BEYOND RECRUITING:

how to onboard & retain your best physicians

TILLER + HEWITT

marketware™
Carrie Bennett, FACHE
VP of Client Strategy, Marketware

• 17 years of experience in physician recruitment, onboarding and outreach

• Additional areas of expertise include patient engagement, community marketing and service line development

• Board certified in Healthcare Management by the American College of Healthcare Executives
targeted messaging

manage relationships

data analytics tool
Tammy Tiller-Hewitt, FACHE
CEO, Tiller-Hewitt HealthCare Strategies

• Nationally recognized physician relations and retention strategic outreach pioneer, keynote speaker and writer.

• Board certified in Healthcare Management by the American College of Healthcare Executives

• Certified John C. Maxwell Leadership Coach

• Healthcare and Private Sector Leadership Team
  o Physician Mentor/Coach
  o LEAN Six Sigma Advisors
  o Myers-Briggs Communication Facilitator
  o Health & Wellness Coach
tiller-hewitt signature programs

**Physician+Hospital Relations Program**
- Outreach / Liaison / Sales Programs
- Launch/Refresh/Assess
- Market Share Growth
- Service Line Development
- LEAN Process Improvement

**trackerPLUS+**
- PRM Tracking Software
- Market Intelligence
- Referral Data Management
- Issue Resolution Tracking

**onboardPLUS+**
- Physician & APP Onboarding & Navigation
- Mentorship
- Family / Community Integration

**MAKEitMATTER**
- Onsite Corporate Sales Training
- Public Training Workshops
- Friday from the Field

**MAKEYouMATTER**
- Leadership Coaching
- Professional Development
- Personal Wellness
early physician turn-over
common, expensive

- historical attrition within 3-5 years post commitment
- costs for re-recruiting for the same role
- missed opportunity costs
challenges to recruiting the perfect fit

<table>
<thead>
<tr>
<th>demand</th>
<th>supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Intensified Poaching by Recruiters</td>
<td>• Increase in Physician Burn-out</td>
</tr>
<tr>
<td>• Gaps in In-Demand Specialists</td>
<td>• Millennials Desire for Work-Life Balance</td>
</tr>
<tr>
<td>• Danger of Simply Plugging the Hole</td>
<td>• Call Support</td>
</tr>
<tr>
<td></td>
<td>• Rise in Employment Contracts</td>
</tr>
</tbody>
</table>
landscape: the engagement gap

engagement among physicians is very low

how many years do you expect to stay with your current organization?

20% engaged

25.9% staff

68.7% physician

Source: Leaders for Today Survey of May 2017

Source: Athenahhealth/EPOCRATES, 2016
competition is fierce

63% of physicians completing their training in 2014 received 51 or more job solicitations.

46% received 100 or more job solicitations.

68% of newly trained physicians would prefer to be employed by a hospital or medical group.

Only 2% would prefer an independent, solo practice.

Source: Merritt Hawkins 2015 Survey of Final Year Medical Residents
physician turnover

early years are most critical

annual physician turnover at all-time high

6.8% average

*2013 Physician Retention Survey from American Medical Group Association
turnover costs
well over $1 million per physician

recruiting costs
$250,000
search expenses, sign-on bonuses, income guarantees, relocation costs

lost revenue
$1,000,000+
$1,448,458 avg. annual revenue generated per physician**
when done right
physician onboarding drives results

- increased retention
- decreased ramp up
- improved productivity
- increased satisfaction
- increased system alignment
we do onboarding!
why are we still facing a gap?

80%

< 90
formalized onboarding

majority of teams report having an onboarding program in place but

only 1/3 formally structure the program

---

**do you have an onboarding program?**

- Yes: 85%
- No: 15%

**is there a formalized committee/task force?**

- Yes: 33%
- No: 67%

---

Source: Cejka Search and AMGA Physician Retention Survey 2012
The majority of administrators mistakenly believe brief "orientation" is the same as "onboarding".

tiller-hewitt onboarding 4 c’s

collaboration | coordination | consistency | communication

recruitment & orientation is not equal to onboarding & navigation
orientation vs onboarding
1. Determine Baseline Reality
   • Build the Case with Surveys and Data
2. Identify and Assemble Team
   • Strong Lead & Scribe
   • Establish Expectations
   • Assign Roles & Responsibilities
   • Create Accountability System
3. Conduct Lean Process – Rapid Improvement Events – Action Plan
4. Develop and Implement Master Checklist
5. Assess/Implement Mentorship Program
6. Continuous Onboarding & Navigation
where to start
what’s your reality & baseline

- Cost to Recruit
- Vacancy Rate and Cost of Vacancy
- Ramp up to Break-Even and beyond
- Turn-over rate (compared to national / regional norms)
- Resources Dedicated to Retention / Navigation
- Focus on Community Assessment / Involvement
- Pulse of Recently Recruited Providers
client profile

Serves a 20-county area in Ohio and eastern Indiana
Affiliation with Wright State University School of Medicine
115+ employed physicians and professional staff
2000+ employees and volunteers

Challenge

• Difficult subspecialty searches
• Slow Ramp-up
• Retention Issues
• Lack of Internal Collaboration
• Liaison / Practice Management

Solution

• Launched Formal Program
• Convened Team and Champion
• Conducted Lean – Rapid Improvement Event
• Included a Formalized Mentor Lead & Program
onboarding use case - results

recruited over 70 physicians

days to full payer credentialing: from 322 to 84

months to productivity: from 14 to 5 months

turnover rate: from 11.6 to 2.7%

onboardPLUS+
critical success factors

- Identified an onboarding lead ("owner")
- Set measurable goals and report key dashboard metrics
- Continually sought feedback from physicians who recently completed onboarding
- Defined the process for physicians to help set expectations
- Assigned a mentor for a full-year commitment
Client Need: Difficulty recruiting and retaining providers in non-urban.

Data Discoveries: Studied retention challenges at hospital, regional and system levels to identify key touchpoints and best practices for onboarding success.

Actions Taken: Formalized the onboarding process including key touchpoints, persons responsible and deadlines tied to start date. Increase in recruitment materials & effort. Centralized physician outreach planning & accountability.

Initial Results: Strong growth in provider engagement, satisfaction & retention.
<table>
<thead>
<tr>
<th>Task</th>
<th>Start Date</th>
<th>Status</th>
<th>Due Tasks</th>
<th>Complete %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology, Interventional Cardiology</td>
<td>07/19/2015</td>
<td>Going Smoothly</td>
<td>81 Questions Past Due</td>
<td>0% complete</td>
</tr>
<tr>
<td>Family Medicine (Generalist)</td>
<td>02/01/2018</td>
<td>Going Smoothly</td>
<td>18 Tasks Past Due</td>
<td>70% complete</td>
</tr>
<tr>
<td>2. Onboarding Employed Provider - Existing Clinic</td>
<td>02/19/2018</td>
<td>Going Smoothly</td>
<td>22 Tasks Past Due</td>
<td>63% complete</td>
</tr>
</tbody>
</table>
## 01. Employed - New Practice

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Category</th>
<th>Assigned</th>
<th>Start Date</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification of work history and prior hospital affiliations</td>
<td>Hospital Credentialing</td>
<td>Market Director/Manager</td>
<td>05/03/2018</td>
<td>05/03/2018</td>
</tr>
<tr>
<td>Background check on Provider (Coordinate with HR &amp; Med Staff Services)</td>
<td>Human Resources</td>
<td>Human Resources</td>
<td>05/03/2018</td>
<td>05/03/2018</td>
</tr>
<tr>
<td>Coordinate provider and staff training sessions</td>
<td>IT &amp; eCW/Athena</td>
<td>Local IT65</td>
<td>05/03/2018</td>
<td>05/03/2018</td>
</tr>
<tr>
<td>Local IT or Plant Op to set-up or assign two fax lines and configure fax server, iOne for EMR server and one traditional</td>
<td>IT &amp; eCW/Athena</td>
<td>Local IT65</td>
<td>05/03/2018</td>
<td>05/03/2018</td>
</tr>
<tr>
<td>Initiate, Complete and Mail Federal Tax ID # Application and State withholding Tax ID Application, if applicable</td>
<td>Legal &amp; Risk Management</td>
<td>Market Director/Manager</td>
<td>05/03/2018</td>
<td>05/03/2018</td>
</tr>
<tr>
<td>Select Location and Obtain Lease Agreement</td>
<td>Legal &amp; Risk Management</td>
<td>Market</td>
<td>05/03/2018</td>
<td>05/03/2018</td>
</tr>
</tbody>
</table>

Status:
- Going Smoothly: 50% Completed

---

Facility: Ashley Regional Medical Center

Assigned: Kevin Allan
some best demonstrated practices for onboarding

- PRI to set up provider-to-provider appointments in advance of taking provider in the field
- Don’t forget about facilities & other referral sources – including the competitor depending on niche
- PRI have Intro collateral material to hand out about provider - Spotlight what makes him/her unique?
- Preparing the provider for the introduction
  - Dressing the Part
  - Binder with who provider will see & background
  - Businesscards/flyer for contact on intake process
- Coaching in the car for a successful sales call
- Thank you notes to facilities & providers visited
- Capture visits to highlight who was visited and downstream impact
- Monitor trends over time
- Schedule time to make 90-day revisits

LifePoint Health
coordination & accountability

- engage others
- map out touchpoints
- roles & timeline
- physician feedback
engaging others
to identify touchpoints across continuum
identifying & maximizing key touchpoints

**recruitment**
- Understanding the need
- Inclusive site visits
- Honest, open view
- Interviewing for ‘fit’
- Contracts that meet joint expectations

**relocation**
- Relocation guidance
- Immediate credentialing
- Shared data collection & processing
- Practice set up support

**integration**
- Orientation to practice
- Introductory meetings
- Call coverage
- Systems training
- Mentorship

**creating connections**
- Identifying patient pipelines
- Understanding capabilities & key differentiators
- Marketing guidance
- Introduction to community
- Facilitate strategic outreach visits
- Don’t forget about the family

**beyond practice launch**
- 100-day mark
- 200-day mark
- 300-day mark
- Check-ins during years 2 & 3
- Incorporate physician feedback tools (i.e. New physician focus groups, satisfaction surveys, exit interviews)
Signed contract received 120+ days prior to start

Kick off meeting - launch alignment plan, appoint project manager & assign tasks/deadlines within Ascend within 7 days of signed contract

Meet with physician by phone to review plan & points of contact within 15 days of signed contract

Team members complete assigned tasks & document - within Ascend Alignment Tab

Execution of 100-day volume development plan within 15-30 days of practice launch

Meet with physician by phone or during house-hunting visit to finalize volume development & marketing plan 45-60 days prior to launch

Bi-Weekly Touchpoints with Physician

Review & update progress with team bi-weekly via Ascend Alignment Reports

Practice Launch

Review practice volume & referral development trends monthly.

100-Day Assessment

Implement recommended plan adjustments if below volume projections

Physician is transitioned from onboarding to retention once specific practice performance criteria is met.
using onboarding checklists to ensure consistent roles & timeline

<table>
<thead>
<tr>
<th>Community Integration</th>
<th>Start Date: 7/1/2017</th>
<th>Tasks Past Due: 3</th>
<th>Complete: 66.0%</th>
</tr>
</thead>
</table>

### Summary Integration

<table>
<thead>
<tr>
<th>Summary</th>
<th>Assigned</th>
<th>Start Date</th>
<th>Due Date</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a list of networking targets by specialty &amp; zip code, incorporate these into new practice marketing/networking plans</td>
<td>Bus Dev</td>
<td>6/1/2017</td>
<td>6/1/2017</td>
<td>Complete</td>
<td>16 providers with emphasis on 09876, 098821 markets</td>
</tr>
<tr>
<td>Plan &amp; execute road show introducing the provider to other providers &amp; key individuals in the market</td>
<td>Liaison</td>
<td>6/15/2017</td>
<td>7/15/2017</td>
<td>Complete</td>
<td>68% completed; additional follow ups to be scheduled</td>
</tr>
<tr>
<td>Assist provider &amp; family in establishing links to the community (setup bank accounts, enroll children in school &amp; activities, eat at local restaurants, etc.)</td>
<td>Recruiter</td>
<td>5/1/2017</td>
<td>5/1/2017</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Schedule speaking engagements for provider</td>
<td>Marketing</td>
<td>7/1/2017</td>
<td>10/1/2017</td>
<td>IP</td>
<td></td>
</tr>
<tr>
<td>Email family list of local contacts</td>
<td>Recruiter</td>
<td>5/1/2017</td>
<td>5/1/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner with hospitality committee to include family in upcoming community event</td>
<td>Recruiter</td>
<td>6/1/2017</td>
<td>8/30/2017</td>
<td>IP</td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td>Liaison</td>
<td>6/25/2017</td>
<td>6/30/2017</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Send provider med staff meeting schedule</td>
<td>Med Staff</td>
<td>6/1/2017</td>
<td>6/1/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New provider orientation lunch</td>
<td>CMO</td>
<td>6/30/2017</td>
<td>6/30/2017</td>
<td>Complete</td>
<td></td>
</tr>
</tbody>
</table>
engaging the new provider

• What is the service line vision and how does the new provider’s practice fit in strategically?

• Who is the providers ‘ideal’ patient?

• What does the typical patient pipeline look like for their specialty?

• What was their motivation to moving to the area?

• What excited them most about this particular practice opportunity?

• What are some growth accelerators that may need to be emphasized or promoted?

• What are some potential growth barriers that may need to be minimized?

• What have others in their same specialty done successfully to build a practice?

• Who are they outside of medicine and how might this support connectivity?
data-enabled growth

- Supports the development of stronger strategic priorities
- Provides foundational support needed to build & redirect alignment
- Focuses resources where they add the most value
- Increases ability to measure & effectively communicate ROI tied to growth initiatives
getting trendy

Identify key targets by specialty & market

Use claims data to understand the strength of their shared patient connections

Ensure network integrity by acting on opportunities that won’t impact from your existing base

Create a plan for active referral follow up
Client Need: Newly employed orthopedic surgeon hungry to fill his open patient slots.

Data Discoveries: Used network connections analysis within SCOUT to identify targeted PCP partners.

Actions Taken: Quickly facilitated physician-to-physician introductions & CME events with PCPs as well as patient-directed educational seminars.

Initial Results: Within 1 month, surgeon was booked out six weeks, bringing an estimated $104,000 in incremental revenue between the practice and hospital.
# Shared Patients Analysis - Initial Provider

**Profile Filters:**

- **Specialty Type:** ORP
- **Specialty:** (All)
- **Network Status:** (All)
- **Provider Name:** (All)
- **Group Initial Providers By:** Practitioner
- **Minimum Shared Patients:** 10
- **Top Providers:** 100

## Shared Patients with Orthopaedics

<table>
<thead>
<tr>
<th>Initial Provider</th>
<th>Specialty</th>
<th>Primary Affiliation</th>
<th>Primary Facility</th>
<th>Secondary Provider</th>
<th>Specialty</th>
<th>Secondary Provider Primary Affiliation</th>
<th>Secondary Provider Primary Facility</th>
<th>Shared Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguist, David Lane</td>
<td>Family Medicine</td>
<td>Baylor Family Medical Center</td>
<td>No Primary Facility</td>
<td>Roux, Marcus Anderson</td>
<td>Orthopaedics</td>
<td>Orthopaedic Associates</td>
<td>No Primary Facility</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Beene, Benjamin D</td>
<td>Orthopaedics</td>
<td>Ellis County Bone And Joint Clinic</td>
<td>No Primary Facility</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ellis, James Scott</td>
<td>Orthopaedics</td>
<td>Southwest Dallas Orthopedic</td>
<td>No Primary Facility</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Roye, Robert P</td>
<td>Orthopaedics</td>
<td>Regional Orthopaedic And Sports</td>
<td>No Primary Facility</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Berdchuck, Matthew</td>
<td>Orthopaedics</td>
<td>Spine Surgery Center</td>
<td>No Primary Facility</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Freundigman, Paul T</td>
<td>Orthopaedics</td>
<td>Acute Reconstructive Ortho Trauma</td>
<td>No Primary Facility</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Roux, Marcus Anderson</td>
<td>Orthopaedics</td>
<td>Orthopaedic Associates</td>
<td>No Primary Facility</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Beene, Benjamin D</td>
<td>Orthopaedics</td>
<td>Ellis County Bone And Joint Clinic</td>
<td>No Primary Facility</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ellis, James Scott</td>
<td>Orthopaedics</td>
<td>Southwest Dallas Orthopedic</td>
<td>No Primary Facility</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Freundigman, Paul T</td>
<td>Orthopaedics</td>
<td>Acute Reconstructive Ortho Trauma</td>
<td>No Primary Facility</td>
<td>24</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Berdchuck, Matthew</td>
<td>Orthopaedics</td>
<td>Spine Surgery Center</td>
<td>No Primary Facility</td>
<td>23</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Roye, Robert P</td>
<td>Orthopaedics</td>
<td>Regional Orthopaedic And Sports</td>
<td>No Primary Facility</td>
<td>12</td>
</tr>
</tbody>
</table>

**Secondary Provider Filters:**

- **Specialty:** (All)
Client Need: Desire to redirect patients from competing entities in an effort to capture stronger market share.

Data Discoveries: Used market analysis report within SCOUT to discover top urology providers in market. Then, leveraged shared patient claims to uncover splitters with potential to emerge as partners.

Actions Taken: Targeted introductions between new CUA urologists and 6 identified providers from shared patients report.

Initial Results: Solid increase in referrals from core group of physicians within six month of campaign launch.
understanding **key players**

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernard John Rogus</td>
<td>Urology (Generalist)</td>
<td>3,787</td>
</tr>
<tr>
<td>Jonathan Lee White</td>
<td>Urology (Generalist)</td>
<td>3,373</td>
</tr>
<tr>
<td>Leonard Stuart Bloom</td>
<td>Urology (Generalist)</td>
<td>3,169</td>
</tr>
<tr>
<td>Robert Jay Sheer</td>
<td>Urology (Generalist)</td>
<td>2,614</td>
</tr>
<tr>
<td>Gary Scott Friedlander</td>
<td>Urology (Generalist)</td>
<td>2,176</td>
</tr>
<tr>
<td>Murray Lieberman</td>
<td>Urology (Generalist)</td>
<td>1,997</td>
</tr>
<tr>
<td>Roberto Monte deod Pedraza</td>
<td>Urology (Generalist)</td>
<td>1,900</td>
</tr>
<tr>
<td>Richard Andrew Kurnot</td>
<td>Urology (Generalist)</td>
<td>1,651</td>
</tr>
<tr>
<td>Nizamuddin Januuddin Maruf</td>
<td>Urology (Generalist)</td>
<td>1,565</td>
</tr>
<tr>
<td>Robert Lawrence Goldman</td>
<td>Urology (Generalist)</td>
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<tr>
<td>Jonathan Jong-Hwa Rhee</td>
<td>Urology (Generalist)</td>
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<tr>
<td>Mark Harris Ratner</td>
<td>Urology (Generalist)</td>
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<tr>
<td>Thomas Eugene Kasper</td>
<td>Urology (Generalist)</td>
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<tr>
<td>Giulio Italo Scarchella</td>
<td>Urology (Generalist)</td>
<td>266</td>
</tr>
<tr>
<td>Cheryl Daem Shih</td>
<td>Urology (Generalist)</td>
<td>119</td>
</tr>
<tr>
<td>Kasey Young Morrison</td>
<td>Urology (Generalist)</td>
<td>82</td>
</tr>
</tbody>
</table>
Referring PCPs for competition
Now it’s time to introduce them to CUA!
redirecting patient pipelines

<table>
<thead>
<tr>
<th>TARGETS</th>
<th>UROLOGY REFERRALS TO CUA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRIOR TO INITIATIVE</td>
</tr>
<tr>
<td>Dr. W</td>
<td>4</td>
</tr>
<tr>
<td>Dr. P</td>
<td>3</td>
</tr>
<tr>
<td>Dr. W</td>
<td>0</td>
</tr>
<tr>
<td>Dr. G</td>
<td>0</td>
</tr>
<tr>
<td>Dr. A</td>
<td>7</td>
</tr>
<tr>
<td>Dr. S</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: CUA’s internal data pulled from EHR
Client Need: Desire to understand value of liaison who is more targeted in outreach efforts.

Data Discoveries: Used internal data within SCOUT to visualize both service recovery and growth opportunities within key markets.

Actions Taken: Used these insights to nurture key provider relationships. Results were used to help highlight impact of individual liaisons.

Initial Results: Strong return on investment for pursuing first referrals ($350k+) as well as recovery of key relationships ($60k).

client profile

15 Oncologists
5 Mid-Level Providers
Active in imaging, radiation therapy, research and pharmacy
10 Offices
sample impact: oncology outreach

<table>
<thead>
<tr>
<th>liaison activity</th>
<th>volume impact</th>
<th>estimated impact on bottom line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach visits to secure first-time referrals</td>
<td>30</td>
<td>$90,000</td>
</tr>
<tr>
<td>Outreach visits following first referral to secure second referral</td>
<td>12</td>
<td>$36,000</td>
</tr>
<tr>
<td>Outreach/service recovery visits to providers with substantial variances over time</td>
<td>6</td>
<td>$54,000</td>
</tr>
<tr>
<td></td>
<td><strong>48</strong></td>
<td><strong>$180,000</strong></td>
</tr>
<tr>
<td>Campaign Costs</td>
<td><strong>($26,000)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Internal Financial and Volume Data Provided by Client
additional keys to playing matchmaker

• Use internal, external and field data to collect the intelligence you need to establish or advance the relationship

• Determine the best format and players for the ideal encounter

• Pre-game by coaching on key messages that should be shared that establish relevance from the perspective of both providers

• Follow up with supportive materials & conversations

• Monitor trends over time
nurturing growth

- monthly meetings
- timely connections
- structured check-ins
- family matters
Onboarding programs are evolving. Where can your team fill in the gaps?

- Warm Welcome on Arrival
- Credentialing Checklist
- Orientation
- Marketing Support
- Practice-Focused
- Issue Resolution
- Measuring Checklist
- Creating Strategic Connections
- Concurrent Processing
- Practice-Hospital Integration
- Targeted Patient Pipelines
- System-Focused
- Removing Barriers
- Measuring ROI
questions?
thank you

marketware.com