

# The ‘Five Ws’ of physician engagement: What you need to know



“Keeping physician referrals ‘in-house’ can improve continuity.”

Dann R. Lemerand  
Director, Healthcare  
Industry and  
Solution Strategy  
Infor

The difference between the total volume of business a physician or practice conducts and the percentage of business the physician/practice conducts specifically with *your* organization is termed “physician leakage.” That difference – big or small – impacts everything from patient outcomes to the hospital’s bottom line.

As healthcare moves toward outcome-based payments, a provider’s corps of effective, engaged physicians becomes key to revenue growth. Keeping physician referrals “in-house” can improve continuity of care and positively impact patient outcomes. Additionally, in an increasingly competitive market, physician referrals can mean the difference between whether a provider dominates a particular market or settles in last place.

Because the stakes are high, intuition is no longer adequate to inform a provider’s physician engagement strategy. Comprehensive claims data, combined with a business intelligence and analytics platform, can help a provider craft a physician engagement strategy that will enhance physician loyalty, increase referral volume and improve the bottom line. Below are the “Five Ws” providers must know about physician leakage in order to develop and deliver an effective physician engagement strategy.



## 1 Who is sending patients your way?

Most providers know the volume of business each affiliated physician conducts within the organization. But few providers have the claims access or analytic capacity to know whether a particular physician is doing 10 percent or 100 percent of his or her total business with the organization. This percentage – a.k.a. *physician loyalty* – is critical for informing a provider’s physician engagement strategy.

Physicians at both ends of the loyalty spectrum need attention from physician liaison staff, but the type of attention they need depends upon their current “loyalty” profile. “You may have a physician who does \$2 million worth of business a year, but who does all of his \$2 million in services within your organization,” said Dann R. Lemerand, director, Healthcare Industry and Solution Strategy, Infor. “That \$2 million may be less than one percent of the hospital’s overall business, but not recognizing that physician’s loyalty can cause tension between the hospital and the physician and cause leakage.”

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## **What service lines and sub-service lines are growing?**

In order to develop an effective physician engagement strategy, providers need a big-picture view of the claims activity in their service area. That means understanding which providers and practices are sending business their way and which are not. But it also means understanding which service lines and sub-service lines represent the greatest volume of claims in the market and which are poised for growth. What service lines dominate your market? Orthopedics? Cardiology? Oncology? Access to this type of business intelligence helps providers deploy physician engagement initiatives strategically, in the areas most likely to impact future revenue.



## **When was the claims data generated?**

The timeliness of the claims data you are examining is important. Analyzing claims data from three years ago tells you what was happening with respect to physician leakage – three years ago. For your business intelligence to be actionable, it has to describe what is happening now. Providers looking for healthcare solutions partners who can provide business intelligence about physician leakage should make sure to work with partners who can access timely data. Timeliness is relevant to claims data from the broader market, as well as internal claims data from the provider.



## **Where are the geographic hot spots?**

Comprehensive business intelligence about physician leakage also provides information about where leakage is occurring, providing information about claims data by zip code and site of service.



## **Why is leakage occurring?**

Finally, for business intelligence about physician leakage to be meaningful, providers need to be able to track the issues that are causing physicians to disengage from the organization. “Once you have the business intelligence, you can have your physician liaison talk to them about what you need to do to earn more of their business. For example, you might say, ‘Look, Dr. K, what do we need to do to get you to increase your referrals to our hospital? Is it the surgical suites? Is it our surgical staff? Is it the lack of schedule availability?’” said Lemerand. “This helps you engage *them* in determining ways to earn more of their business—and increase your revenue.” It is essential that providers have the ability to track and escalate issues in order to get them resolved. Lemerand pointed out, “All the business intelligence in the world won’t help you if you don’t have actionable strategies to address that leakage once you find it.”



### **About Infor**

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