The HLS Playbook for AE's and SE's

Prepared by
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Group

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1. Physician Referral Management

At its most basic definition, Physician Referral Management defines the process by which patients are transitioned to the next step in their care. The next step can be a referral to a specialist, but it doesn't necessarily have to be to another physician. In many cases, the referral is to another service, for instance, a weight loss specialist, or drug addiction treatment. Referrals can also be made to a specific testing facility, a dialysis center or even a referral for a specific Medical Device.

Prospects who rely on referrals for new patients are keen to understand the effectiveness of their Referral Management Strategy. Often this is haphazard or non- existent. This is where we can help. We break out the Needs for Physician Referral Management into 4 main areas below.

Account Management Needs

Prospects who rely on PRM have Account Reps that are road warriors. An "Opportunity" is not really anything more than an agreement that a practice will do refer patients to the Prospect. The exact quantity and frequency of referrals is often undefined. What drives the referral volume is frequent visits, frequently updated content literature (Case Studies, research papers, etc) and Educational Events for Physicians.

Our Prospect's Account Reps will strive to be on site with their practices often, but are typically ham strung in how to intelligently choose which practices to visit, and how often.

Educational Events can be huge for PRM Prospects, and tracking the invitations, attendance AND RESULTING REFERRALS from an event can be huge.

Scheduling these events, though, take resources, time and money, and so the prospect needs solid data before deciding to commit. For most of our prospects, this comes from understanding the size and distribution of the referral network, the referral stream coming from the network (from EMR) and, the potential patient landscape in the distribution area.

In addition, our Prospect's Account Managers are typically responsible for new Lead Generation as well. With no data really about the Leads, it is important to be able to visualize leads close to Practices, so that visits can be managed.

How can we help?

- Using base Salesforce Views we can show data regarding last visit, referral volume (assuming we are integrating with their EMR), and practice network distribution.
- However, USING **Salesforce MAPS**, we can put this function on steroids! Maps would be a game changer for these reps.
- Mobile experience would be key – even though most of the Prospects wouldn't even think about it. We should be talking mobile from the first conversation – start with how reps communicate on site outcomes, understanding that most of the time the answer will be "they don't". (see below)
- Using base activity management and mobile experience, we can record trip outcomes, record next steps, and track basic expenses like mileage or meals.
- Finally, for Educational Events, base Campaigns can be key. Building, inviting, recording attendance and ultimately using EMR data to link referrals to campaigns can be key.

Data Analysis Needs

The key to this entire process is integration to the clients' EMR system. We will definitely need to integrate to their ERP. The good news is, that this is doable for almost any EMR built after 1995! For older or non- API'd systems, we would make the disclaimer that the integration might be complicated, but using various methods from SQL views to flat file integration, we can likely get the data out of their EMR. Right now, this data is in their EMR, but:

- Reporting is convoluted and locked down – after all, EMR systems are built to PROTECT data, not share it
- Reporting cannot be defined or manipulated by users – again, this is by design
- Signing in to ERP and finding reports is not convenient – since the vast majority of these systems are On Premise, the data is only accessible through a network based login.
- And it's not Mobile usually – for all of the reasons mentioned above, this data is typically not available in the field.

Having a staff of Account Reps to visit practices is hugely expensive. This analysis comparing drop ins, events, and other touch points to referrals is really the main ROI analysis our prospects need to do, and if they don't have a PRM system, they likely are doing it in spreadsheets occasionally (its lot of work to coordinate) or NOT AT ALL. These clients are usually flying blind.

It is hard to overstate how important this analysis is for these Prospects. They are spending huge sums (typically) attempting to build their Referral network, and then maintain those relationships in hopes of increasing the referral rate. Without understanding where those referrals are coming from (and where they are not coming from) this expense cant be understood.

Simple reports and Dashboards showing Referrals compared to Visits, Referrals connected to a Campaign (we do this in the integration) or TY/LY comparison of referrals is absolutely key. And, using base Reports & Dashboards, we can build these reports easily once the integration is complete. Eventually, if **Tableau** ever becomes a thing, we could it to get to the next level.

How can we help?

- With **HealthCloud**, we could integrate to their EMR and pick up critical referral information. This data needs to be tied to the physician (typically by NPI Number) but IT DOES NOT NECESSARILY HAVE TO HAVE HIPAA RELATED PATIENT DATA for it to be effective. We CAN get Patient data, and tie that referral to both the physician AND the patient. This is typically a call made by the prospect, and will likely be influenced by Marketing or other needs.
- **Mulesoft** is a possibility, but the pricing typically removes the tool as a possibility. We can and have used Middle ware to do the integration, BUT, in our opinion, we are better served writing APEX code to do the integration. ***We believe that we can do most integrations for between $12K and $15K one time (not counting the rest of the project)***. Middleware such as Jitterbit or Informatica can START at $20,000 a year.

- And by using this information in Salesforce Reports and Dashboards, we could deliver this analysis to the Account Reps' pocket. They can use this information to analyze referrals by time (This Year/Last Year), by category, by Practice, by individual Physician, or even by territory.
- Executives at the business can begin to understand the effectiveness of their overall PRM program:
    o How many visits are being made daily, weekly, monthly?
    o Who are reps visiting? Who are they NOT visiting?
    o How does the visit data correlate to the Referral data?
    o Are Reps only seeing practices where referrals are good? In other words, are they only going to see their good customers?
    o It's easy to visit someone who is on board and believes in what you do. The hard part is visiting the practices who aren't (yet) buying what you're selling.
- PRM Analysis can help these businesses begin to understand that, and then make data driven decisions to manage the referral process.

Quote Preparation Needs

For the most part, quoting is not a critical need for PRM Prospects. These Prospects rely on referrals to come in through EMR, and do not usually build a Quote or Opportunity to forecast that information. You can ask, though by starting with an assumption. *"I Assume that referrals come in through EMR, and that your account reps do not enter referrals directly. Is that accurate?"*

Marketing Automation Needs

PRM Prospects market to both leads and existing practices. For leads, our prospects could put leads created in the system on drip campaigns in either Pardot or Marketing Cloud and work to educate leads on the services they provide.

For existing practices, updated literature, breakthroughs in treatment and updated testimonials can be useful to physicians, however, physicians are notoriously bad at email communication, and so typically these need to be targeted to Office Managers or other support staff. As previously mentioned, there is no substitute for the on-site drop-ins of Account Reps to Practices to keep them updated, informed and interested.

How can we help?

- Using Pardot or Marketing Cloud will help our Prospects to attract and educate new Leads, provided, they have muscular and evolving content. Content in this case becomes the key driver to attracting these new leads
- For existing practices, Drip campaigns can be used to remind practices of the value our prospect provides, but knowing physicians are not terrific email users, this can become a tough sell.
- *NOTE –the Prospect will need to be in a position to create this content. We won't be able to do this for them, but if the Content is available, we can help deliver that content to the leads and Practices*

Understanding the Need

We call this the "Rotation of Neglect"! Which of these business process is the most important initially? Knowing the biggest pain point can help us to determine the initial approach, AND can help us with future Opportunities with the Prospect once they become a client:
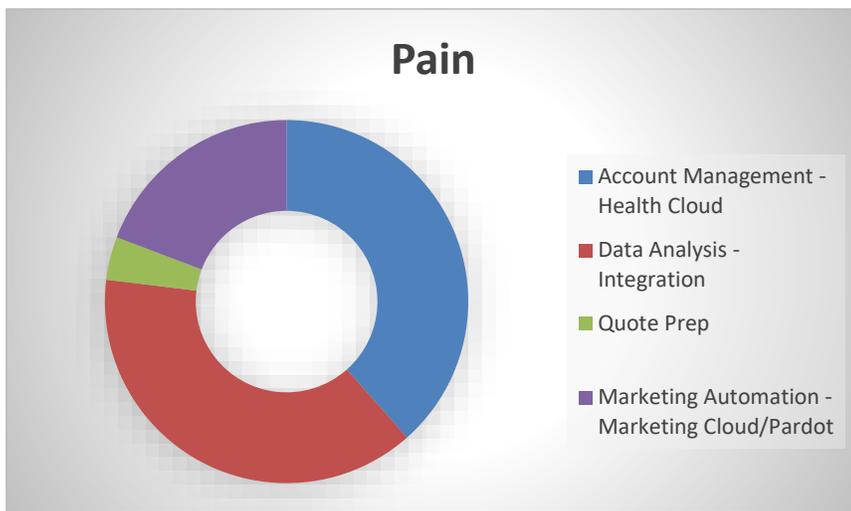
Scoping Questions

- Are you doing ANY CRM activities? (Tracking Calls, tracking visits, etc.) If so, how? (CRM, Spreadsheet, Outlook).
- How do you decide when (and who) to Visit? Is there any data analysis when trips are scheduled?
- How do you report meeting outcomes? How do you communicate next steps? Do you need other resources to help? (Event coordinators, office resources, etc.)
- How do you analyze referral data? (EHR, Spreadsheets, PDF Reports, etc.)
- How much of your business is New practices vs Existing practices
- What is your EMR System?
- How do you identify new Leads? How do you engage with them?
- How do you track early stage leads?
- Do you market (email) to Leads? What kinds of communications do you send? How (Mail Chimp, etc.)
- Do you market to existing practices? What kinds of communications do you send? How (Mail Chimp, etc.)
- What kind of data do you need on the road? Is the data in EMR? Outlook? Spreadsheets?
- How do you collaborate within the company? (Quip, Chatter, etc.)
- How do you track Events (or do you?)
- Do you track any kind of Event Effectiveness? Do you know if a Lunch and Learn for example, can you track attendance and resulting referral volume?
- Is there any kind of analysis between Visits and Referrals?
- Are you aware of trends? Declining Referrals by Physician or Practice, declining referrals by Service Type, etc.?
- How do you assign Practices and/or Leads? Is there a geo distribution?
- If a Rep leaves, how do you "Institutionalize" the practice relationship history?

Challenges and Risks

- If Data Analysis is a big issue, our first risk is integration – not IF we can integrate, but IF they have money to spend on it. Knowing in advance that the total project cost is likely going to START at $25K means that we need to make sure they have a $25K problem
- Are we high enough? Most of these clients in our space have 1 or 2 people at the top who make all of the decisions. We need to make sure they are with us right from the beginning.
- A VP at Salesforce has an ingenious way to handle this. Make the first meeting after the Prospect is qualified to you a **"CXO/VP Introduction"**. Hold out for this meeting and don't proceed until we get it. At the meeting, we do a broad overview of Salesforce as market leader, an explanation of CRM (sometimes the customer doesn't know). This meeting also sometimes tells the prospect what we don't do. For instance, we don't do EMR! We don't do Practice control, we don't do Finance!
- Is the client mature enough? Sometimes we see clients who do this work in Spreadsheets. They are desperate to get away from this, and they know that staying on spreadsheets or QuickBooks is a limiting decision, but they don't have the money, resources, or processes to make the move from those tools to Salesforce.
- If the upfront costs are prohibitive, or if the prospect does not have the resources to commit to such a big project, it's probably time to part friends. Clients who take on this much change are a **GREAT candidate for CSAT issues** later and potentially Carve Backs…