



How provider marketing impacts value-based relationships

Value-based reimbursement is changing the business of health care, and provider-marketing teams hold important keys to success. New incentives from health care purchasers promote enhancing the patient experience of care, growing and restructuring care delivery organizations, and improving the quality of care across care settings. To execute on these changes, effective communication strategies help patients and providers successfully navigate changes resulting from the new relationships and incentives.



Marketing teams fill this crucial need by publishing accurate provider directories used by patients to select caregivers, managing outbound communications to keep practitioners informed of operations and opportunities, and facilitating the exchange of information among practitioners for the benefit of patients and purchasers.

Managing provider directories

In the emerging value-based reimbursement paradigm, health systems compete with each other to increase patient volume. The desire to increase patient volume leads health systems to do many things to try to increase patient satisfaction and improve every aspect of the patient experience of care. One of the many techniques providers use to attract and retain patients is to make finding information about their doctors easy for patients. At the same time a patient filters through a health system website for a certain type of doctor in a particular part of town, the physician directory conveys descriptive information about the doctors themselves. The outstanding doctors are differentiated by their skills, experience and overall value, which is highlighted by details about the practitioners' professional experience. For each provider demographic profile, the marketing team identifies helpful and descriptive data sources like price information, efficiency, value and quality data and then links those datasets to the demographic provider profiles. Once the profiles are complete, marketing works with IT to map snippets of each profile into an appealing location on the website, mobile app or other interface.

Managing these provider profiles can be painful for the marketing team because provider demographics are constantly changing. Doctors change primary practice locations, where they do surgeries, their phone numbers, their office hours and much more. Through our studies at LexisNexis Health Care, we've found that provider demographic profile data changes at a rate of

about 2.5% per month.¹ During the course of a year, this means that about a third of the provider profiles are outdated. Having a good process to publish accurate provider directories on an ongoing basis is crucial to helping patients select appropriate caregivers, show up at the right locations, and easily communicate with providers when needed. Matching various descriptive datasets to the demographic profiles can also be a challenge. These descriptive and informative data sources often have inconsistent ways to describe the practitioners. Consider that a single quality or efficiency metric could be tied to a practitioner by any mix of Tax Identification Number, National Provider Identifier, DEA numbers, medical license number, identifiers from state license boards, or various medical offices or hospital addresses where the doctor practices. Without a robust and continually updated Rosetta Stone of practitioner profiles to assist in the matching process, managing these practitioner profiles can be a maddening drill that must be done regularly anytime profiles need to be updated or new data incorporated.

Managing communications to providers

In order to position themselves successfully in an increasingly value-based environment, health systems have to manage their existing provider relationships better to keep their most valued providers while finding the right doctors to recruit. Retaining and recruiting the best practitioners require communication, such as keeping current and prospective practitioners informed of health system information that can strengthen ties to the health system, conveying information that would help streamline ongoing practice operations, or presenting enticements that could lead to a recruiting scenario. Sometimes the information may be exciting, and hopefully the information shared is seen by the providers as helpful. Maybe the provider relations team conveys how the parent health system is trying to address some point of aggravation for the practitioner, shares who the new employed doctors are, or discusses which specialists have achieved notoriety in that geography. Each of these communications relies on accurate practitioner profile data, and not having the accurate data wastes time and effort to attempt to call, mail or fax a practitioner at an old number or an incorrect location.

When provider relations and business development teams need accurate and complete profile data—if they can't get good information from the marketing team—then they may create their own source of truth for information about practitioners, replicating all of the complexity of managing the provider profiles previously discussed. If the marketing team maintains a single source of accurate provider profile information, they create efficiencies in adjacent functional areas like provider outreach, business development and recruiting. As these groups effectively communicate to employed, affiliated and non-employed practitioners, they help attract and retain practitioners. Empowered by marketing, these teams help stem leakage, grow strategically and generally keep the broad provider network informed—essential activities in a value-based environment.

Reducing coordination barriers

The provider information that marketing teams manage can even help reduce barriers to care coordination and improve transitions of care. Within constraints of what they are willing and able to pay, patients can go to just about any practitioner they want to for their health care services. When patients go to providers outside of the (value-based) network of providers prescribed by their payer, the value-incented doctors can lose sight of the care being delivered to the patient. In this way patients can inadvertently create blind spots for primary care doctors or specialists who not only sense a fiduciary responsibility to provide the patient with the best possible medical advice based on all of the other care being received by the patient, but those doctors may also have a financial incentive to coordinate care on the patient's behalf.

Providers need to be able to communicate with each other for referrals, transitions of care, and care coordination, and not having accurate and complete provider profiles hinders these processes. In order to facilitate care coordination and manage care transitions, some software applications used by health systems enable non-employed and non-affiliated doctors to view the medical record information that was entered by doctors who are employed by the health system. If the patient access, case management or discharge teams capture incorrect or incomplete provider profile information about the referring practitioner or the care setting to which the patient was discharged, the referring practitioner or discharged provider may not be given access to the patient's profile and won't benefit from a holistic understanding of the care being provided in the other care settings. By curating the captured provider data against an accurate provider profile from the marketing team, the practitioners that are involved in the care of a patient can more easily get access to current medical record information. In a value-based health care landscape, the virtual network of providers, which could be any mix of employed, affiliated and non-employed practitioners, needs to stay informed about patients to reduce duplication of tests and procedures and make the best possible decisions for patients.



Conclusion

Marketing may not be the first department within a provider organization that comes to mind when you think of value-based care, but recognizing some of the ways they impact these emerging strategic relationships may bump them closer to the top. With more insight into the complexity of their work and who else within the health system benefits from it, it's easy to see how greater efficiency and accuracy in maintaining practitioner datasets can simultaneously help marketing impact several areas of high-value communications. By publishing accurate and informative provider directories on websites, managing the provider profiles used for outbound communications, and making it easier for practitioners to communicate with each other and keep tabs on shared patients, the marketing department has intensified their value in the evolving landscape of value-based care.

¹ White Paper: A Business Case for Fixing Provider Data Issues. 2014. Enclarity, a LexisNexis company.

For more information, call 866.396.7703
or visit lexisnexis.com/risk/health-care



Health Care

About LexisNexis® Risk Solutions

LexisNexis Risk Solutions (www.lexisnexis.com/risk) is a leader in providing essential information that helps customers across all industries and government assess, predict and manage risk. Combining cutting-edge technology, unique data and advanced analytics, LexisNexis Risk Solutions provides products and services that address evolving client needs in the risk sector while upholding the highest standards of security and privacy. LexisNexis Risk Solutions is part of RELX Group plc, a world-leading provider of information solutions for professional customers across industries.

Our health care solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.