MARKETING TO PATIENTS, REFERRAL SOURCES AND PAYERS

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Relationship building:
- Physician referrals
- Therapy and secondary referrals

Marketing to end consumer/patient

Marketing ideas for targeting Payer
Obviously, this is the main avenue for business/referrals/revenue

Physicians drive everything within the current healthcare structure

ACA/“ObamaCare”
- Physician gatekeeper models/Accountable Care Systems
- Different in each state
“Marketing” is the beginning of relationship building with referral sources

Referrals are becoming more difficult to come by

Physicians operate their business off referrals like we do
  + Be their advocate where possible
  + Be cautious of politics within your healthcare community

Develop a cross referral stream with specialists
  + Orthopedists
  + Podiatrists
  + Physiatrists
  + Pain Physician
  + PCP
BUILDING RELATIONSHIPS

- Attend appointments with your patient
  - Take literature
    - Prosthetic component
      - Knee
      - Feet
      - Suspension
      - Specialized parts
        - Rotator/torque
    - Studies/outcomes
  - Videos of patient
    - Before and after
    - Portable devices abundant now
      - Phone/tablet
    - Or shoot an E-mail
- Send letters/copy of your notes after visits
  - Communication
    - More than Less
    - Get your name in front of the referral source!
BUILDING RELATIONSHIPS

- Set up clinics with physician
  - Amputee
  - Diabetic foot care
  - Pediatrics

- Schedule time to regularly check in with referral source (MD, PT, Nursing Home, Rehab unit)
  - i.e. every Monday morning

- Offer to do hospital rounds with physician
BUILDING RELATIONSHIPS

- Share resources
  - Work comp relationships
  - PCP relationships
  - Podiatrist
  - Orthopedists
    - General ortho getting out of foot/ankle

- Are your payer lists seamless?
BUILDING RELATIONSHIPS

- Lunch/Breakfast
  - **NOT** a sales call/pitch
  - Education - **Yes**
    - Discussion on:
      - new technology
      - different components for appropriate application
      - are there services they may not be utilizing to drive revenue through their practice and yours
Office Hours

- Align same hours as referral source
  - Right clinician on schedule for patient referral stream, i.e. CPed, CO, CP, COF
  - Accept and encourage walk-ins

- Saturday hours?
  - Pediatrics/working parents
  - Geriatrics/working children
  - Promote this
SECONDARY REFERRAL IMPORTANCE

Other medical professionals may be able to “refer” patients **BUT** a **Rx** still needed

- PT/OT/ Restorative Health Therapist
  - Outpatient clinics
  - Home Health
  - Physician/Hospital based groups
  - Nursing Home
- Nurses/PA/MA within physician offices
- Home Health Professionals
UNDERSTAND YOUR AUDIENCE

- DO NOT go in with full pitch
  - physicians and therapists concerned with losing/competing revenue
- Fill gaps
  - Provide custom products
  - Provide stock and bill program?????
  - Offer to do insurances with lower reimbursement i.e. Medicaid population or some states work comp
UNDERSTAND YOUR AUDIENCE

- Therapists
  + Independent vs. physician owned vs. hospital owned
    - Important as they may have different roles within organization
    - Revenue producers, how?
      - Therapy!
      - Orthotics
        - Knee?
        - Foot?
    - Each will have different target for “pitch” and relationship building
Professional outlets/networks
- LinkedIn
- Backdoor pass gatekeepers
- Learn about referral sources

Patient outlets/networks
- Facebook
- Twitter
- Yelp!
- Many others!!!!
CAUTIONS AND CONCERNS

- Before taking the bull by horns, know federal, state and local regulations
- Office of Inspector General
  - Http://oig.hhs.gov
  - Anti-kick back statute
    - Google : OIG Advisory opinion no. 06-02
    - Profit-sharing
    - Inventory management services
CAUTIONS AND CONCERNS

- OIG
  - Questionable Billing by Suppliers of lower Limb Prostheses
    - Google- OEI-02-10-00170
    - Full report by OIG regarding findings on prosthetic billing
    - Lists pitfalls and cautionary areas
MARKETING TO THE PATIENT

- Obvious approaches
  - Television ads/interviews
    - Not Cable, local TV
    - More coverage for you $$$
  - Newspaper
    - Unless small town paper, readership declining
  - Radio
    - No visuals
    - Difficult to keep attention of listener
  - Newsletter mailings and email blasts

- Think of other opportunities
  - Focus groups
Patient is the end consumer

Biggest advocate or detractor you will have!

Keeping the patient **happy** key.

- Operative word “HAPPY”!

Experience shows that **happy** patients can overcome or mask other issues; clinical and non-clinical
MARKETING TO THE PATIENT

- Patient satisfaction:
  - Starts with the first encounter with your office/staff
    - Phone call by patient
    - Phone call by your staff as follow up to referral fax
    - Walk in patient
  - Seen off-site:
    - Hospital
    - Rehab
    - Nursing home
MARKETING TO THE PATIENT

- Patient satisfaction
  - Ends with the last encounter
    - What was the last encounter/impression?
    - Signing a delivery receipt?
    - A courtesy follow up phone call by staff?
    - An unexpected bill in the mail?
  - Approximately only $\frac{1}{2}$ the patients’ satisfaction based on clinical outcome
MARKETING TO THE PATIENT

- Satisfaction based on:
  - Front office staff communication
  - Paperwork in-take process
  - Communication about insurance coverage
  - Comfort and appearance of office
  - Clinical outcome
  - Time of treatment from eval date to delivery
So how do we assess this for honest feedback?

- Paper or email survey?
  - NO
- Face-to-face feedback
  - Yes
  - Patient focus groups!
  - Breakfast or lunch meeting
  - Assess their feedback on each topic
  - Quarterly focus meetings
MARKETING TO THE PATIENT

Assess

- How did pt find you
- Time from calling to first available appt
- Appearance of office
- Location of office
- Support staff willingness to help
- Practitioner interaction
  - explain each step of process in detail?
- Level of billing department communication
MARKETING TO THE PAYER

- Payers always get the calls for complaints
- Seldom do providers ask Payers for their feedback
- Make the Payers feel like a priority
- Set up meetings with Payers
MARKETING TO THE PAYER

- Payer meetings
  - Do not make it a complete sales call
  - Ask how your organization is working with their pre-cert department
  - Does your paperwork come over correctly
  - Is your staff friendly when working with payer staff?
  - Claim rejection rate discussion if higher than avg
  - Show your outcomes data
MARKETING TO THE PAYER

- Payer surveys
  - Survey each department you deal with quarterly or semi-annually
  - Get their feedback to make you better
  - Ask their feedback to show you want to work with them and be a partner
  - THEN you must analyze the data and make changes to show you were listening and care
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