

Identify & Reduce Your Hospitals Referral Leakage



Hackensack
Meridian *Health*

Agenda



- Intros to Anamika & Josh
- Common Types of Leakage
- Defining Each Leakage
- How to Identify Each Leakage
- Why Each Leakage Occurs
- Strategy Playbook for Each Leakage



Speakers



Anamika Roy Desai, MBA, FACHE

Network Director, Growth & Development

Hackensack Meridian Health



Josh Cameron, MBA

Executive Vice President

Marketware, a Division of Medsphere



Hackensack Meridian Overview

The Most Comprehensive & Truly Integrated Health Care Network in NJ



Hackensack
Meridian *Health*



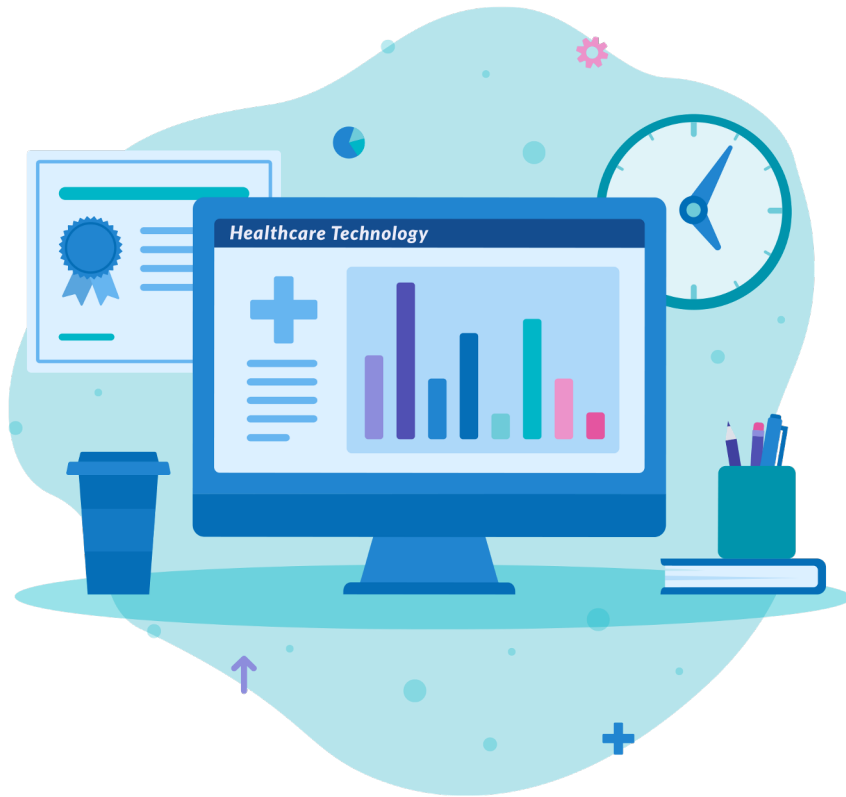
Hackensack Meridian Health is a leading not-for-profit healthcare org that is the largest, most comprehensive, and truly integrated healthcare network in New Jersey.

- 17 total hospitals including academic medical centers, children's hospitals, community hospitals, rehabilitation hospitals & a behavior health hospital
- 500 patient care locations throughout New Jersey
- 36,000 employees & over 7,000 physicians



Marketware Overview

Physician Relationship Management, Recruiting, Onboarding & Analytics Technology



Physician Relationship
Management

Physician Onboarding

Healthcare Analytics

Physician Recruitment



Common Types of Leakage

Patients Starting In-Network Going Out-of-Network



Common Types of Leakage

Each Organization has Different Leakage Challenges



Leakage is commonly defined as patients starting in your network but then leaving your network. However, it can occur in multiple ways.

Here are some of the most common:

1. Procedure — Leakage by Your Provider
2. Referral — Leakage by Your Providers
3. Patient Choice — Leakage by Your Patients



1. Procedure Leakage

by Your Providers

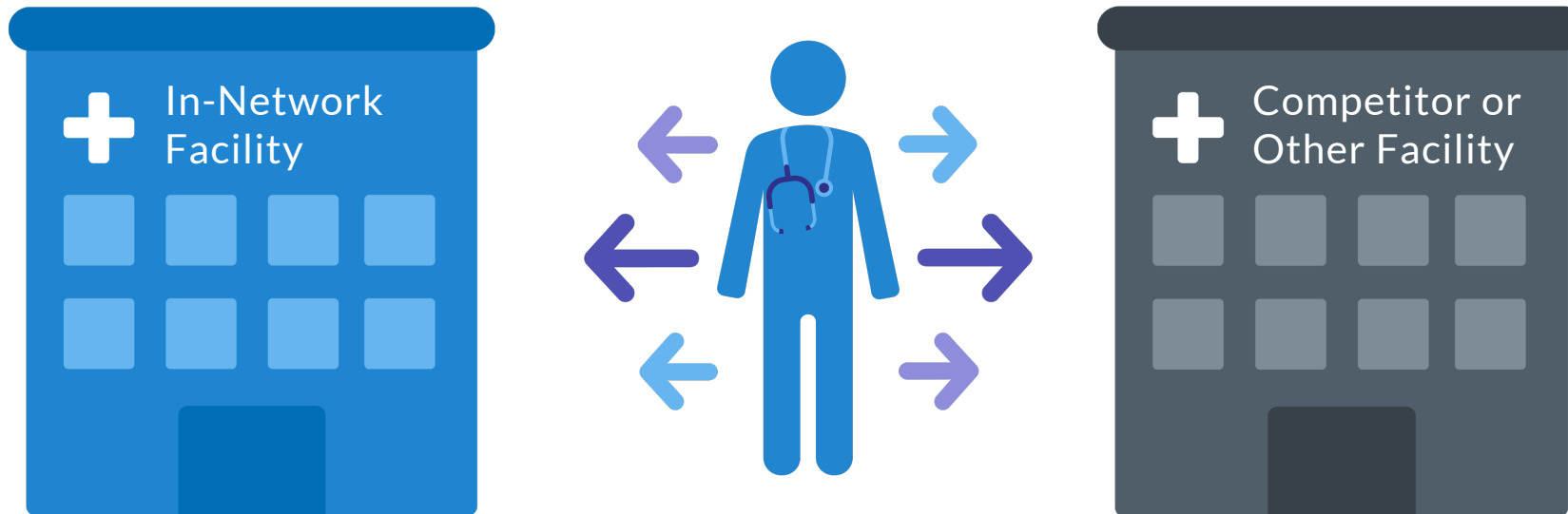
Providers Taking Patients From Your Network to Perform Procedures Elsewhere



Procedure
Leakage

Define Procedure Leakage

Providers Taking Patients from Your Network to Perform Procedures Elsewhere



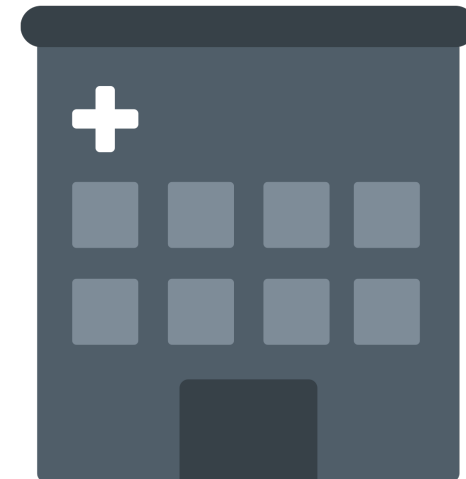
Procedure Leakage

Why Procedure Leakage Occurs

Providers Taking Patients from Your Network to Perform Procedures Elsewhere

Why Does this Leakage Type Occur?

1. The provider is paid more to do procedures at the other facility
2. The other facility has more access in terms of scheduling
3. The provider prefers the surgical staff at the other facility
4. The provider prefers the equipment/technology at the other facility
5. The patient/provider lives closer to the other facility



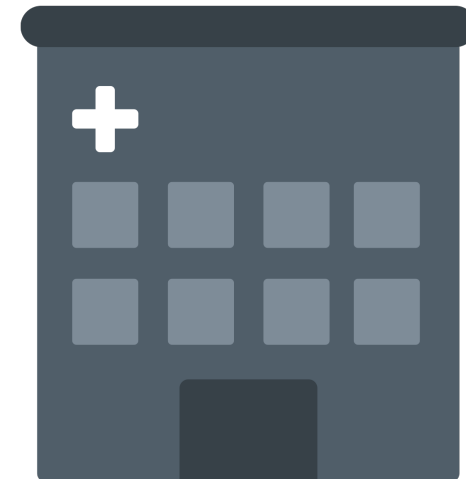
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Procedure Leakage

How to Identify Procedure Leakage

Providers Taking Patients from Your Network to Perform Procedures Elsewhere

Case Study

Dr. Elmo has been a long-time supporter of Sesame Street Hospital. He is an interventional cardiologist (*leased by my health system*) who performs procedures at 3 main hospitals, 2 of which are in our health system, one of which is a competitor. He is considered one of the busiest interventionalists in our market.

The 2 hospitals in my health system are considered more community-based hospitals; the competitor is a large multi-disciplinary academic health system, in the same county as the 2 hospitals in my health system.

While this interventionalist does about 60-70% of his procedures at our hospitals, he still consistently takes up to 40% of this business (*high volume*) to the academic health center. Our team was tasked to earn back a piece of that 40%.



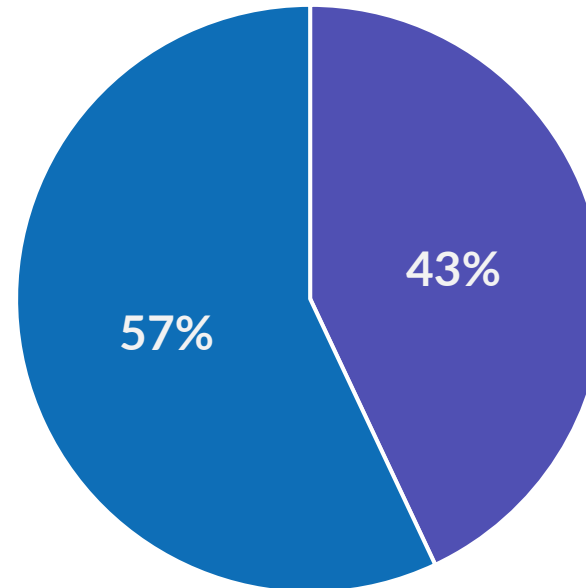
Procedure
Leakage

Results: Procedure Level

(Claims Data) Rolling 12 Month

Procedures

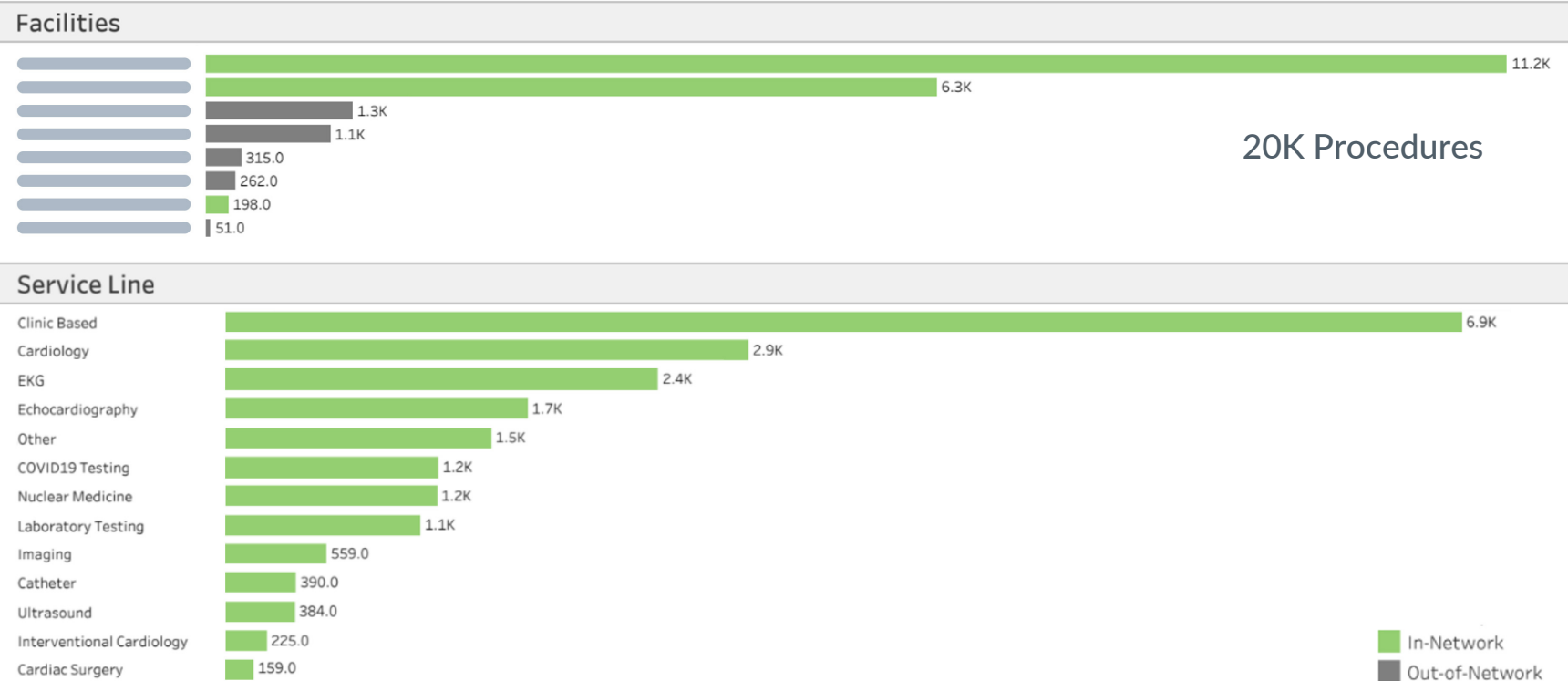
- Competition
- HMH



Procedure Leakage

Results: Procedure Level

(Claims Data) Rolling 12 Month



Procedure Leakage

Strategy for Procedure Leakage

Providers Taking Patients from Your Network to Perform Procedures Elsewhere

1. **Get direct feedback from the physician from a team member that the provider trusts**
Why the large academic site?
2. **Communicate the feedback to all stakeholders:** This provider took patients to the large academic site because our 2 community hospitals did not have the technology, clinical competency, or services that were needed for his patients. He also mentioned that insurance played a big factor as did the acuity of the case.
3. **Create an action plan & work it**
 - Technology — our cath labs were outdated. Significant capital investment was needed.
 - Leverage the academic hospitals in our system! A multi-disciplinary team of specialists from our academic centers came to evaluate patients. The need to go out-of-network was removed.
 - Insurance — our health system still needs improvement on having consistent insurance coverage in our own medical group.`



2. Referral Leakage

by Your Providers

In-Network Providers Referring Patients to Out-of-Network Providers



Referral
Leakage

Defining Referral Leakage

In-Network Providers Referring Patients to Out-of-Network Providers



Patient sees
In-Network Provider



Provider refers the
Patient Out-of-Network



Referral Leakage

Referral Leakage by Your Provider

In-Network Providers Referring Patients to Out-of-Network Providers

Why Does this Leakage Type Occur?

1. Believes a different provider give a higher level of care to their patients
2. The other provider is in the same office building or closer to your providers
3. The other provider is taking an insurance plan that your organization does not
4. The provider's office staff &/or ACPs is managing the referral process
5. That providers patients prefer to go to a different provider due prior relationship

Referral

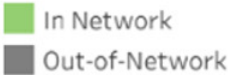


Referral
Leakage

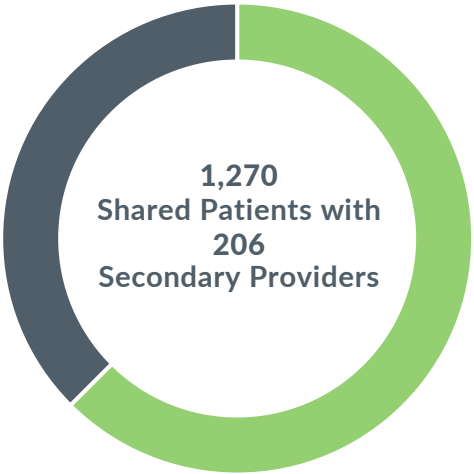
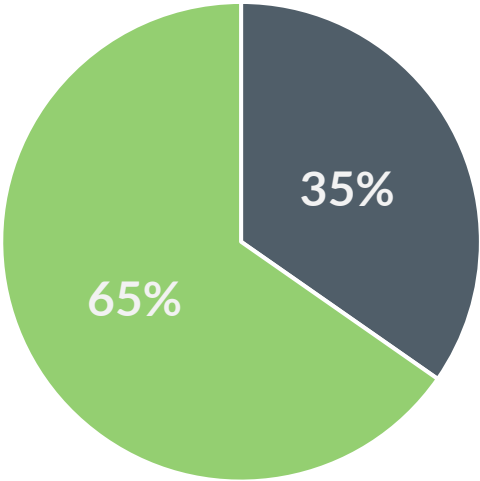
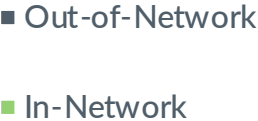
Results: Provider to Provider

(Claims Data) Rolling 12 Month

Top Initial Providers				
Provider Name	Initial Network Status	Specialty Subspecialty	Primary Affiliation	Shared Patients
	In Network	Cardiology - Intervention..		832
	In Network	Cardiology - Cardiovascul..		113
	In Network	Cardiology - Intervention..		325



Group In-Network
Utilization



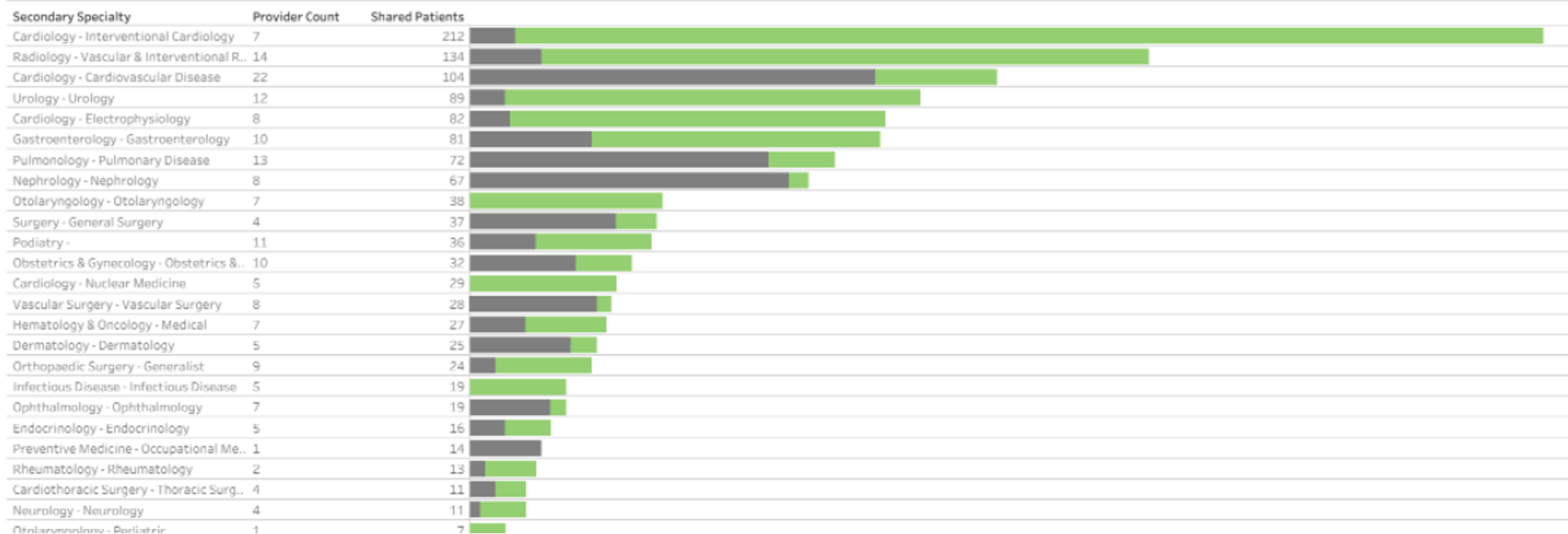
Referral Leakage

Results: Provider to Provider

(Claims Data) Rolling 12 Month

Capture by Specialty

Shared Patients treated by a Secondary Provider Specialty



Referral Leakage

Playbook Strategy for Referral Leakage

In-Network Providers Referring Patients to Out-of-Network Providers

Pro-Active/Early Interventions

1. Onboarding plan; new physician playbook
2. Outreach plan
3. Regular touch points with medical group, hospital administrators, providers & the staff — set expectations early
4. EMR systems — make sure we have the proper systems in place to make the necessary referral change behaviors needed
5. Send patients to new provider — earn trust
6. Referral tools, education, geographic analysis/medical neighborhoods

Reactionary

1. Look at the data — who are the referrals going to & why?
2. What can be done beyond the initial introduction. How are we communicating back to the referring provider?
3. Gap analysis — 40% of the work we earned — new accretive business to our health system. What worked there?
4. Easy button



Leakage Playbook



3. Patient Choice Leakage

by Your Patients

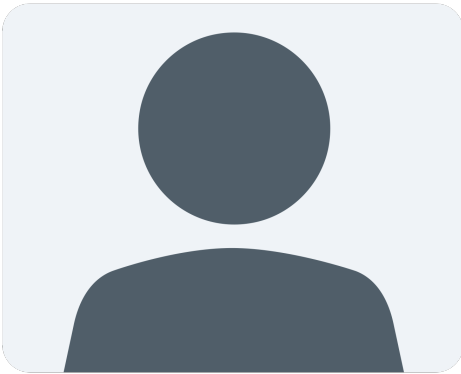
Patient Chooses to Leave Your Network After Seeing Your Provider



Patient
Choice
Leakage

Defining Patient Choice Leakage

Patient Chooses to Leave Your Network After Seeing Your Provider



Patient sees
In-Network Provider



Patient chooses to go
Patient Out-of-Network



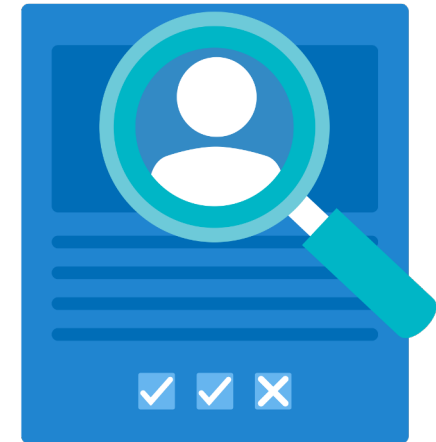
Patient
Choice
Leakage

Patient Choice Leakage by Your Patient

Patient Chooses to Leave Your Network After Seeing Your Provider

Why Does this Leakage Type Occur?

1. The patient had a prior relationship with an out-of-network provider
2. The other provider has facilities closer to the patient geographically
3. Other provider has more financial flexibility or accepts insurance you do not
4. Your providers or facilities have negative reviews/reputation
5. Effective marketing efforts by your competitors



Patient
Choice
Leakage

How to Identify Patient Choice Leakage

Patient Chooses to Leave Your Network After Seeing Your Provider

Case Study

Our health system competes with the NYC market as well as the Philadelphia markets. We have some of the nations top hospitals within drivable distance. These competitors have compelling marketing campaigns and long standing (*positive*) reputations that typically centers around “this is the place to go when you have “x” diagnosis.

When a diagnosis is found, the immediate human nature reaction is — who/where can I go to for the best care?



Patient
Choice
Leakage

Playbook Strategy for Patient Leakage

Patient Chooses to Leave Your Network After Seeing Your Provider

Pro-Active/Early Interventions

1. Access
 - Timely appointment
 - Convenient location
 - Easy referral process
2. Recruitment strategy — who are we hiring
3. Communication strategy (*referring physicians*)
4. Personal touch
5. Gorilla marketing to grassroots marketing

Reactionary

1. Second opinion
2. Earn referrals back: messaging
3. Team member assessment
4. If we are not market ready — adjust expectations, regroup, plan & execute



Playbooks for Keepage

Proactive Strategies for Keepage Over Reactive Leakage



Network Status Strategies

Proactive

1. Tracking referrals
2. Referral coordinators
3. Referral tools
4. New physician/new services communication strategies
5. Hybrid outreach teams — effective keepage strategies
6. Telehealth
7. Accountability conversations
8. Recruitment strategy
9. Provider communications with influential leaders
10. Stay on top of issues — communicate

Data Analysis

1. Top 10 new referring physicians
2. Top 10 declining referring physicians
3. Referrals by geography analysis
4. Gap analysis
5. Who did we used to get business from — what happened?
6. New physicians in the market — how often do we refresh our list?
7. Target lists — retention & growth targets
8. Tiered outreach lists — loyal/employed to splitters
9. Don't assume competitor employed physicians are off limits



Questions?



Thank You

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