



Revenue Enhancement:

Encouraging More Patients To Benefit From Excellent Care

Core Challenges

A new executive team had just taken the reins of a leading group of post-acute care rehabilitation hospitals known for excellent care, dedicated staff, and progressive therapies — but not living up their patient care capacity potential. Overcoming years of internal strife and inertia brought upon the organization by prior management, the staff was also weary of organizational re-alignments and wary of new initiatives. The executive team needed to accelerate revenue, fend off lower-cost, lower-quality care competitors from persuading patients, and ensure the team had the analytics, tools, and skills needed to make up for lost time—without isolating employees from their heartfelt mission of taking excellent care of patients.

Initial Analysis

After a 4-week analysis across 10 sample locations, several barriers to growth became apparent:

Under-Developed Patient Acquisition Process With so much scrutiny brought to bear on financial stability, not enough time and resources were dedicated to new patient relationship development and the tools & reporting needed for each hospital to know they were on track within their specific markets.

Unstructured Territory Management The Directors of Marketing, ultimately responsible for supporting doctor and patient relationship management teams to fill up capacity, had a general sense of where their geographic territory lines were drawn but did not have timely data or well-tested heuristics to help them understand core patient profiles most likely to use rehabilitation services. The Directors were having a tough time allocating responsibilities across their own teams, too. Finally, teams were skeptical of novel ways to generate referrals for their hospital network.

Inconsistent Use of Technology Communication tools, performance reporting, and prospective patient relationship management systems were all over the map. If tools were even available, utilization varied based on the training and reinforcement offered at the local level. Some New Patient Liaisons had recurring, supportive discussions with their Directors about patient visit activity while others had not spoken to their Directors in weeks.

Missing Training Elements The Hospital Group did an outstanding job making sure the Director + Liaison (D + L) teams had the latest training on HIPAA, updated service offerings, and new therapies. However, teams were left to their own suspicions with referral generation. The more painful training gaps were around market analytics, patient prospecting, consultation planning, quality meeting coaching, and management support.



HEALTHCARE AND LIFE SCIENCES

Experience Case Synopsis:

- Revenue Enhancement (RE) began by understanding why patients were interested in the Hospital Group's products & services and what were the local market factors influencing healthcare decisions. Working with the Director + Liaison teams, we analyzed and tested the best channels to meet patients on their own terms during trying times. To support a higher level of engagement needed to fill up excess capacity, customizable collaboration tools, optimized work processes, focused team training, and insightful metrics were put in place.

Hospital Group Profile:

- **\$3+** billion provider of post-acute care services (hospital, outpatient, and home health)
- **500+** locations across 25 states
- **17,000+** employees

Financial Results:

- **17%** revenue growth over baseline

Operational Results:

- **25%** increase in referrals
- **32%** increase in first-time patients
- **40%** increase in consultation activities

Organizational Benefits:

- Customized doctor and patient relationship management system
- Insightful, analytics-based healthcare market profiles
- Performance visibility with leading and lagging indicators
- Relationship management training and support models
- Side-by-side new referral coaching program
- New communication and reporting features leveraging existing tech
- Continuous improvement capabilities



Collaborative Structure

To move quickly on building near-term revenue growth without sacrificing long-term sustainability, the improvement team was comprised of 45 members — executives, managers, directors, liaisons, and consultants — all hand-selected based on functional needs and deployment timing.

While skills sets varied (specialties included market data analytics, relationship development training, data hierarchy development, one-on-one referral coaching, process consulting, marketing, change management, and project management), all team members were focused on removing work barriers, installing the tools and supporting work flow processes needed to energize the instrumental D + L teams out in the regions, and filling up excess capacity.

The initial engagement spanned across 6 months with analysis, 6 regional implementation waves, and 3 waves of continuous improvement coaching. To ensure success and embedded practices, the Hospital Group's COO, CFO, and Regional Directors were heavily involved in all phases of collaboration.

Interesting Additional Considerations

In addition to internal strife, management changes, slow technology adoption, and challenging data flow, the improvement team had to overcome additional issues inherent in healthcare:

Motivation for coming to work every day and definition of responsibilities The D + L teams did not want to think of themselves as being engaged in business development roles—even though these teams were the primary engine of growth. The teams considered themselves to be in the business of providing excellent care to patients—not selling. The D + L teams needed to be appreciated—by their potential patients as well as themselves—as health care professionals and educators rather than as pushy salespeople. The improvement team needed to incorporate this crucial motivational spark and definition of self within the new doctor and patient relationship system, on-going relationship development training, and side-by-side coaching support.

Sensitive Services The D + L teams were speaking with hospital patients amongst families, gathered around at their loved one's bedside, and working on a path to recovery. Rehabilitation services options must be brought up with tact, respect for the patient's current situation, and empathy for both patient and families who have gone through so much adversity while being asked to make weighty decisions impacting their future health.

Inconsistent Practices and Communication Channels Historically, the regions were out of touch with corporate headquarters and were left to fend for themselves. Relying upon the strength of the local management team, some areas thrived, even in isolation, while others were withering away. Directors had no formalized way of sharing best practices with peers across regions or how to quickly ask for corporate's help if they were struggling.



Key Statistics:

55
hospitals and offices
supported across 6 US
regions

500+
caregivers trained in
relationship
development

60+
customizable Director
and Regional Director
dashboards

95
rehabilitation
sub-market
profiles defined

5 to 1
Return
On
Investment



Customized Revenue Enhancement Solution

To get the revenue curve up on a steeper ascent, the improvement team developed a customized doctor and patient relationship management system with much-needed tools and procedures designed to fill up excess capacity without compromising patient care or team morale. The D + L teams now had a comprehensive Referral Playbook covering all aspects of their improved doctor and patient relationship development approach—including territory planning guides, consultation planning models, relationship contact management tools, Director coaching guides, and performance dashboards rolling up from all Directors to the COO. The D + L teams now had a clear window into their own specific, well-defined market trends with leading and lagging indicators. By interpreting every Liaison's individual patient relationship dashboard, the Directors could now make data-backed decisions and focus their support in a more personalized fashion. Directors were now able to customize side-by-side coaching with Liaisons to accentuate initial relationship development activities (day planning, hospital visits, contact management, consultation prep), influence onsite doctor and patient discussions using their new relationship model, and improve admissions follow-up across their team. With internal activity metrics, Directors could now review weekly trends with their Regional Directors right up to the COO.

While new tools, optimized work flows, and enhanced data visibility were necessary, the most powerful contributor to generating more revenue came from doctor and patient relationship management training and habitual side-by-side coaching with D + L teams in the field. All Directors and Liaisons were motivated by patient care. Most teams had nursing backgrounds and a clear understanding of healthcare aspects driving their role—but the vast majority never had proper training to influence patient decisions through education in the sensitive environments they worked in every day. The powerful combination of in-class training, reference guides, one-on-one coaching, and tech-enabled communication with Directors allowed the D + L teams to see their mission in a comprehensive light and embrace all of their responsibilities. To put a finer point on it, the D + L teams began to appreciate the fact that increased patient care and revenue go hand-in-hand with each other. The teams were inspired by the fact that the more doctors and patients deeply engaged, the more patients would receive the benefits of their organization's high-standard of care and progressive therapies. Regions now had performance visibility, a doctor and patient relationship system providing structure without constraining a team members' inimitable personal touch, shared best practices, supportive market analysis, and a training & coaching program focused on more patients getting the proper care they deserved.

Results

The D + L teams were 40% more active in generating referrals, better prepared to discuss service options in a thoughtful, educative manner with patients, and, thus, were able to get 25% more patients admitted. Within 6 months, the group of hospitals in scope jumped to an annual run rate of 17% revenue improvement over baseline.



Our Way of Collaborating :

Identify



2-4 meetings at no cost

- Discussion of issues
- Alignment around probable causes
- Framing of analysis scope

Qualify



3-6 weeks at cost

- Qualify opportunities
- Quantify anticipated results
- Initial engagement design
- Key meetings: Launch, Opportunity Review, Solution Review, and Final Framing of analysis scope

Modify



4-8 months

- Final engagement design
- Execution of engagement design
- Realization & measurement of results
- Ownership & sustainability

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