



CAN YOUR REFERRAL DATA PLATFORM ANSWER THESE QUESTIONS?

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INTRODUCTION

Client frustration with data platforms that do not produce useable information led HSG to build a system that gives more precise patient flow information. **HSG Physician Network Integrity Analytics™** (PNIA) guides clients in their quest to master the acquisition and retention of patients. PNIA leverages a robust all-payer claims database and unique analytic tools to provide insights on individual patient behavior.

QUESTIONS HSG PHYSICIAN NETWORK INTEGRITY ANALYTICS™ CAN ANSWER

We commonly address the following nine questions, which HSG clients normally can't answer using "off the shelf" platforms or products:

- 1 How often and when do patients who see our employed PCPs, independent PCPs, or competitor employed PCPs seek care in our network?**
PNIA can tell you the "Share of Care" as measured by the percentage of dollars captured within your health system. The ability to measure dollar and volume leakage gives hospitals the data they need to measure a baseline and track improvements.
- 2 What is the referral base for critically important service lines?**
Sources of referrals are especially important from non-employed physicians. Using this data is the first step in understanding the types of in-network patients you are seeing and the types that are flowing to competitors. It can be helpful in defining locations of service and service enhancement required to capture patients flowing to competitors.
- 3 By service line, where do patients seek ancillary services?**
An example that will best illustrate the answer to this question involves a health system which was capturing 85% of the joint replacements from patients in their employed primary care practices, but only 13% of the MRIs leading up to the surgery. Much of that leakage was driven by patients avoiding high co-pays, but the data prompted the hospital to consider the acquisition of a freestanding imaging center.

- 4** **In new service line development, how must we build the service line for success?**
Understanding the flow of patients to your hospital and other competitors is critical as you plan a new product. Particularly important is a granular assessment of what you are losing and how we might work to mitigate these losses. These analyses are an outgrowth of the aforementioned service line assessments
- 5** **How can we better understand the patient flow from critically important independent groups?**
This type of assessment will tee up joint planning requirements and engagement planning for these groups. This ultimately allows the hospital to determine the best alignment vehicle to strengthen relationships with the group.
- 6** **Are our physician acquisition targets dependent on “outside” referrals?**
Understanding this before employment will be helpful, especially if they are dependent on referrals from doctors employed by a competitor. You need to assess this as part of your due diligence and understand the inherent risk.
- 7** **In multi-hospital systems configured as a hub and spoke, what percentage of patients seeking tertiary care stay within the system?**
PNIA measures strength of tertiary services, loyalty of the referring physicians, and patient preference. At the community hospital level, it answers the question “when patients must leave the community for care, how much of it stays in the family?”
- 8** **When patients are admitted after an ED visit, is our hospital getting the admission?**
When a client first asked us this question, we thought “of course they are getting the admission.” When we evaluated admission within 7 days of the ED visit, we found they captured only 40%. In some cases, we believe PCPs directed the patient elsewhere. In others, patient preference for inpatient care played a role as did specialty service strength. This information raises interesting medical management issues.
- 9** **Are we capturing downstream revenue from physicians when we pay them for call?**
This one is relatively self-explanatory, but is the physician group diverting patients you are paying to see in the ED within the system? How much, if any, revenue is leaking out from these doctors?

This listing is not exhaustive. As we work more with the data, more questions will be evident. If you have a vexing referral question, and would like us to delve into the data, please contact Eric Andreoli.



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