

Simione Referral Partner Barometer: Sophisticated Approach to Growing Physician Referrals with Less Cost

Michael Ferris, Principal
Simione Healthcare Consultants

Goals for Today

- Describe the hospice referral source barometer and how to use it solve the age old problem of how to get physicians to expand their use of hospice.
- Use the barometer to drive the sales process and generate more referrals while reducing the cost per referral.
- Devise a plan to become a pre-acute care provider in the minds of their hospice referral partners.

Basic Situation

- Physicians don't refer enough from their practices
- They look at hospice as a post-acute provider rather than **pre-acute**.
- We've taken the wrong approach for years

Simione Hospice Referral Partner Barometer

- Genesis for barometer
- What is it?
- How to use it
- Three realms
- Message must resonate

Process

- The Barometer is used to drive your strategy and approach to increase the number of hospice referrals you receive directly from physicians.
- There are three realms to the barometer.

Three Realms

- How they feel about hospice
- What they know about hospice
- How they manage their patients

Simione Hospice Referral Partner Barometer

	1 Low	2 Medium	3 High
Acceptance of Hospice Philosophy (How they feel)	Indifferent	Believer	Passionate advocate
Hospice Knowledge (What they know)	Very limited	Limited	Good
Involvement in hospice patient care (How they act)	Less involved with patient care	Involved	Highly involved

Barometric rating examples

- 1,1,1 = Indifferent about hospice, very limited hospice knowledge, limited involvement with patient management
- 2,3, 1 = Likes hospice, good knowledge, limited involvement with patient management
- 2,1,3 = Likes hospice, very limited hospice knowledge, highly involved with patient management
- 3,3,3 = Passionate advocate for hospice, good hospice knowledge and highly involved in patient management

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Acceptance of Hospice Philosophy (How they feel)

- Evaluate how supportive the physician is of hospice and how hospice fits into the way that they treat their patient’s diagnoses.
- Are they comfortable referring to hospice and having the ‘hospice conversation’?
- This rating will drive the value proposition that will resonate with this physician.

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Sample Qualifying and Discovery Questions

- Tell me how the doctor approaches hospice for his/her patients?
- How have you used hospice in the past?
- When someone in the office suggests that hospice might be a good fit for a patient, how receptive is the doctor?
- When the time is right for hospice, who typically has that conversation with the patient and their family?
- What type of patients do you normally refer from the office?
- How often do you refer patients from the office?
- How do most of your hospice patients get identified for hospice care?
- What is most important to the doctor when selecting a hospice provider?

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Hospice Knowledge (what they know)

- Evaluate their knowledge of hospice.
- How much do they know about hospice?
- Relative to other physicians – not hospice experts!



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Sample Qualifying and Discovery Questions

- What types of patients does the doctor most commonly refer to hospice?
- How does the doctor identify potential hospice patients?
- Tell me about the doctor’s approach to managing those chronic patients for whom he/she has run out of treatment options?
- Is the doctor comfortable managing patients with pain issues in their residence?

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Involvement in Hospice Patient Care

(How they act)

- Evaluate how involved the doctor is in the management of their patient's care.
- How involved does the doctor want to be in the management of their patient's hospice care?
- How much information do they want to know about their patient's hospice care and experience?



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Sample Qualifying and Discovery Questions

- How does the doctor like information about his/her hospice patients to be communicated?
- How much does the doctor want to know?
- Does the doctor prefer to follow hospice patients or turn them over to our medical director?
- How does the doctor match a specific patient up with the right hospice for their individual situation?

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Determine Which Element is Most Important to the Specific Referral Partner before Developing the Value Proposition **so that it RESONATES.**

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Hospice as Pre-Acute Provider

- Physician must understand the benefits of referring to hospice from their clinic
- Know the hospice value proposition
- It's our obligation - no one else will do it

The Hospice Value Proposition (Benefits)

- Physicians:
 - Frees up physician's time to care for other patients
 - Saves staff time and keeps them off of the phone
 - Allows physicians to stay in the loop
 - Better able to care for patients and bill appropriately for professional services
 - Reduce office staff FTEs
 - Get out of the office on time more often
 - Take the burden off of the physician and their staff of having the hospice conversation
 - Reduced pressure from hospitals related to re-hospitalizations
 - Less phone calls on weekends and at night

Key Concepts

Two Strategies to Increase Admissions:

- 1) Compete for REFERRALS and win.
- 2) EXPAND the referral community's use of hospice services.

It is important strategically that both are considered when developing sales training and processes.



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Sales Process and Strategies

- Qualifying
- Discovery
- Gaining commitment
- Handling objections

Needs Discovery

GOAL:

Find out what's important.

Understand each Referral Partner's **needs, problems, challenges and frustrations** individually. Interview them carefully to see what you can do to earn their business.

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Gain Commitment

- Based on our conversation today about all of those CHF patients that have been dumped back in your lap by the cardiologists because they have run out of treatment options, all of the time they take to manage and they bounce in and out of the hospital, let's make a list of the worst offenders and have us evaluate them for hospice care.

Overcoming Objections

- We let the discharge planner handle referrals to hospice
 - We don't refer from the office
 - We don't refer to hospice
- Bonus Objection:
- The family is just not ready

We let the discharge planner...

- I am so glad we are having this conversation, some of my very best referral partners told me the exact same thing the first time I spoke with them, what they found was that by bringing hospice in for those CHF patients for whom they had run out of treatment options, they freed up a lot of their time and reduced re-hospitalizations.

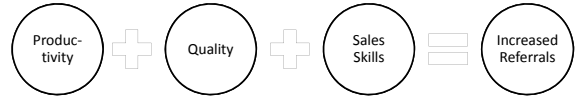
Family Not Ready

- That is so true, as a matter of fact almost every family we come in contact with tells us the exact same thing, what they found was that by having us talk with the family so that they could understand what hospice is, and isn't, then they could make an **educated decision when the time is right.**

Patient Not Ready

- Thanks for sharing that, many of our best referring physicians told us the same thing the first time we spoke, what they found was that when they identified those patients for whom they had run out of treatment options and called us in, their practice ran smoother and the patients enjoyed increased quantity and quality of life. Studies have shown that the same group of patients on hospice vs. those not on hospice lived longer.

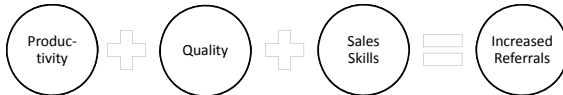
FORMULA FOR SUCCESS



- Time Management and Allocation
- The Number of Sales Calls Directly Impacts the Number of Referrals You Will Drive!

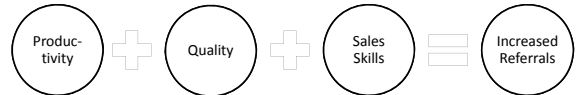
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FORMULA FOR SUCCESS



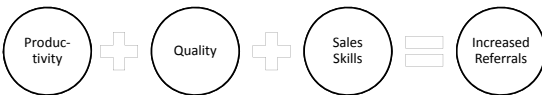
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FORMULA FOR SUCCESS



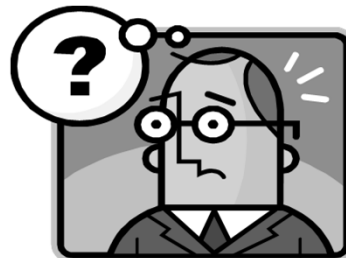
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Formula for Success



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QUESTIONS



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Michael T Ferris, Principal
Chapel Hill, NC

Simione Healthcare Consultants, LLC
4130 Whitney Avenue
Hamden, CT 06518

203.287.9288
800.949.0388
Cell: 919.260.3315

mferris@simione.com

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