



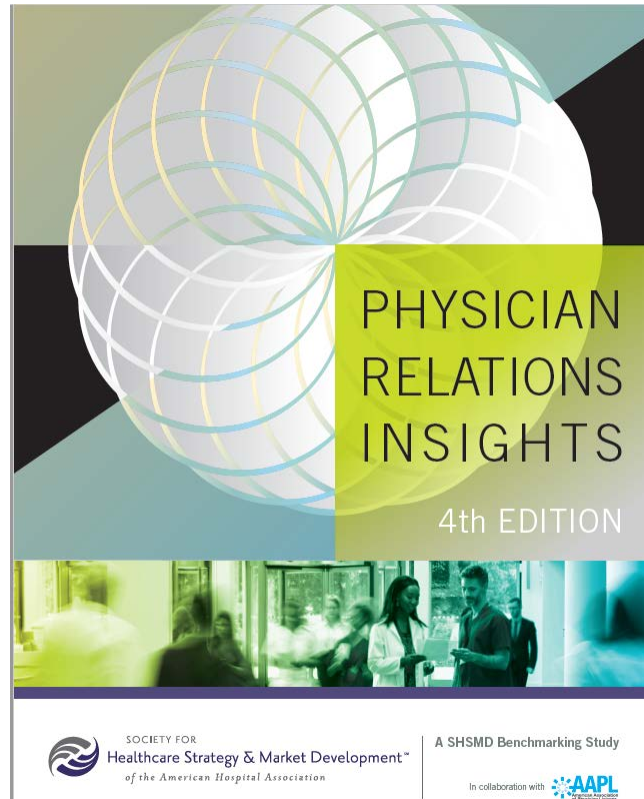
Harnessing Physician Relations Insights

A collaboration between SHSMD and AAPL

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Cost: \$75 for SHSMD and AAPL Members
\$95 for Nonmembers

Agenda

- A challenging landscape
- Report overview
- Key findings/results
 - Compensation
 - Program structure
 - Reporting preferences
 - Emerging trends
 - Challenges
- What does it all mean? Harnessing Key Takeaways
- Questions



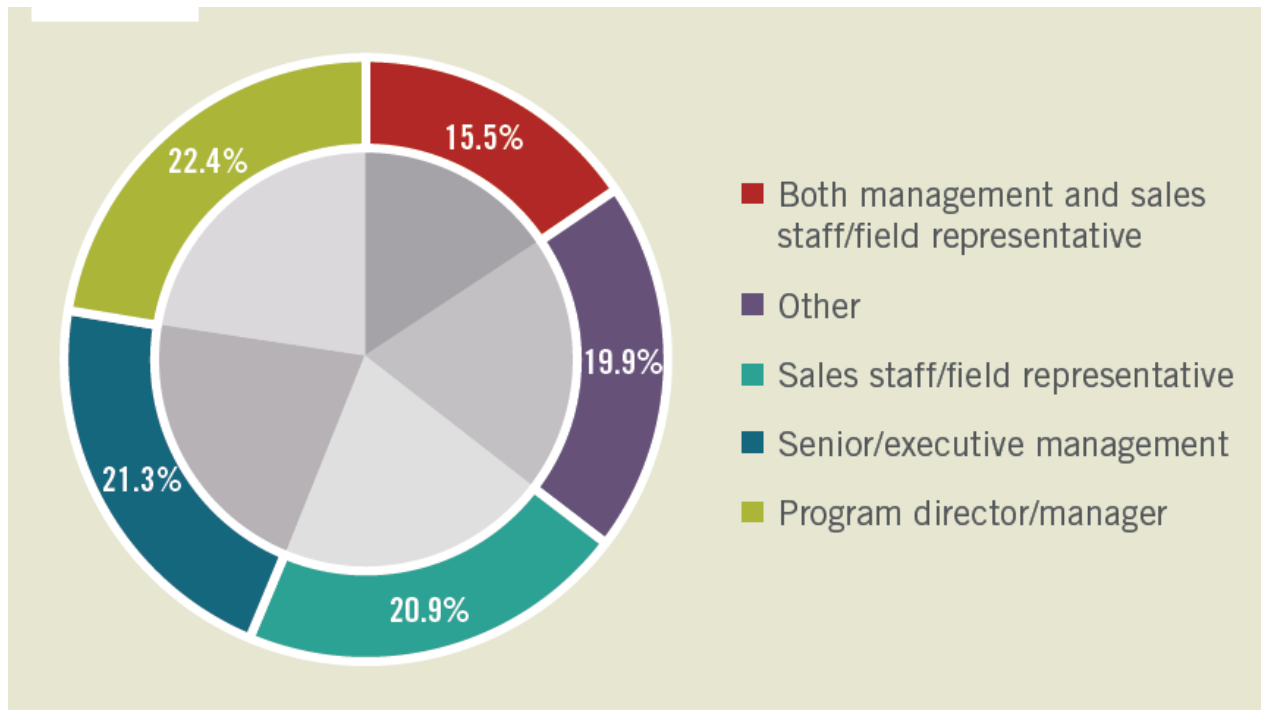
Report Overview

Survey Details

- 5-member task force
- Survey completed every two to three years – 3rd edition
- Survey conducted in 2017
- 31 questions
- Goals
 - Provide detail on how programs are structured
 - Offer insight into where programs are/should be headed

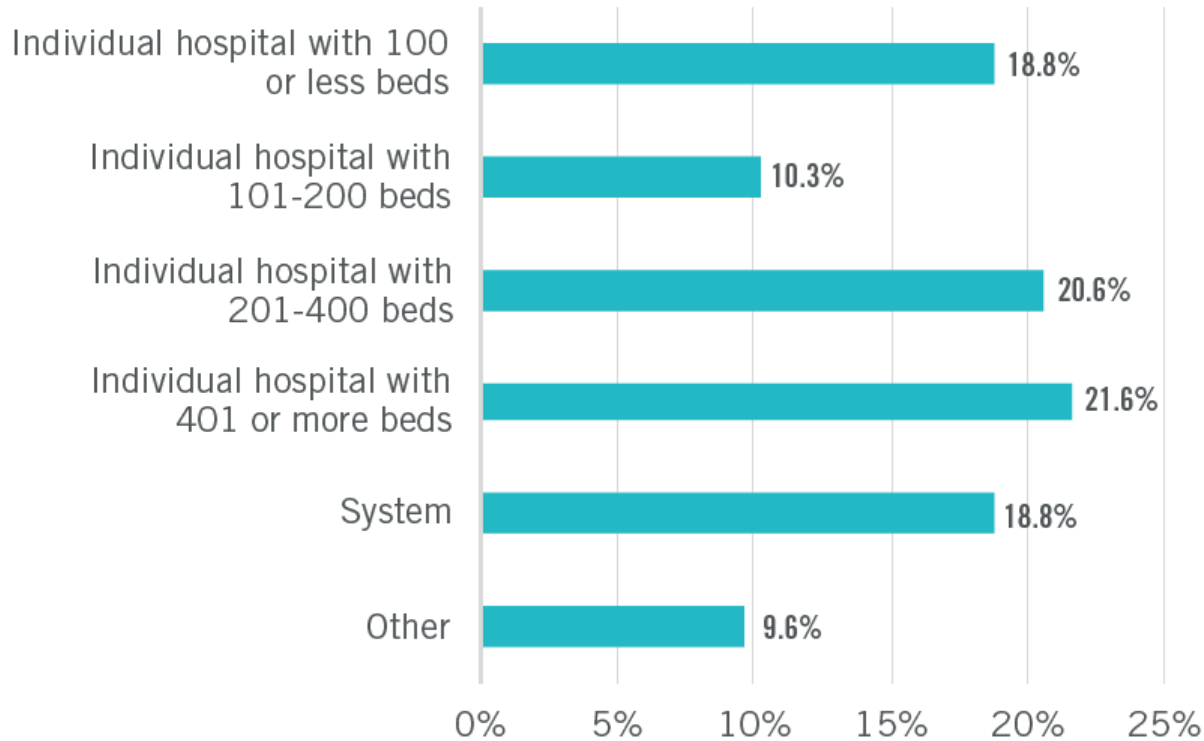


Both Field & Management Expertise



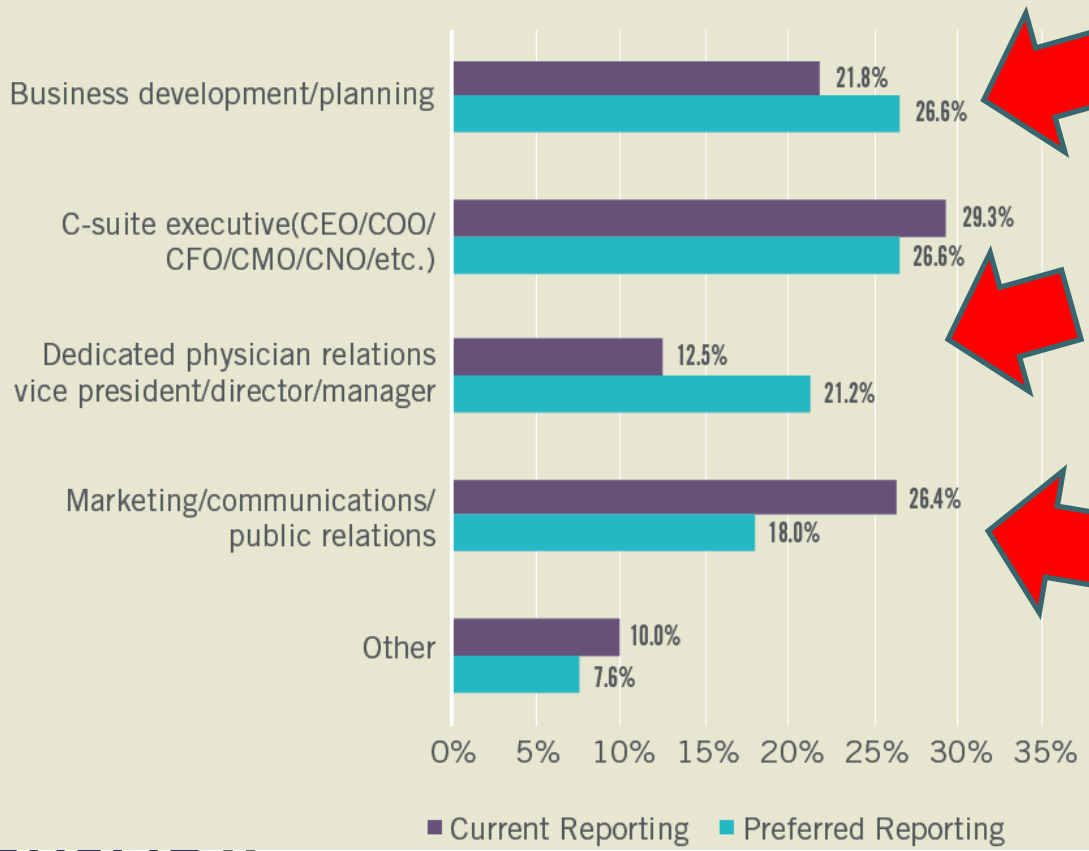
Good sample size with 282 respondents

Distribution of Facility Size Enhances Survey Results



Reporting to Marketing: Not the Ideal Structure

Figure 4 In your opinion, which department or individual should your physician relations program report to in order to ensure success?



Question generated over 200 comments!!

→ C-suite access not necessarily the priority

Not So Fast!

Comment Section on Reporting

“Although marketing is a large part of my role, I need to strategy and planning behind my work to be successful. I work very closely with our marketing team, but they could not provide me with the direction we need in planning.”



“Because the analysis of data and strategy is currently performed in Marketing/PR”

Desire for more dedicated resources with specific decision-making ability

It's not the dept. name, but the resources it can provide for that specific program

Liaisons Want To Report To The Dept *They Think* Holds The Best Resources

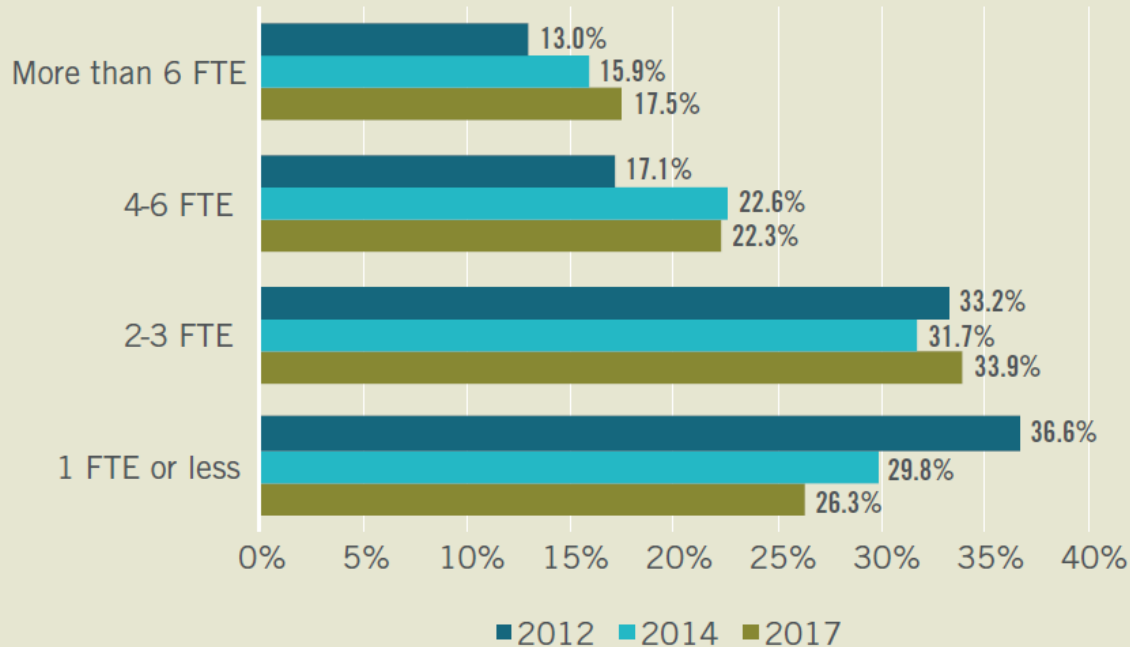
“Because physician relations should be tied to hospital initiatives and priorities created and executed at the executive level.”

“Because a dedicated department director would be more in-tune with the needs of our department and have more time to dedicate! “



Program Size Is Changing

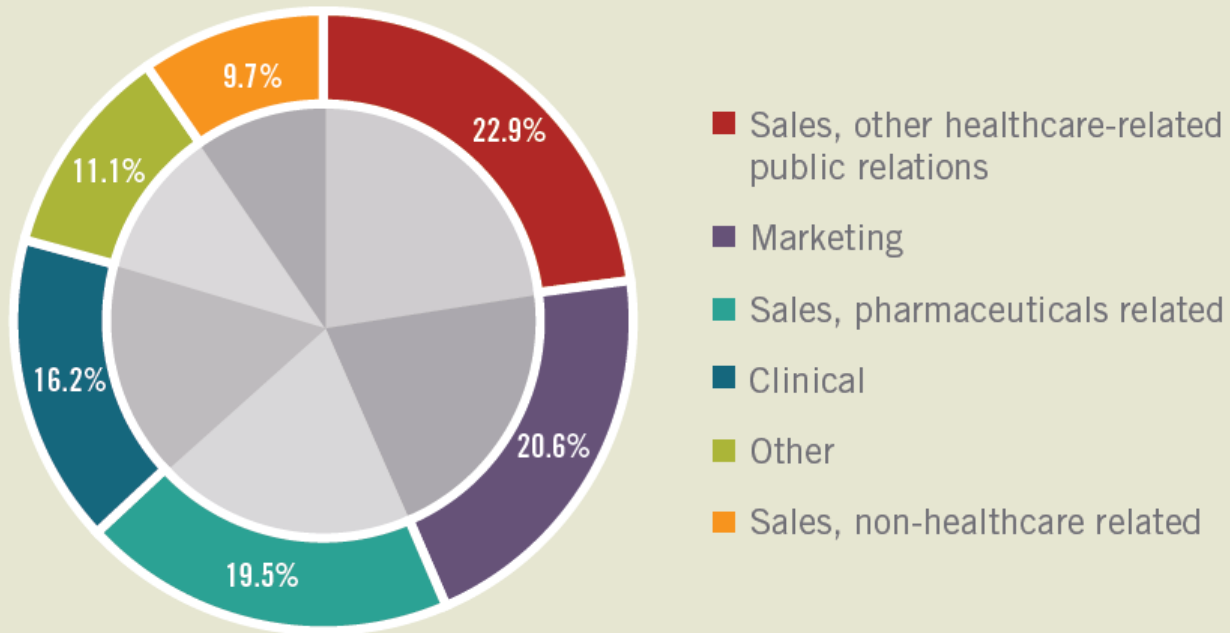
Figure 6 How many full-time employees (FTEs) including field representatives, in-house staff and managers are dedicated to the physician relations program?



- 40% of programs have 4 or more FTEs
- Larger programs growing in frequency
 - A function of consolidation, growing support for programs, or both?

Sales + Mktg Background Dominates

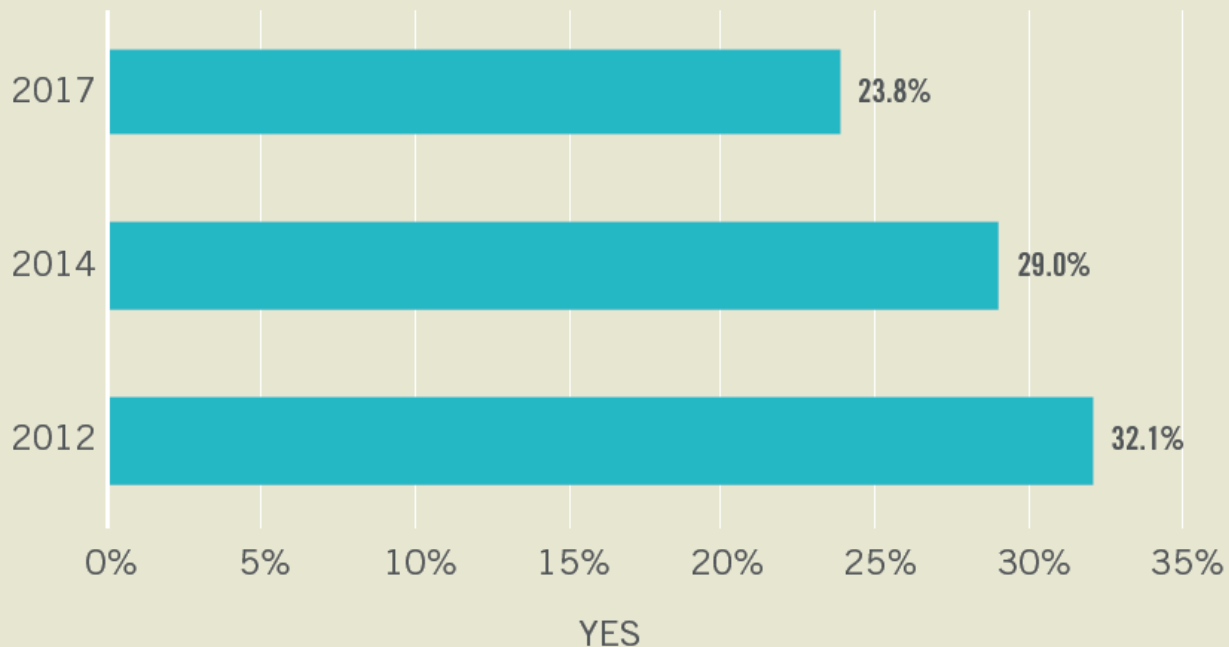
Figure 7 Which of the following best describes the background of the program's field staff?



Highlights a need for successful liaisons to possess marketing and clinical proficiency (not necessarily expertise)

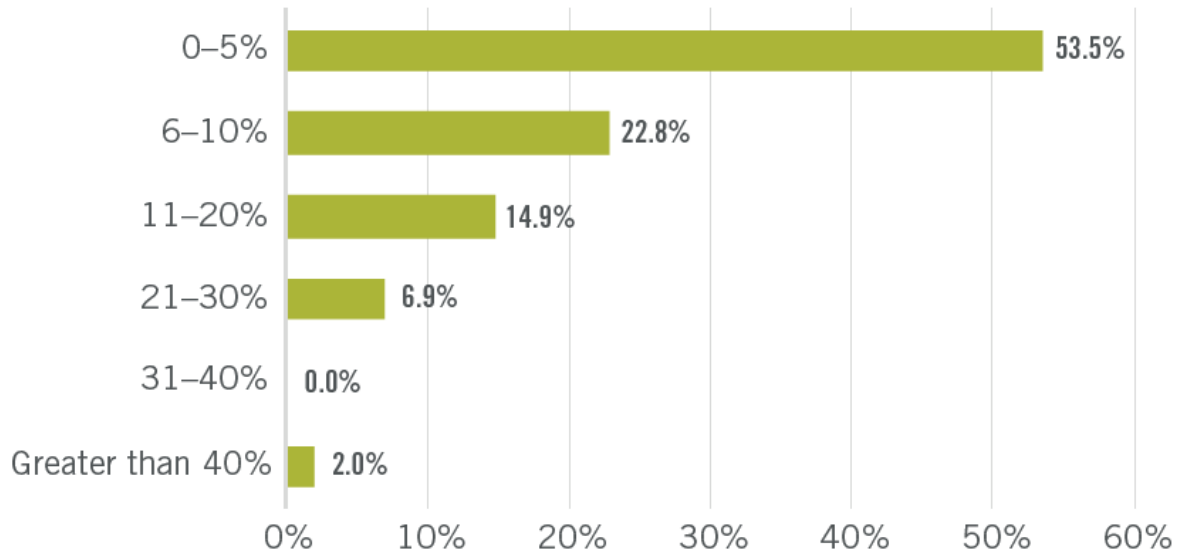
Comp Plan Frequency Decreasing

Figure 9 Does your organization currently offer an incentive program for the physician relations staff?



...As Well As Total Payout

Figure 10 What percentage of the individual's base pay is provided in the incentive package?



More facilities placing liaisons in 0-10% category than prior surveys



Pay Increasing + Compressing

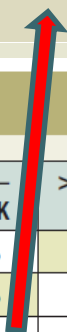
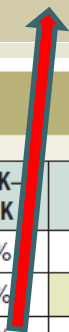
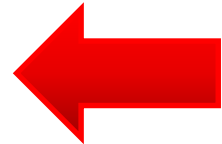
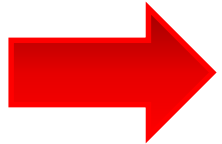
Figure 8 What is the base salary of the physician relations staff?

	Less than \$40K	\$40K–\$49K	\$50K–\$59K	\$60K–\$69K	\$70K–\$79K	\$80K–\$89K	\$90K–\$100K	Greater than \$100K
Program Director	0%	1%	3%	4%	9%	9%	15%	59%
Program Manager	1%	1%	1%	7%	20%	26%	24%	21%
Liaison/Field Representative	1%	4%	17%	25%	25%	18%	10%	1%

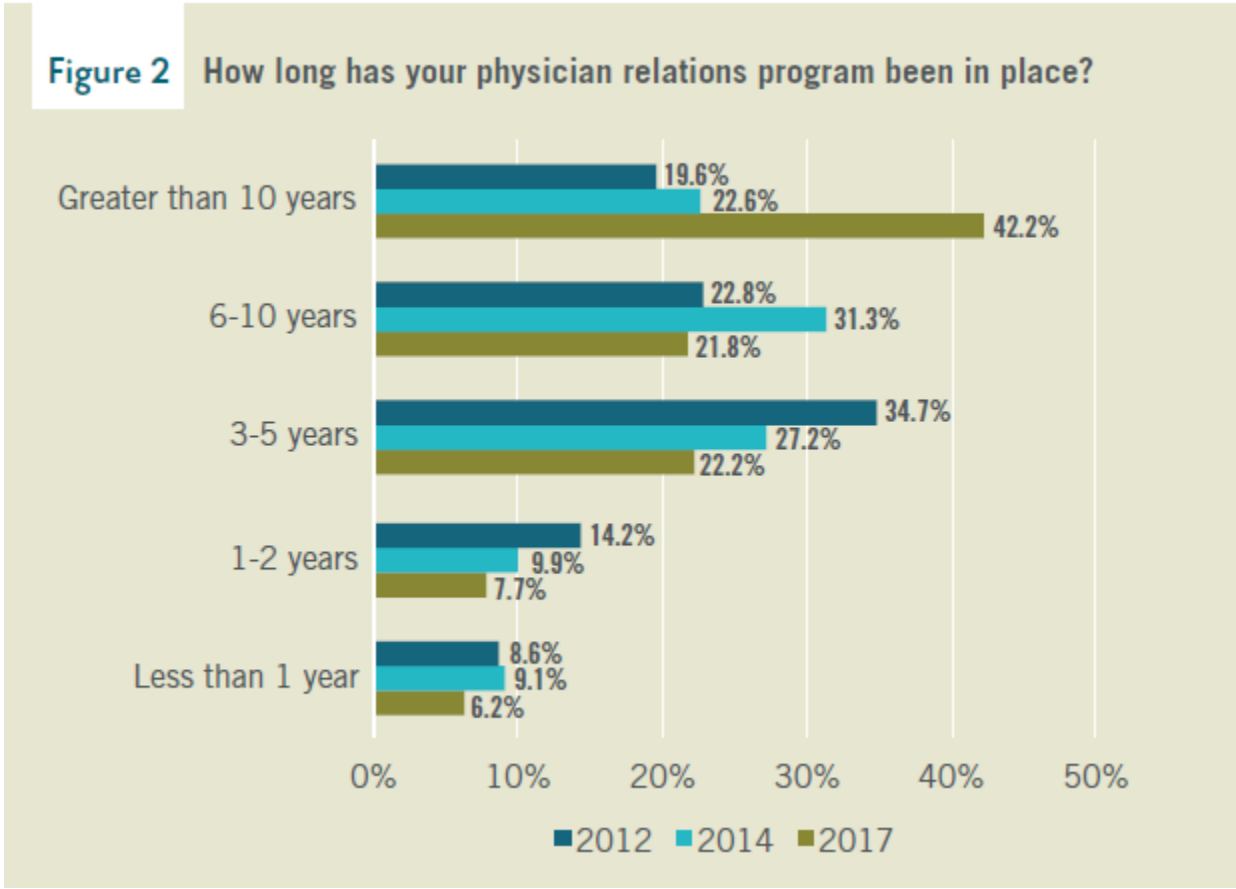
Exhibit I4. Base Salary for Physician Relations Staff, 2014

Job Title	<\$40K	\$40K–\$49K	\$50K–\$59K	\$60K–\$69K	\$70K–\$79K	\$80K–\$89K	\$90K–\$100K	>\$100K
Program Director	0%	0%	0%	5%	6%	14%	25%	50%
Program Manager	0%	1%	9%	14%	22%	12%	30%	12%
Sales/Field Representative	3%	7%	16%	26%	26%	15%	5%	2%

Note: The most frequent response for each title is shaded.



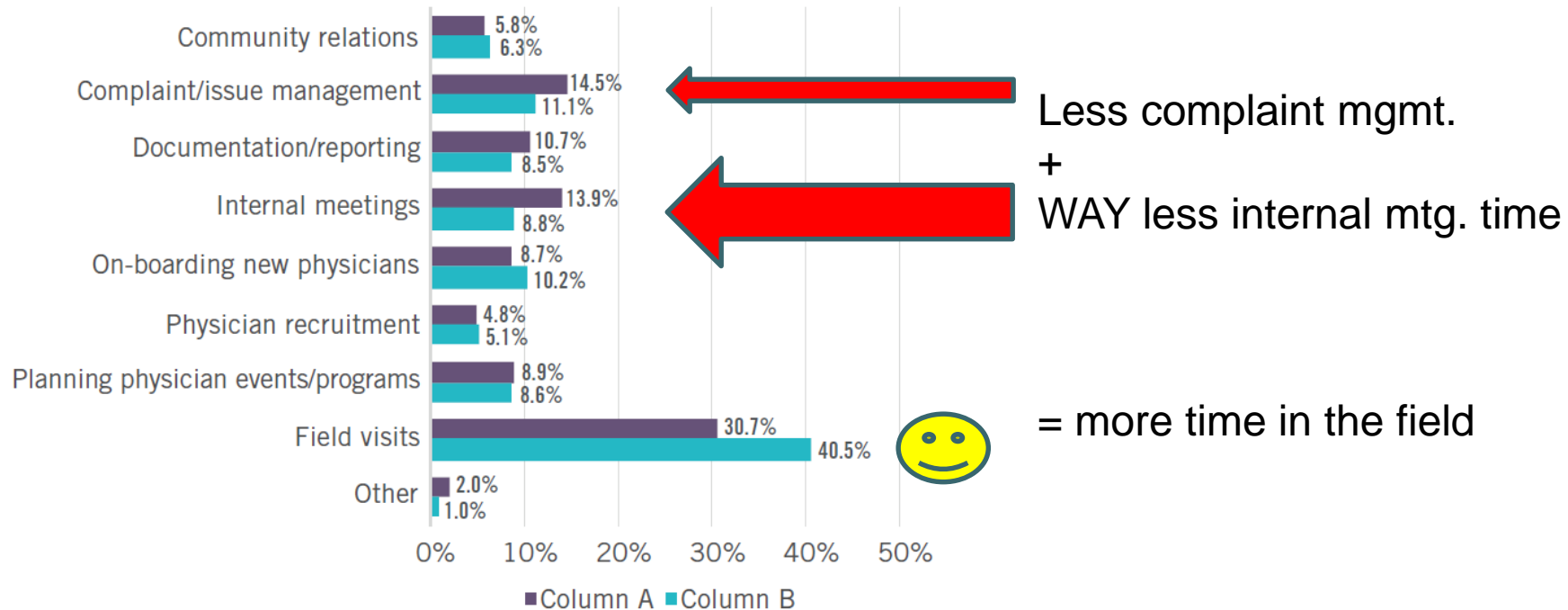
Increase in Program Tenure



Fewer new programs created (among these survey respondents)

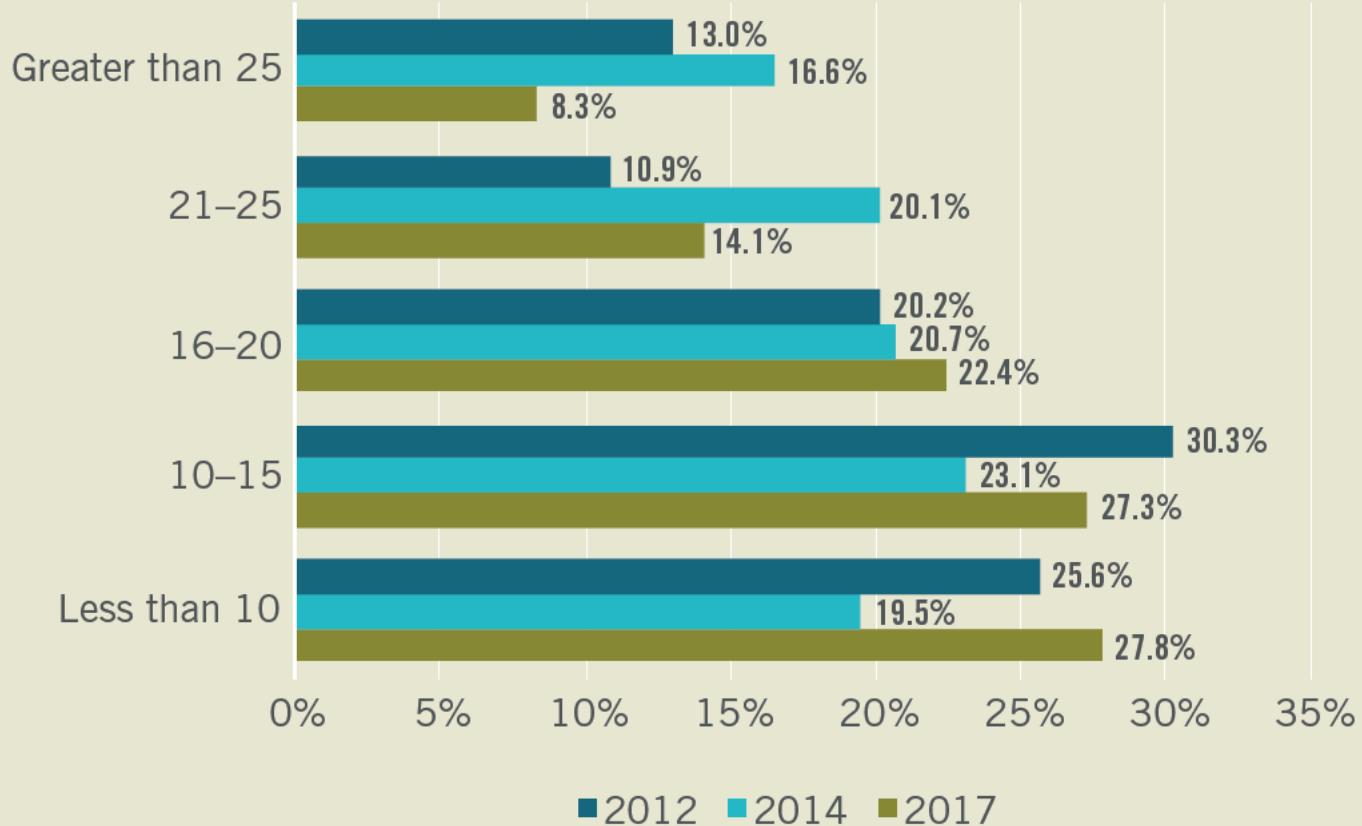
Time In the Field is Critical

Figure 14 In Column A, estimate, as best as you can, what percentage of staff time is spent performing each of the following functions. In Column B, estimate what percentage of staff time you believe should be spent in order to ensure success.



Downward Trend in Field Visits Per Week

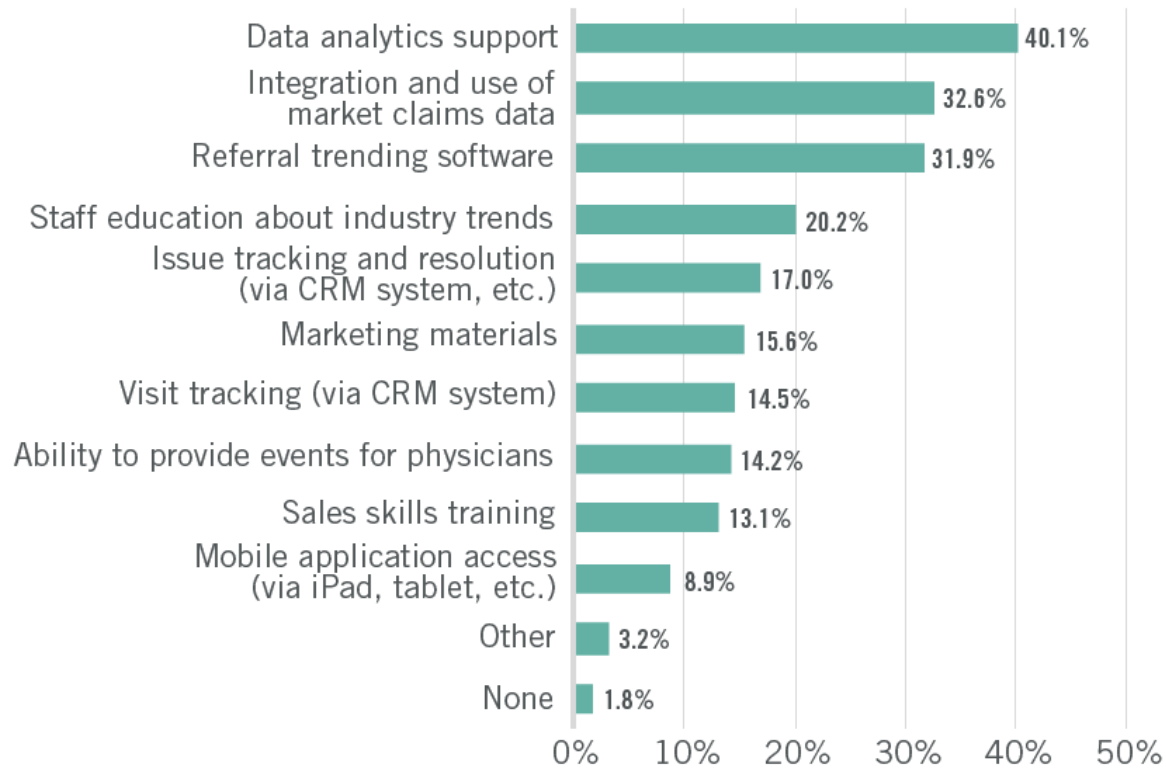
Figure 23 On average, approximately how many physician office visits are sales staff expected to complete each week?



Points to the potential need for more in-depth conversations

Liaisons Want Data that is Accessible, and Easier to Access

Figure 16 If more resources were available, in which of the following areas would your physician relations program benefit the most?

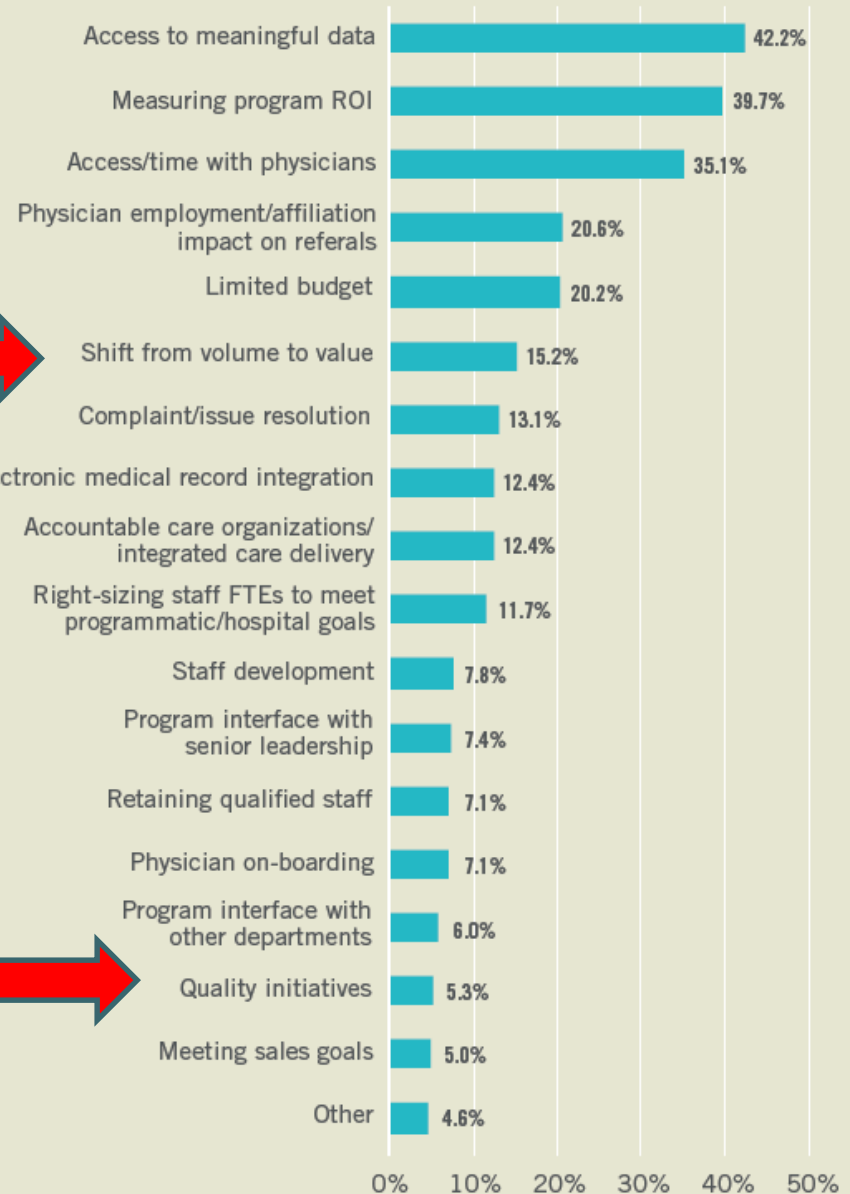


Could this be a driver behind desired reporting structure changes?

More Time Spent on More Complex Stuff

Sizable # of people involved in ACOs, CI, bundled payments, and other advanced strategies

Figure 28 Which of the following represent the most significant challenges for your physician relations program over the next couple of years?



Other Topics Reviewed in the Report

- The most common method of defining field staff territories
- Types of visits prioritized by liaisons
- How program activity is measured
- Metrics used to measure liaison program results
- Priorities for programs in their daily and strategic work
- Sales tactics

What Does It All Mean?



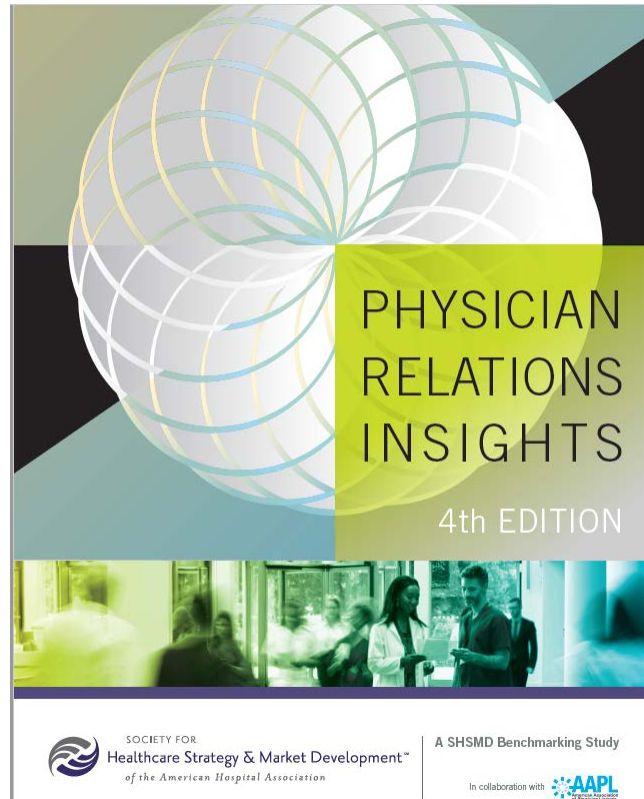
Harnessing Key Takeaways:

- Increased complexity and demands will spur the liaison role to evolve and adapt
- The job has become more sophisticated and requires more support strategy, and skill sets to properly execute it
- Execution and customization should be tied to strategy and reflected in the reporting structure
- Ruthless prioritization of time is critical
- Utilizing the power of data analytics crucial

Thank You!

Questions?

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