

FOR THE LOVE OF GROWTH: HOW TO USE DATA TO

# drive cardiovascular service line growth

marketware

### house keeping

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- Please close any online programs to avoid experiencing "dragging speech."
- If you experience difficulty during the webinar, please use the chat box on your control panel to communicate with the organizer.
- You should adjust your own volume on either your speakers and/or headset.

- Attendees can ask questions by typing it into the question box on the control panel. Questions will be addressed at the conclusion of the webinar.
- You will be provided with a short survey to complete at the conclusion of the webinar. Please take a few moments to provide us with your feedback to help us improve future webinar presentations.
- Presentation is being recorded & the link along with the Power Point Presentation will be sent to you next week.



# speakers



Carrie Bennett

VP of Client Strategy

Marketware



Katie Alexander
Director, Physician Relations
Tampa General Hospital



### cardiovascular program trends

### **Patient Demographics**

- ☆ Rise of the baby boomers
- û Poor patient compliance
- ① Increase in comorbidities
- û Patient engagement
- Rise in governmentinsured patients
- □ Decline in smoking

### **Hospital Dynamics**

- Significant driver of contribution despite flat historical growth
- 1 Outmigration recapture thanks to new clinical capabilities

### **Market Dynamics**

- ♣ Increased competition
- ↓ Impact of payment reforms
- û Screening programs
- ☆ Emergence of minimally invasive techniques

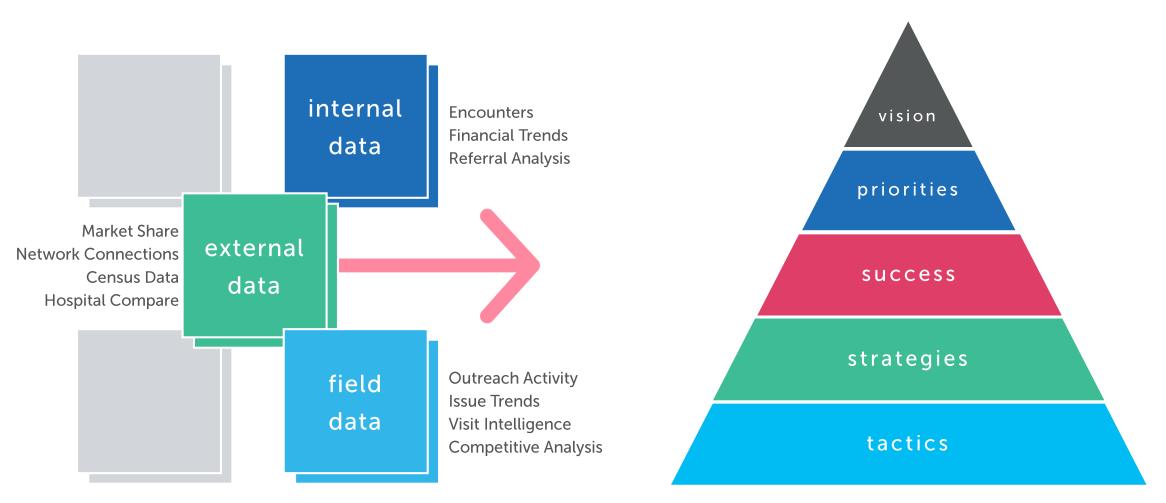


# marketing imperatives for today's cardiovascular programs

- Explore opportunities to position brand as best in class
- Overcome silos to establish coordinated vs. episodic care
- Nurture Referral Relationships
- Engage Patients & Consumers
- Demonstrate Bottom-Line Impact



### sources of data





### the eight p's of

### data-enabled development

1	products that perform	5	physician alignment
2	position in the market	6	prioritization
3	profitable volumes	7	planning for progression
4	patient pipelines	8	proving returns



### internal data

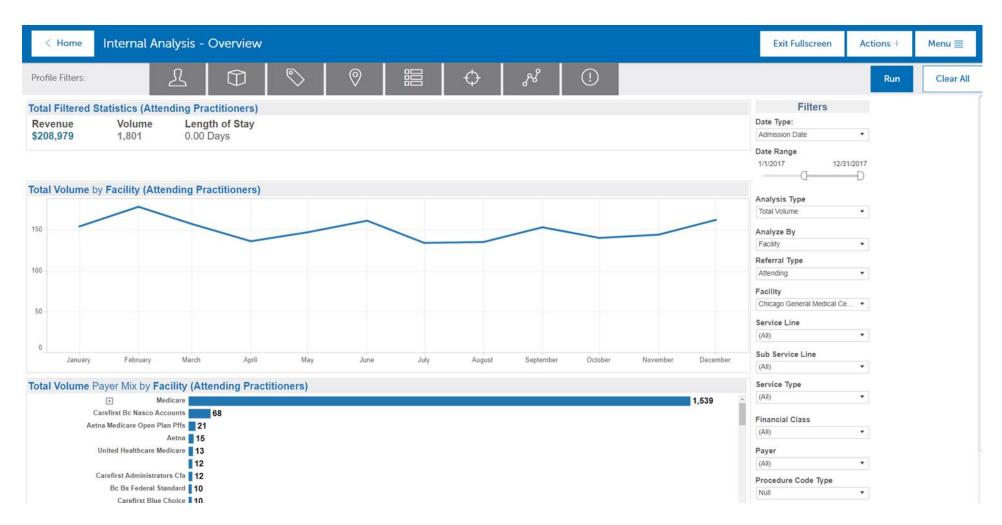


# getting targeted

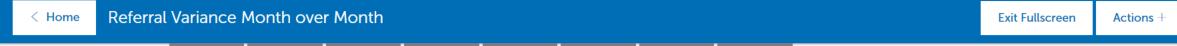
- Based on our existing referral logs, what business can we not afford to lose? What can we do to maintain these partnerships?
- Which employed need additional education or introduction to network peers who specialize in specific services or procedures?
- Do first referral trends indicate there new patient pipelines out there?
   How can we further explore and maximize these opportunities?
- How can we further connect with our own patients to build brand loyalty?



### understanding service line value







噐

Referral Variance MoM Internal Analysis **Filters** Month over Month by Total Volume **Admission Date** 2016 10/13/2015 12/31/2017 Specialty March April September October November December Total January February March Name May June August Abadie, Marcus G **Emergency Medicine** Abdelhalim, Ahmed Nabil Surgery Analysis Type Abijav, Joseph Albert Obstetrics & Gynecology 69 Total Volume • Abramowitz, Joshua Family Medicine Referral Type 2 5 2 2 23 chacoso, Joseph A Internal Medicine Attending • 3 26 2 3 3 2 5 2 3 Acreman, Anne E Internal Medicine Adcock, Lisa Mae Endocrinology **Facility** Adekunle-Ojo, Aderonke O.. Pediatrics 127 125 121 115 136 104 97 157 143 130 169 1,297 124 113 (All) • 2 3 5 5 6 3 3 2 40 5 Aeschlimann, Carlos Alfre.. Family Medicine Service Line Aguilera, Juan A Hospitalist 14 4 2 27 2 3 11 Aguillard, Paul Cary PA and APN Cardiology Aguilu, Steven D Internal Medicine Sub Service Line Ahmad, Nabil M Cardiology (All) • Ahmed, Ziauddin Surgery PA and APN Service Type Aikin, John D Airewele, Gladstone Ehia. Orthopaedics 6 37 Clinic Referrals Al-Fahl, M Tarek Family Medicine **Financial Class** 3 Allaw, Mohammed A Pediatrics

### know key players

Profile Filters:

Monitoring variances can identify top referring physicians.

### find leakage faster

Monitoring variances can help visualize referral gaps so your team can explore & recover lost referrals in a timely manner.

### visualize growth

Monitoring variances by targeted groups of providers can help demonstrate if & how referral volumes are growing over time.



•



#### explore initial visit impact

#### understand return on visit trends

### identify new prospects

Reviewing first referral data can tie back first referrals to initial outreach visit.

Monitoring key trends can uncover understand patterns that will support future planning.

Following up on unsolicited referrals can highlight new relationships.





## using outgoing referral data to measure network utilization

		captured % of employed PCP referrals fy16	Captured % of employed PCP referrals fy17	_
Cardiologist A	Splitter	13.6%	6.2%	(7.4)
Cardiologist B	New	-	8.9%	8.9
Cardiologist C	Splitter	7.4%	2.1%	(5.3)
Cardiologist D	Loyal	12.9%	29.8%	16.9
Cardiologist E	Loyal	11.4%	23.3%	11.9
Cardiologist F	Splitter	3.7%	2.5%	(1.2)
Cardiologist H	Loyal	11.7%	18.0%	7.3
Cardiologist I	Disloyal	39.3%	9.2%	(30.1)
% Referrals to <u>Loyal</u>		36.0%	80.0%	44.0



### patient & consumer

data



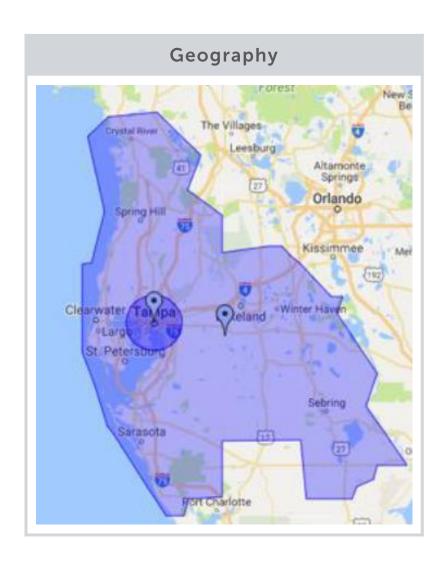
### examples: patient engagement

- 500th TAVR Celebration Invite
- Vascular Screening Offer
- Cardiology Team Marketing
- WATCHMAN Campaign
- Chest Pain Accreditation/GOLD TJC status
- Heart-to-Heart Event Invite





### using data to drive patient volume



Using Data to drive patient volume to cardiovascular service lines and downstream revenue to other TGH services through traditional marketing channels.

• With the help of a CRM tool we are able to identify those at most risk for cardiac conditions and build a paid search and email campaign targeting those individuals.

#### Campaign Goal Recap

Utilize an integrated omnichannel campaign to drive awareness & utilization of cardiovascular service at TGH.

Email KPIs	Paid Search KPIs	Lead Details
Delivered Emails	Impressions	Clicks to take Heart
Opens	Clicks	Risk Assessment
Click Through	Leads	Phone Calls
Patients	Patients	
Total CM	Total CM	
New Patient CM	New Patient CM	



### targeted marketing to what we

### know about the population

Should You See A Cardiologist? - Free Health Risk Assessment

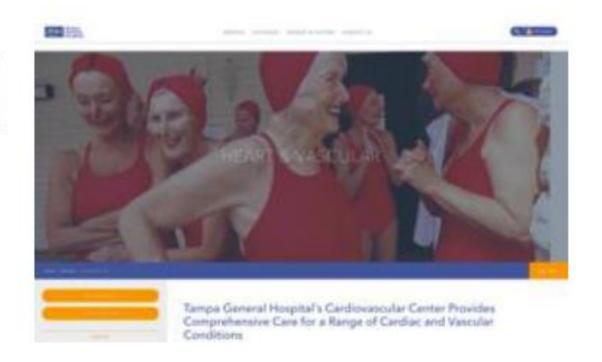
[Ad] www.tgh.org/heart/assessment

Get the Right Care at TGH or Take a Free Health Risk Assessment Online Now.

Atrial Fibrillation Symptoms - Find Out If You're At Risk

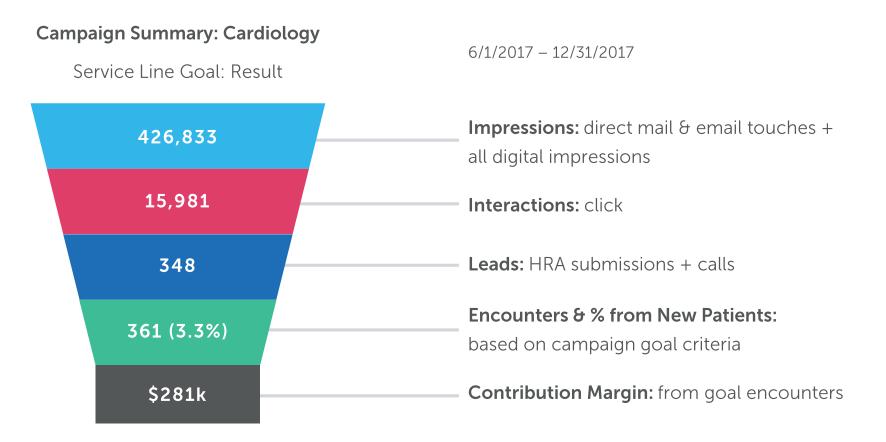
Ad www.tgh.org/heart/assessment

Find Comprehensive Heart Care at TGH, or Take a Health Risk Assessment Now.





## assess the impact of the campaign campaign through data analysis





### data driven community outreach lectures

Campaign Metrics						
investment \$4,054 patients 30						
communications	6,237	contribution margin	\$100,131			
reach	6,229	ROI	10.91:1			

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Using the same CRM tool, the community outreach lectures can be better targeted and have measurable outcomes.

- Identify the population that is at greatest risk for heart disease.
- Target invitation mailing to those identified households and run paid social media promotion in those communities.
- Track the impact of the outreach event by using the CRM tool to determine which household that received an invitation or attended the event became a new patient in our system for a similar clinical diagnosis after the event.
- Use population data gathered from this campaign to continue to target this population with relevant digital media to further tie them to our hospital.



### market intelligence

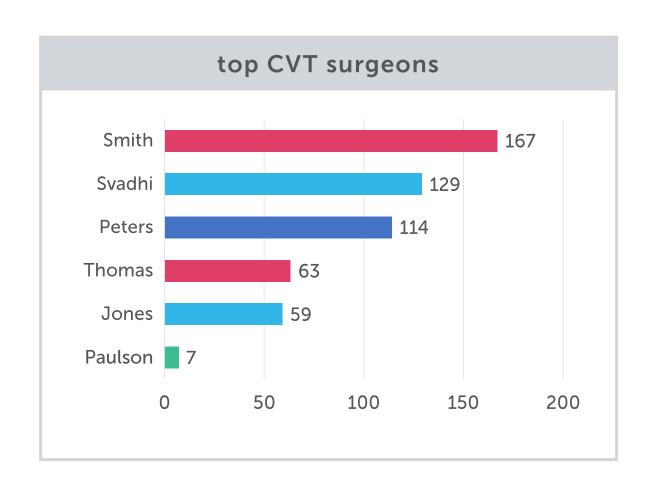


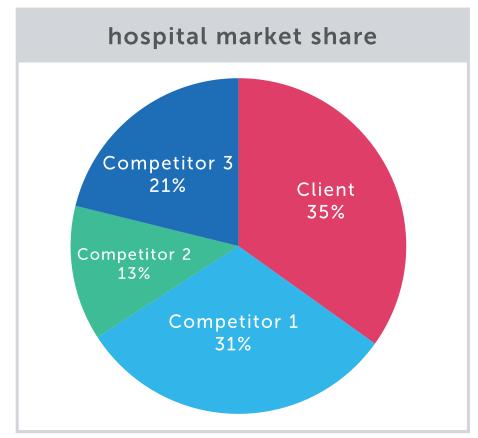
# getting targeted

- Based on your organization's strategic plan, which service lines are poised for growth and why?
- What growth accelerators (new physician, procedure, demand, etc.) are driving these assumptions?
- Are there any growth barriers that need to be mitigated?
- Are there specific volumes I should go after to maximize service line performance?
- Who are the top providers for these and where do they prefer to practice?
- What is our current market position? Are we in a position to gain or lose market share?



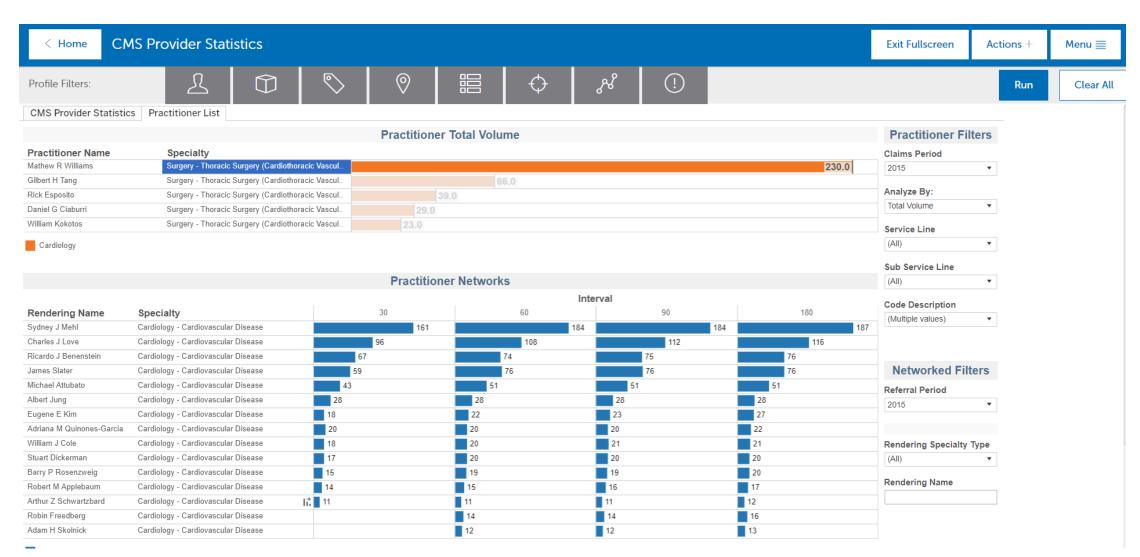
### using state data to understand key players





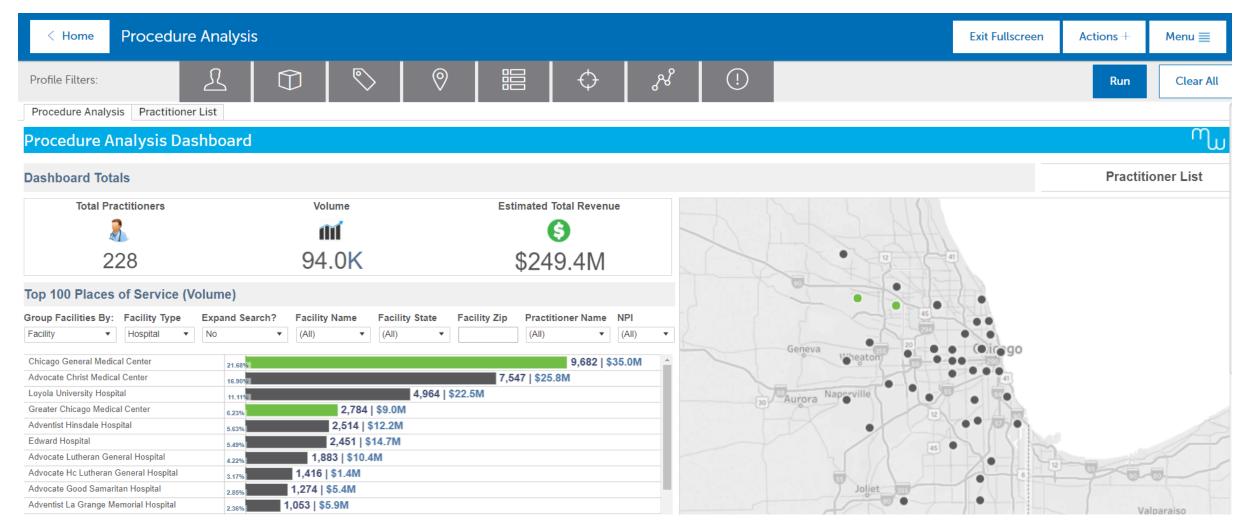


### using CMS data to explore claims trends



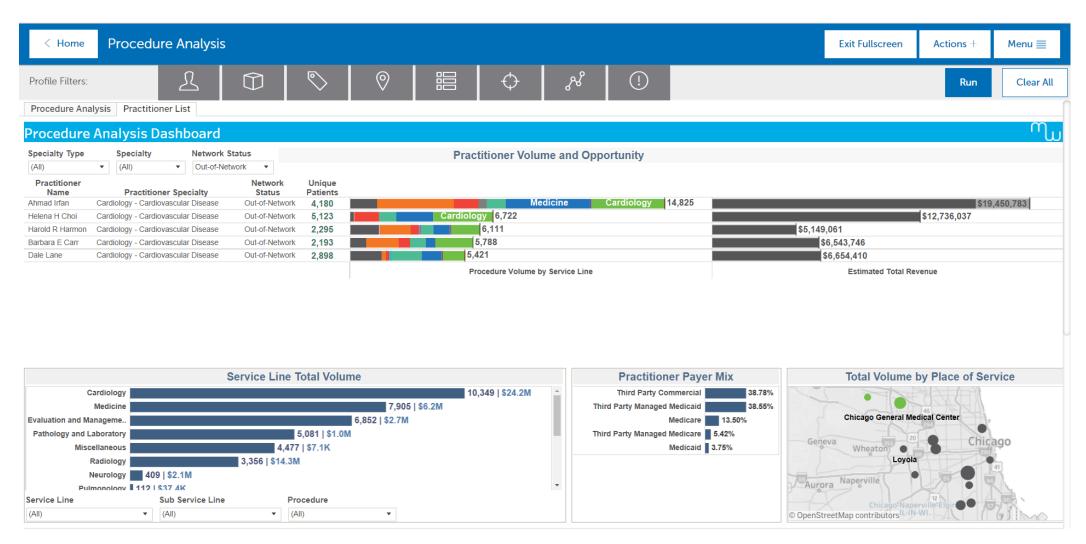


### accessing additional claims groups



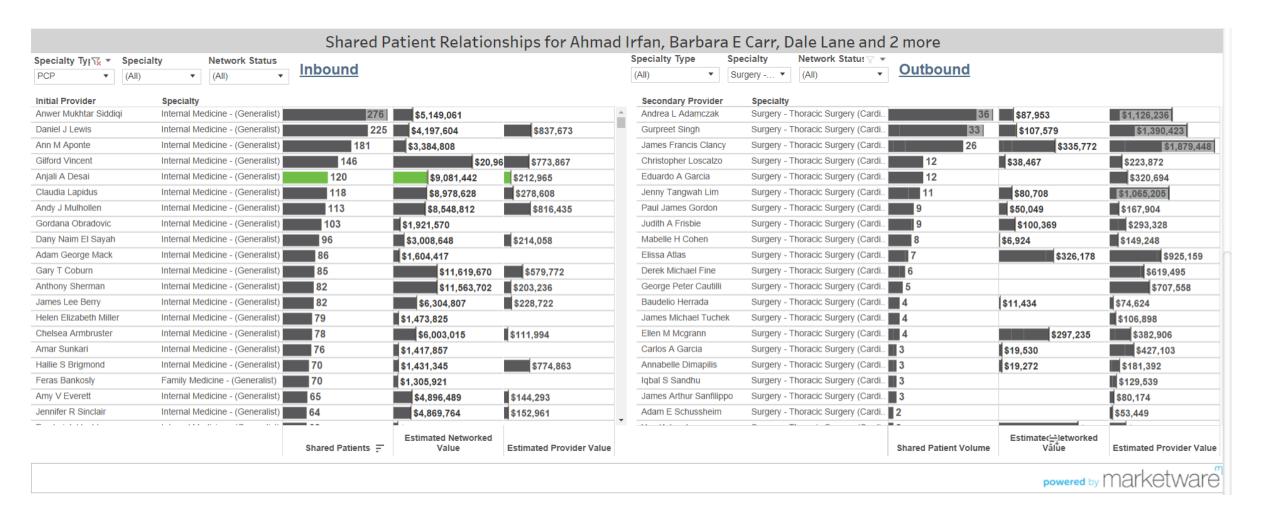


### top proceduralists analysis





### exploring patient pipelines





# shared patient analysis

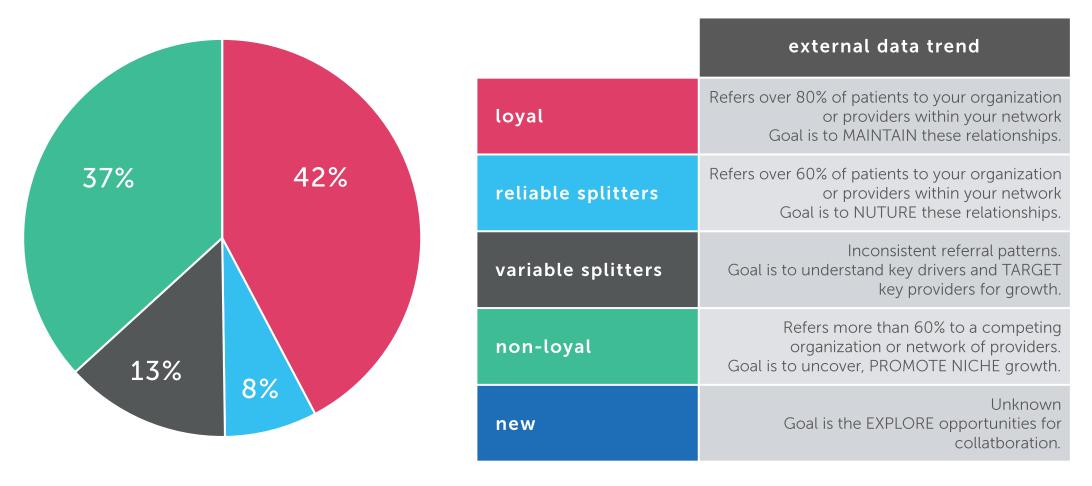


# getting targeted

- What is the typical referral pathway for the procedure or service line you are researching?
- When researching shared patients, who do non-employed partners in your market tend to share patients with the most?
- What can you tell about the strength of these connection based on the number and percentage of shared patients?
- For those connections that appear weak, how can we further explore the prospects' willingness to potentially redirect patients to our new provider?



### using shared patients to define loyalty





### splitter analysis

	N	Client	Competitor 1	Competitor 2	Competitor 3		Internal Trend	Aim
Referral Partner A	170	99%	0%	0%	0%	LS	Stable	Maintain
Referral Partner B	100	35%	20%	30%	15%	VS	Stable	Target
Referral Partner C	82	74%	26%	0%	0%	RS	Stable	Nurture
Referral Partner D	71	97%	1%	0%	0%	LS	Stable	Maintain
Referral Partner E	68	40%	10%	10%	40%	VS	0	Target
Referral Partner F	52	71%	29%	0%	0%	RS	U	Recover
Referral Partner G	48	60%	40%	0%	0%	RS	0	Nurture
Referral Partner H	31	87%	13%	0%	0%	RS	Stable	Maintain
Referral Partner I	29	55%	45%	0%	0%	VS	Stable	Nurture



### impact reports



### using data to measure visits against results





### bottom-line impact: follow up outreach

### data-based assumptions:

\$3,000

Profitability/Referral

18

Avg. Number of Annual Referrals/Provider

liaison activity	volume impact	estimated impact on bottom line
Outreach/service recovery visits to providers with substantial variances	6	\$54,000
Outreach visits following first referral to secure second referral	12	\$36,000
Outreach visits to secure first-time referrals	30	\$90,000



### using data to summarizing impact

initiative: grow structural heart cases	incremental volume	profitability per case	bottom line impact
Shift of employed PCPs referrals to loyal cardiology practice	25	\$2,500	\$62,500
Recruit/onboard new CT surgeon	50	\$6,000	\$300,000
Targeted promotion of valve clinic/TAVR	50	\$1,000	\$50,000
Targeted promotion of arrhythmia center/watchman program	48	\$4,500	\$216,000
Targeted promotion of arrhythmia center/watchman program	48	\$4,500	\$216,000

\$628,500

Est. Referral Development Program Costs

\$(160,000)

Net Gain in CM

\$468,500







### know your market & differentiators



**Current state:** Vascular surgery market is saturated with specialists present at all health systems in our market.



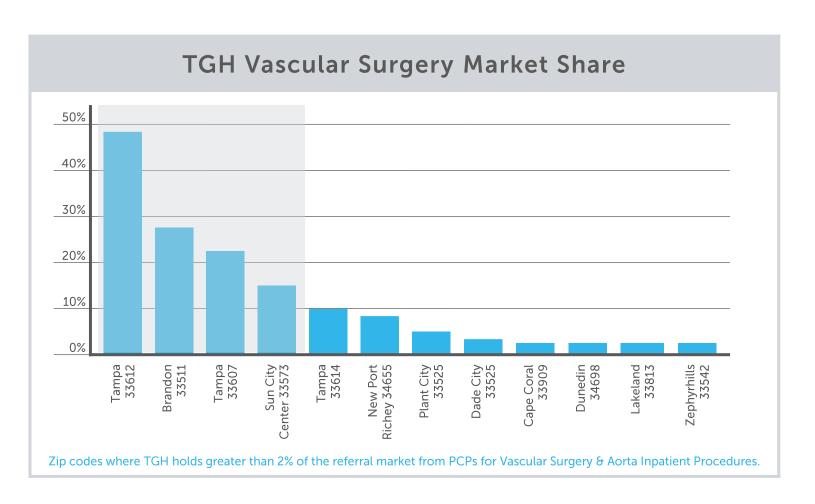
**Develop a clinical differentiator:** Tampa General Vascular surgeons engaged our strategy team to carve out an Aortic Aneurysm program to set ourselves apart.

- Multidisciplinary approach to treatment of aortic aneurysms inclusive of vascular surgery, interventional radiology and cardiac surgeons.
- Single entry point for referring physicians and patients to contact the program coordinator who would review the patients records and determine the best path for the patient whether it be medical management or surgery.
- Surgeons work as a team to evaluate the patient and develop a management or surgical treatment plan.
- Patient is returned to their referring primary care provider θ followed post surgery with detailed reporting from our aorta coordinator.



### know your market share

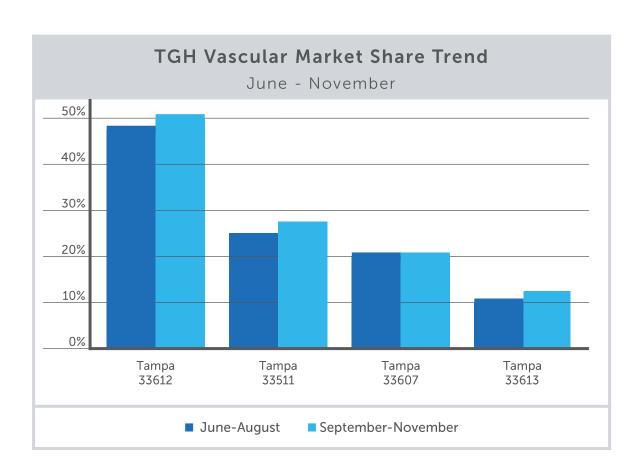
TGH Market Share for 12 Counties Vascular Surgery Referrals



- Understand your current market share and develop a benchmark.
- Define they areas where your outreach can have the greatest impact.
- Develop an outreach campaign in those territories.
- Create collateral to leave behind on office visits.
- Measure the success of your outreach efforts in the ability to shift market share.



### measure your impact



### Physician Targeted Outreach Campaign

June 2015 - Present

- Primary focus on Aorta Program with cross selling for all Vascular services
- Focused on top 4 zipcodes where TGH held highest market share

City	June-August	September-November
Tampa 33612	48%	51%
Brandon 33511	25%	28%
Tampa 33607	21%	21%
Tampa 33613	12%	13%

- Targeted PCPs with greater than 20% of referrals coming to TGH
  - Targeted Cardiologists and Vascular Surgeons with strong connection to those PCPs.



### when it works, repeat

With the Aorta Program model under our belt, we tackled additional campaigns with the same data driven approach & saw the following results:

#### 2017 cardiovascular outreach metrics:

- 356 Office visits
- 16 Office lunches
- 12 CME programs
- 345 unique participants in CME
- 1 Physician Rep assigned to the service line

service line	fy 2017 revenue	fy 2016 revenue	adjusted new revenue	percentage change
Heart Transplant	\$1,725,720.00	\$1,239,259.00	\$486,461	39%
Cardiology	\$1,125,991.00	\$1,004,740.00	\$121,251	12%
Interventional Radiology	\$826,836.00	\$290,425.00	\$536,411	185%
Vascular	\$800,101.00	\$596,447.00	\$203,654	34%
Cardiac Surgery	\$679,890.00	\$841,455.00	(\$161,565)	-19%
TAVR	\$216,800.00	\$479,089.00	(\$262,289)	-55%
Total	\$5,375,338.00	\$4,451,415.00	\$923,923.00	17%



### bottom line impact:

### knowing your numbers helps plan for the future

After 6 months of promoting the Cardiac surgery and TAVR service lines we were not able to have a positive impact on revenue. Our field intelligence allowed us to come to a conclusion about this outcome:

- We lost one of our cardiac surgeons to our competitor & saw almost a total shift in their patients.
- We were the last to the market to offer TAVR & our costs to build the program were not offset by revenue due to low volumes.

For 2018 we decided not to assign TAVR to an outreach rep or dedicate any additional resources to promotion of that procedure.

Cardiac Surgery	\$679,890.00	\$841,455.00	(\$161,565)	-19%
TAVR	\$216,800.00	\$479,089.00	(\$262,289)	-55%



### using data to summarizing impact

initiative: grow structural heart cases	incremental volume	profitability per case	bottom line impact
Shift of employed PCPs referrals to loyal cardiology practice	\$7.5	\$1.6M	\$5.9M
Target promotion of Cardiovascular services through Outreach and CME	\$4.4M	\$5.4M	\$1 in adjusted new revenue
			\$6.9M

Est. Referral Development Program Costs

\$(425,000)

Net Gain in CM

\$6.47M



# questions?



# thank you

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