Transforming Physician Relations:
The Why, the How and the Results

Becky Lathrop  |  Director Physician Liaisons  |  IU Health
Susan Boydell  |  Partner  |  Barlow/McCarthy
Agenda

- Getting to the “why”
- Transform, transition or tweak?
- The IU story
- Your questions

“THE SECRET OF CHANGE IS TO FOCUS ALL OF YOUR ENERGY, NOT ON FIGHTING THE OLD, BUT ON BUILDING THE NEW.”
— SOCRATES
Learning Objectives

1. **Discover a process for assessing** where you are, where you need to be and what to do to get there

2. **Gain leadership buy-in** and support when transforming your strategies and infrastructure

3. **Develop a high performing team** and share the impact the transformation has made
What’s Happening...

76% of hospital CEOs and leaders are growing their networks by more than 25% and will likely do so for the next 5 years.

What does that mean for physician relations?
Are We Getting Better at Controlling Leakage?

According to a recent study...

23% don’t track or don’t know

Fibroblast Study conducted by Sage Growth Partners, August 2018
Physician Relations is changing but is it enough?

2/3+ of programs have increased their attention and focus on meeting growth goals

Conversations with physicians is the most effective field tactic

But... Liaisons spend the majority of their time on office visits

Significant challenges physician relations programs will face in the future...

Top three responses:
- Access to meaningful data (57%)
- Access/time with physicians (52%)
- Capacity and Access (45%) New!
- Measuring ROI (40%)
When and Why

**When:** All the time

**Why:** What’s changing in the market?
What does my organization need that physician relations *only* can provide?
What needs to change in physician relations to provide greater value?

- Do I need to transform, transition or tweak?
- Don’t be afraid to course correct
- Make the difficult decisions
- Establish performance standards that are consistently met
- Constantly improve! Tie your change to changes in strategic direction
How.

- **Situational audit** is a type of SWOT analysis in which specific elements of the business are analyzed—market factors, competitive factors, environmental factors and internal look at strengths and weaknesses.

- A **strategic audit** is an in-depth review to determine whether your department is meeting its organizational objectives in the most efficient way. It also audits whether the company is utilizing its resources fully.
## Situational Audit

### Where do you excel?

### Where do you struggle?

<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Score</th>
<th>Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted, data-driven</td>
<td></td>
<td>• Measurable goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Data-driven physician targets lists</td>
</tr>
<tr>
<td>Field growth focused</td>
<td></td>
<td>• 75% of the time in the field having conversations with physicians</td>
</tr>
<tr>
<td>Differentiation</td>
<td></td>
<td>• Can articulate key messages of differentiation</td>
</tr>
<tr>
<td>Measures</td>
<td></td>
<td>• Meaningful success measures in place and reported</td>
</tr>
<tr>
<td>Clinical depth</td>
<td></td>
<td>• Deep understand of clinical content with the ability to ask the right questions to uncover needs</td>
</tr>
<tr>
<td>Talent</td>
<td></td>
<td>• Strategic business growth thinkers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Natural sales aptitude</td>
</tr>
<tr>
<td>Leadership involvement</td>
<td></td>
<td>• Credibility with leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Buy-in, support and get-it factor</td>
</tr>
<tr>
<td>System thinking</td>
<td></td>
<td>• No siloes and/or turf wars</td>
</tr>
</tbody>
</table>

1 - 5 with 5 being excellent
“Transform, Transition, Tweak” Checklist

1. Strategy
   Physician relations is called out in the strategic plan

2. Team Development
   The field team are strategic growth leaders that uncover physician needs and proactively position your priority products and service

3. Internal Engagement
   Leadership seeks out the field intelligence provided by the field team

4. Results
   Physician relations connects activity to results and consistently plays a significant role in growing business
Tell us where you are...

**Strategy**
Physician relations is called out in the strategic plan.

**Team Development**
The field team are strategic growth leaders that uncover physician needs and proactively position your priority products and service.

**Internal Engagement**
Leadership seeks out the field intelligence provided by the field team.

**Results**
Physician relations connects activity to results and consistently plays a significant role in growing business.
A Strategic Must Have

**Advanced?**
- Advanced, strategically-driven physician relationships
- Driving change in the organization based on strategic field intelligence
- Using data to uncover referral/growth opportunities
- Ability to uncover unmet needs
- Quantifiable results
- Forecasting

**Struggling?**
- No seat at the table for strategic growth conversations
- Doing everything “physicians”
- Concierge only focus
- Fixing problems
- Tell and sell in the field
- Liaison skillset treading water
The IU Health Story

Becky Lathrop
Director Physician Liaisons
Who We Are

Indiana’s Largest and Most Comprehensive Health System

- Statewide system with 15 hospitals plus health centers, physician practices, and affiliates around the state
- Affiliated with IU School of Medicine—one of the nation’s largest medical schools and a national leader in medical education and research
- IU Health Methodist houses one of only two Level 1 Trauma Centers in Indiana
- Riley at IU Health houses Indiana’s only Level 1 Pediatric Trauma Center
- IU Health Transplant is one of the nation’s largest transplant programs
Role in Strategic Planning

Strategic Plan for HPB Surgery

1. Environmental context and current state
2. What do we want to accomplish?
3. How will we achieve the ends?
4. Tactics and metrics to achieve goals and objectives

Implementation
Who is Involved in Planning

Key Functions
- Marketing & Communications Strategy
- Brand Asset Management
- Experience Design
- Business Unit Marketing

Key Channels
- Physician Liaisons
- Public Relations
- Social Media
- Internal Communications
- Digital Properties (portals, iuhealth.org, apps)
- Patient Communities

Socialization of final plan includes:
System executives, regional business unit leaders and service area leaders
2019 In-Market Timeline - Proposed

Q1
- Ease of Access: Same Day Primary Care Appointments, Online Scheduling
- Video Visits
- Urgent Care
- OB/GYN Research
- OB/GYN Planning

Q2
- Oncology: Breast Cancer
- Orthopedic Surgery: Leakage and D2C consult
- CRM
- Physician Liaisons
- Oncology: Referral Communication, Physician targeting
- CV Services: Leakage targeting

Q3
- Orthopedic Surgery: Leakage targeting
- Trauma & ED Level I Program: EMS targeting and education

Q4

Direct to Consumers
- Loyalty
- MD to MD
Strategic Change

New Goal Defined after Liaison Input

- Increase overall attending revenue into the system for the Digestive & Liver Disorders (DaLD) Service Area
  - Grow: number of patients referred into DaLD (top of the funnel)
  - Grow: 4% growth goal in volume of HPB Surgeries
  - Grow: 1.4% growth goal in Attending Revenue for DaLD Service Area
## Service Line Prioritization Criteria for HPB Surgery

**Does this service area (HPB surgery) grow profitable volume for the system?**

<table>
<thead>
<tr>
<th>Area</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>Will these specialty areas grow revenue for the system?</td>
<td>YES (significant contribution margin)</td>
</tr>
<tr>
<td>Access</td>
<td>Do we have the capacity to take on more volume in this area?</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>How long are new patients waiting for this specialty? Look at Median Lag</td>
<td>LESS THAN ONE WEEK</td>
</tr>
<tr>
<td></td>
<td>time to next appointment</td>
<td></td>
</tr>
<tr>
<td>Star Rating</td>
<td>How are our service ratings within this specialty? Are we currently</td>
<td>YES – above average</td>
</tr>
<tr>
<td></td>
<td>delivering above average service (&gt;4.63), average service (4.63), or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>below average service (&lt;4.63)? Patient experience matters to referring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>providers as well</td>
<td></td>
</tr>
<tr>
<td>Liaison Input</td>
<td>What are the attitudes/beliefs of the referring providers (perhaps not</td>
<td>Gastroenterology is the primary referral source – therefore consideration should be given to promotion of the entire service line (Digestive &amp; Liver Disorders). Cannot go into referring provider and only focus on HPB Surgery.</td>
</tr>
<tr>
<td></td>
<td>demonstrated in the data)? What is the referral pattern? Is there any</td>
<td></td>
</tr>
<tr>
<td></td>
<td>additional competitive intelligence that should be considered?</td>
<td></td>
</tr>
</tbody>
</table>
Tell us where you are...

**Strategy**
Physician relations is called out in the strategic plan

**Team Development**
The field team are strategic growth leaders that uncover physician needs and proactively position your priority products and service

**Internal Engagement**
Leadership seeks out the field intelligence provided by the field team

**Results**
Physician relations connects activity to results and consistently plays a significant role in growing business
Advanced?

- Strategic “growth” thinkers
- Driven by the “sale”
- Gets the data they need, knows what to ask for and what to do with it
- Eager to learn
- Sees a challenge as an opportunity
- Sells to internal stakeholders
- Growth/volume/quality focus

Struggling?

- Not having conversations with physicians
- No strategy or sales plan for how they plan to achieve their goals
- Complains about [fill in the blank]
- “I could do better if “you” would____”
- Uncomfortable with ride-alongs
- Customer service focus
Team Restructure

“Retention” Growth Strategy for Physician Relations

1. Environmental context and current state
2. What do we want to accomplish?
3. How will we achieve the ends?
4. Tactics and metrics to achieve goals and objectives

Implementation
Primary Care Liaison Team
IU Health Physician Liaisons

- Julie Simonton
  Central Morgan PL
  IUHP Employed Providers

- Lucy Keller
  Suburban Indy PL
  IUHP Employed Providers

- Ryan Monesmith
  East Central PL
  Ball Employed Providers

- Heidi Sturgeon
  West Central PL
  Arnett Employed Providers

- Heath LaGrange
  South Central PL
  SIP Employed Providers
Before (2017)

Specialty Care Team
Oncology | Ortho | CV | Neuro | Peds

Primary Care Team
East | West | IUHP | South

PCPs

After (2018)

Specialty Care Team
Oncology | Peds | CV | Urology, GI, Neuro

Primary Care Team
East | West | Central | Central South | South

TARGETED PCPs
including Family Medicine

Additional Changes:
- Eliminated Ortho Specialty
- Added another PCP liaison
- Provided hierarchy for career development/accountability with cross-functional role of Specialty Liaison
Primary Care Physician Liaison Targeting

**Step 1**
Identify Revenue Flow & Referral Relationships

- PCP $$$
- Referring Specialist $$
- Attending Specialist $

**Step 2**
Apply Filters*

- Employment – include all IUH PCPs
- Geography
- Leakage
- Share of Revenue
- Payer Mix

**Step 3**
Review Targets

- Physician Liaison & Business Units review

**Step 4**
Track Revenue

- PCP: % IUH referral revenue
- Quarterly Revenue Growth Report

*Goal is 150-175 physician targets per Physician Liaison
# Leakage Dashboard – Service Line Specific

## Offering Market Data - Physician Information

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IU Health Physicians</td>
<td>$16,711,968</td>
<td>$689,953</td>
<td>$41,986,023</td>
<td>$203,560,025</td>
<td></td>
</tr>
<tr>
<td>IU Health Physicians</td>
<td>$5,336,155</td>
<td>$1,104</td>
<td>$3,855,815</td>
<td>$5,725,872</td>
<td></td>
</tr>
<tr>
<td>IU Health Physicians</td>
<td>$1,931,234</td>
<td>$358</td>
<td>$1,696,856</td>
<td>$3,258,178</td>
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<tr>
<td>IU Health Physicians</td>
<td>$3,230,354</td>
<td>$1,504</td>
<td>$641,148</td>
<td>$3,304,008</td>
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</tr>
<tr>
<td>IU Health Physicians</td>
<td>$1,894,390</td>
<td>$327,727</td>
<td>$1,249,814</td>
<td>$3,178,934</td>
<td></td>
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<tr>
<td>IU Health Physicians</td>
<td>$1,622,292</td>
<td>$23,104</td>
<td>$1,202,831</td>
<td>$2,031,227</td>
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<tr>
<td>IU Health Physicians</td>
<td>$1,840,675</td>
<td>$980</td>
<td>$332,319</td>
<td>$2,473,864</td>
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<tr>
<td>IU Health Physicians</td>
<td>$2,145,959</td>
<td>$884</td>
<td>$110,272</td>
<td>$2,255,015</td>
<td></td>
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<tr>
<td>IU Health Physicians</td>
<td>$1,530,709</td>
<td>$565</td>
<td>$772,514</td>
<td>$2,209,067</td>
<td></td>
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<tr>
<td>IU Health Physicians</td>
<td>$1,289,945</td>
<td>$7,563</td>
<td>$327,936</td>
<td>$2,019,454</td>
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</tr>
<tr>
<td>IU Health</td>
<td>$1,655,131</td>
<td>$556</td>
<td>$322,656</td>
<td>$1,988,473</td>
<td></td>
</tr>
</tbody>
</table>

## PCP Downstream Facility

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$160,711,360</td>
<td>$669,933</td>
<td>$41,986,023</td>
<td>$203,560,025</td>
</tr>
<tr>
<td>Hospital A</td>
<td>$62,100,700</td>
<td>$0</td>
<td>$0</td>
<td>$62,100,700</td>
</tr>
<tr>
<td>Hospital B</td>
<td>$22,848,735</td>
<td>$0</td>
<td>$0</td>
<td>$22,848,735</td>
</tr>
<tr>
<td>Hospital C</td>
<td>$14,100,474</td>
<td>$0</td>
<td>$0</td>
<td>$14,100,474</td>
</tr>
<tr>
<td>IU Health Bloomington</td>
<td>$13,986,438</td>
<td>$0</td>
<td>$0</td>
<td>$13,986,438</td>
</tr>
</tbody>
</table>

### Service Type

- (All)
- Inpatient
- Outpatient

## PCP Referring Market Data - Service Line

![Graph showing PCP Referring Market Data - Service Line](image-url)
Leakage Dashboard – Provider Specific

### PCP Referring Market Data - Physician Information

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Est. IUH Rev</th>
<th>Est. Comp Rev</th>
<th>Total Revenue (PCP Referring)</th>
<th>Est. IUH Rev Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$36,381,427</td>
<td>$25,934,678</td>
<td>$62,435,540</td>
<td>56.46%</td>
</tr>
<tr>
<td>Dr. A</td>
<td>$87,846</td>
<td>$821,677</td>
<td>$909,523</td>
<td>8.98%</td>
</tr>
<tr>
<td>Dr. B</td>
<td>$69,811</td>
<td>$8,114</td>
<td>$78,458</td>
<td>8.66%</td>
</tr>
<tr>
<td>Dr. C</td>
<td>$775,988</td>
<td>$357,546</td>
<td>$1,133,504</td>
<td>68.46%</td>
</tr>
<tr>
<td>Dr. D</td>
<td>$1,220,629</td>
<td>$304,430</td>
<td>$1,534,942</td>
<td>80.17%</td>
</tr>
<tr>
<td>Dr. E</td>
<td>$485,137</td>
<td>$61,279</td>
<td>$546,416</td>
<td>88.99%</td>
</tr>
<tr>
<td>Dr. F</td>
<td>$481,356</td>
<td>$205,628</td>
<td>$686,921</td>
<td>69.29%</td>
</tr>
<tr>
<td>Dr. G</td>
<td>$139,338</td>
<td>$29,490</td>
<td>$168,441</td>
<td>87.56%</td>
</tr>
</tbody>
</table>

### PCP Referring Market Data - Service Line

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Foot</td>
<td>$4,956,016</td>
</tr>
<tr>
<td>Inpatient Hand</td>
<td>$9,252,546</td>
</tr>
<tr>
<td>Outpatient Foot</td>
<td>$9,252,546</td>
</tr>
<tr>
<td>Outpatient Hand</td>
<td>$9,557,359</td>
</tr>
<tr>
<td>Outpatient Hip</td>
<td>$9,557,359</td>
</tr>
<tr>
<td>Outpatient Knee</td>
<td>$9,557,359</td>
</tr>
<tr>
<td>Outpatient Shoulder</td>
<td>$9,557,359</td>
</tr>
<tr>
<td>Outpatient Spine</td>
<td>$9,557,359</td>
</tr>
<tr>
<td>Outpatient General Orthopedics</td>
<td>$9,557,359</td>
</tr>
<tr>
<td>Outpatient Sports Medicine</td>
<td>$9,557,359</td>
</tr>
</tbody>
</table>

### PCP Downstream Facility

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$62,435,540</td>
<td>$36,381,427</td>
<td>$25,934,678</td>
</tr>
<tr>
<td>Hospital A</td>
<td>$9,557,359</td>
<td>$0</td>
<td>$9,557,359</td>
</tr>
<tr>
<td>Hospital B</td>
<td>$9,252,546</td>
<td>$9,252,546</td>
<td>$0</td>
</tr>
<tr>
<td>Surgery Center A</td>
<td>$8,740,341</td>
<td>$8,740,341</td>
<td>$0</td>
</tr>
<tr>
<td>Hospital C</td>
<td>$4,956,016</td>
<td>$4,956,016</td>
<td>$0</td>
</tr>
<tr>
<td>Hospital D</td>
<td>$3,789,795</td>
<td>$3,789,795</td>
<td>$0</td>
</tr>
<tr>
<td>Hospital E</td>
<td>$3,533,456</td>
<td>$3,533,456</td>
<td>$0</td>
</tr>
<tr>
<td>Hospital F</td>
<td>$3,327,189</td>
<td>$3,327,189</td>
<td>$0</td>
</tr>
</tbody>
</table>

Team Development
Tell us where you are...

1. **Strategy**
   Physician relations is called out in the strategic plan.

2. **Team Development**
   The field team are strategic growth leaders that uncover physician needs and proactively position your priority products and service.

3. **Internal Engagement**
   Leadership seeks out the field intelligence provided by the field team.

4. **Results**
   Physician relations connects activity to results and consistently plays a significant role in growing business.
Leader Perceptions

Advanced?

- Key department heads want the interaction and rely on it to grow
- Entire C-suite at the hospital understands the role and is personally involved in supporting it
- Physician relations is asked to participate in senior strategy meetings AND...Sits at the table on new initiatives
- Provide strategic intelligence to leadership that informs strategic decisions

Struggling?

- Limited involvement from C-suite
- C-suite unable to determine value
- Unable to tie activity to results
- At risk during budget season
- Not at the table...Waiting to be asked
- Provide tactical intelligence
- Passive – “we are being replaced by X”
Engagement from Leadership with IU Health Liaison Team

✓ Quarterly “In Person” Meetings with Regional and System Leadership
  ▪ Ensure alignment on strategy
  ▪ Two Way Conversation

✓ Invitation by IUHP Physician Leadership for Liaisons to attend workshops to address physician leakage
  ▪ Subsequent LEAN focused events for opportunities identified – inclusion of liaison

✓ Monthly Field Reports
  ▪ Address Topics (Access, Communication, Intel, Misc, Peer to Peer engagements)
  ▪ Numerous reports created (Overall System Report, Business Unit Reports)
  ▪ Leaders utilizing reports for countermeasure reporting across service areas
## Monthly Issues Report – with follow up.

<table>
<thead>
<tr>
<th>Department</th>
<th>Division</th>
<th>Topic</th>
<th>Notes</th>
<th>Status</th>
<th>Additional Follow-up By Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>General Surgery</td>
<td>Communication</td>
<td>Oncologist referred a patient to colo-rectal surgeon at the downtown location. After two weeks of both referring physician and patient trying to schedule an appointment, the patient was considering seeking treatment at a competing health care system.</td>
<td>Oncology liaison reached out to Downtown Oncology leaders and Downtown General Surgery for assistance. Patient was finally scheduled.</td>
<td>From General Surgery Leadership: Education was provided to scheduling and service recovery has been completed.</td>
</tr>
<tr>
<td>Medicine</td>
<td>Pulmonary Critical Care</td>
<td>Access</td>
<td>Dr. A (IUHP Practice B) had a patient who was discharged from IU Health Emergency Department with instructions to be seen by a pulmonologist within 3-4 days. Dr. A’s office put in an urgent referral and was given an appointment of 5 weeks out.</td>
<td></td>
<td>Donna, Specialty Care Physician Liaison worked with the Pulmonology office to get the patient seen with a week.</td>
</tr>
</tbody>
</table>
Strategy
Physician relations is called out in the strategic plan

Team Development
The field team are strategic growth leaders that uncover physician needs and proactively position your priority products and service

Internal Engagement
Leadership seeks out the field intelligence provided by the field team

Results
Physician relations connects activity to results and consistently plays a significant role in growing business
Getting Results

- Know how leaders evaluate success
- Field team can clearly articulate their expectations and they are a match to the organization’s priorities
- A proactive team that embraces change
  - Demonstrated in our actions and communication

- Do you have defined goals that can be measured?
- Can you tie activity to results?
- Do your leaders believe?
Results – Case Study #1

- Focused on entire Digestive & Liver Disorder service line – not just the sub-specialty HPB surgery
  - Fills “top of funnel” for possible HPB patients
  - Ensuring that comprehensive calls on referring Gastroenterologist can be made effectively

- Tactics Utilized
  - Calls on targeted Gastroenterologists across Indiana
  - Ensure employed PCP referrals for DaLD stay in system
  - Key MD2MD engagements for HPB Surgeons
Results – Case Study #1

**Additional Results:**
Service area reported that after just two months of liaison focus, they experienced a 2000/month increase in referral calls into the DaLD referral line.

**Attending Revenue 2017-18**
- Digestive/Liver Disorder: 1.40% (Goal), 7% (Actual)

**Surgical Procedures 2018**
- HPB: 4% (Goal), 5.90% (Actual)

**Data from Crimson Market Advantage (CMA)**
Results – Case Study #2 “Retention” Focus

- Restructured Primary Care Liaison team to ensure all IUHP Employed Primary Care providers were targets
- Ensured targeting process reflected this change
- Continual focus on key providers utilizing Leakage Dashboard
Results – Case Study #2 “Retention” Focus

Keepage
- 2017: 62%
- 2018: 76%

Referral Revenue
- Goal: 1.14%
- Actual: 8%

** Data from Crimson Market Advantage (CMA)
Where Do We Want to Be in Future

- **Growth from independent providers.** Retention growth strategy has been successful. While it continues to be important we need to look outside to independent providers for growth throughout the state.

- Flexibility in the Specialty Care team in that we are able to **capitalize on business opportunities** that present themselves to our system in service areas that may not currently be a priority.

- Continue to be a **key player in the strategy and business planning development** for the system and regions.

- **Career development ladder for the liaison team** – need to encourage and provide growth and advancement opportunities within the liaison team.
Key Take-Aways

- Assess your effectiveness *all the time*
- Select those areas where you have the greatest vulnerability and are the most important to your organization
- Determine whether you need to transform, transition or tweak
- Challenge yourself. Make the difficult decisions. And constantly elevate your program to greatness!

*We cannot become what we want to be by remaining what we are.*

Max DePree
Questions?

Please be sure to complete the session evaluation on the mobile app!
Becky Lathrop serves as the Director for Physician Liaisons for Indiana University Health in Indianapolis, IN. Becky is responsible for a team of 10 liaisons for the 16 hospital healthcare system. She works closely alongside key business unit leaders, C-suite executives and marketing colleagues across the system to ensure coordinated strategy, focus, feedback and follow through on specific key business objectives. Simultaneously, she provides continuous sales coaching and professional development opportunities for direct reports leading to the achievement of both their personal developmental and departmental goals.

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Speaker Biography

Susan Boydell, a partner with Barlow/McCarthy, has deep experience and brings a practical yet inventive strategic thinking to healthcare organizations and physician practices nationwide. Passionate about “listening” to the "voice of the customer" Susan helps clients discover what physicians want and expect. She then translates those insights into customized solutions for referral development, leakage improvement, evolving teams and keeping organizations one step ahead of trends.

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