have on college entry among the poor?

The models that they developed allow us to answer questions of our own, "What's the impact of a meeting on our referral volume?"

To understand meetings' impact at a glance, the scatter chart below shows how the number of meetings correlated with volume. We also see time-based trends and seasonality. Ultimately, we want to understand how these trends impact referral volume, and we want to make sure that we're only giving credit for referrals that otherwise would not have occurred without meetings.



The plot above shows that there's a chance that meetings impact volume, but executive leaders have three critical, valid questions:

- 1 How do we know we wouldn't have gotten those referrals anyway?
- 2 How do we know what impact meetings had versus other referral drivers?
- 3 How do we know we're giving credit where it's due? If a meeting happened in August, it shouldn't receive credit for referrals in July.

CHAPTER 5

Estimating the Impact (cont.)

SymphonyRM executed an approach that took those factors into account. By design it only rewarded meetings for referrals that happened afterwards and accounted for confounders such as seasonality, purchases, and expansions.

This allowed a leap from saying “Meetings have an impact” to “We estimate the impact of a meeting to be X referrals and Y in charges revenue.”

In Intermountain Healthcare's case, this was roughly **45 referrals at approx. \$4,200 in value**. Low end was 24 referrals & \$1,300, high end was 65 referrals and \$7,492. We were then able to estimate the total revenue impact of the program and use these numbers to inform forecasts and predictions.

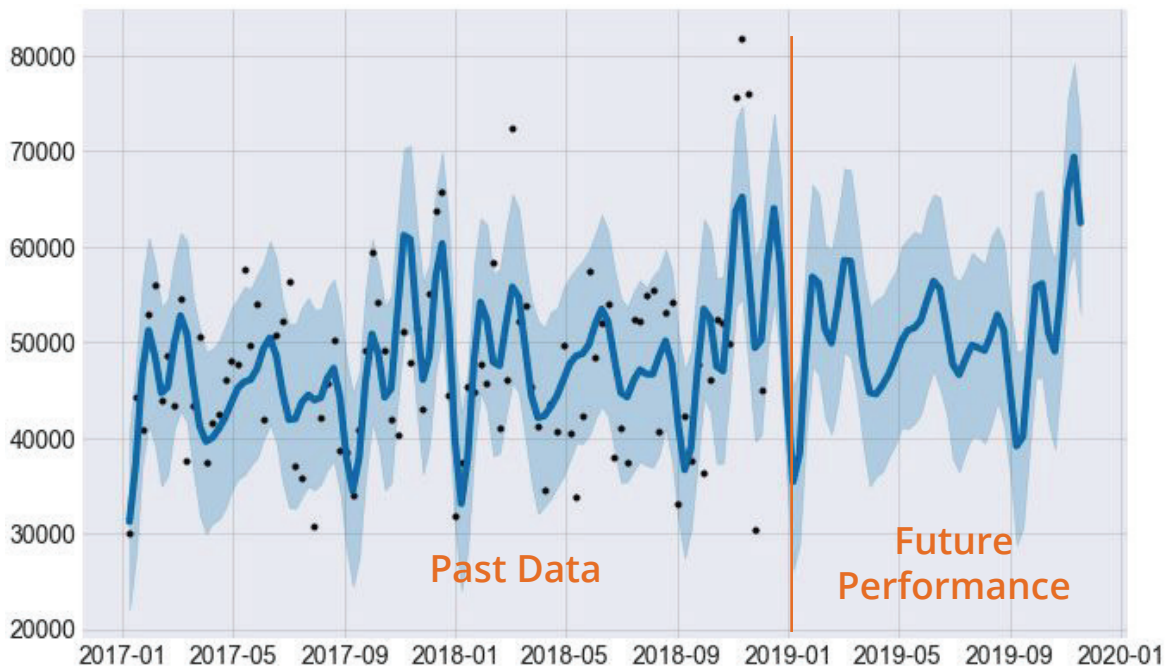
Not all meetings are created equal. The number above is an association based on improved strategy and systematic, data-driven outreach. With these numbers available based on their own data, predicting referral growth became less of a challenge. This also enabled leadership-level communications & commitments for needed program growth.

More benefits of a predictable revenue model:

Recommended amounts of meeting activity in order to meet financial or team goals

Smoother forecasting and planning process based on time series data

Expected revenue predictions from team expansions



CHAPTER 6

Conclusion

“Data Science doesn’t just predict the future.
It causes the future.”

- Cathy O’Neil

We’ve explored how Intermountain Healthcare used a combination of savvy policy moves and a healthcare specific platform to shift from bleeding referrals to driving more loyalty and in-network care. This was made possible through ingesting millions of data points across claims, EMR, and other systems to provide field, team, & strategy level insights.

The previous paradigm involved purchasing generic, industry agnostic CRM and customizing it to help with healthcare use cases. If teams would adopt, this is better than spreadsheets, but customizations are expensive, lengthy, and vulnerable to changes in the core solution.

If you’re exploring data-driven approaches to physician outreach, it’s important to keep these things in mind:



Focus on what insights best help your team to meet their objectives



Seek out purpose-built platforms proven to ingest the data and deliver those insights



Understand that it’s not just technology – changing behaviors is key!

But what about my data? If you have questions about the case study or uncovering Next Best Actions at your health system, let’s connect!

HOW TO GET IN TOUCH



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