

## From Data Collection to Results

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When we ask sales leaders, “What keeps you awake at night?” the most frequent answers we hear relate to **finding out how to integrate data to drive results and prove return on investment (ROI)**.

Achieving desired results is crucial during this economy and despite organizations best efforts to capture referral data, ROI measures are not consistently defined and/or used to drive sales activity and simultaneously, prove the team’s value.

If ROI is the ultimate desire, let’s first define ROI:

- ❑ Finance: A measure of a corporation's profitability, equal to a fiscal year's income divided by common stock and preferred stock equity plus long-term debt. ROI measures how effectively the firm uses its capital to generate profit—the higher the ROI, the better.

More generally, it is the income that an investment provides in a year.

- ❑ Healthcare: The investment into the time and effort given to the planning and deployment of sales strategies and tactics to improve the financial positions and customer relationships of healthcare organizations; also includes expenses of the program.

More generally, it is the **result** that an **investment** provides in a year. If no financial return is generated, there is no ROI.

### **Approach**

Let’s face it; we have all invested time and money to build a sales force – it’s what we do with it that matters most. We know there is a concern to have results driven sales teams, we know there is a concern to realize ROI. So, what’s next?

A recommended process for a results-driven sales division is a closed loop approach (Figure 1). Physician as customer data is captured and data sets are collected for use within the division. An analysis of the physician



referral data is critical and done by established territories.

This process attempts to drive the team's decision making and sales planning creation. Action plans are executed in the field and take place immediately after sales planning through tactical implementation. Such an approach will yield results and thus, the continuation of the process.

### ***Data Collection***

Many hospitals gauge referrals by changes in revenue and volume by targeted physician or by service line. Others measure changes at a broad hospital level. Yet very few have integrated their Customer Relations Management (CRM) programs with their referral

[Corporate Health Group's 2008 Sales and Service Survey](#), only 17 percent of hospitals had a procedure for reporting return on investment. By starting with a focused business plan that includes baseline measurements, and collecting the right data, a physician relations department can demonstrate measurable results.

- ❑ **Collect accurate data** from multiple sources and ideally build an integrated system with a CRM:
  - Physician Satisfaction: Medical Affairs, IS, Human Resources
  - Admission (current) IP/OP cases: Finance, patient registration, operations, case managers, by specialty, by service lines, by targeted territory
  - Discharges (historical, trended, revenue): Finance, operations, case managers
  - Revenue by service line
  - Daily dashboards: Volume (growth/budget), Expenses, Staffing
  - Daily, monthly and quarterly variance data
  - Monthly and quarterly admits, capacity and utilization data
  - OP cancellations/add-ons per modality/procedure
  - Quarterly physician satisfaction data
  - Market share
  - Contribution to Margin
  - Customer Profiles (CRM)
  - Physician Relations Activity (Daily, Weekly, Monthly) (CRM)
  - Physician Relations market intelligence and customer issues (CRM)

### ***Analysis and Decision Making***

To ensure that the program objectives are being met and aid in good decision making, it's critical to have a sophisticated evaluation process for tracking, measuring and reporting activities and results. Evaluation should cover the following areas:

- ❑ **Required regular reports.** Written reports on program results should be provided regularly to hospital leaders and appropriate service-line management. The use of customized reports (a capability of most sales contact management software programs) can help prioritize issues for leadership attention and resource allocation planning. It's vital that leadership understands the sales program's contribution to the organization— preferably its ROI—to ensure continued commitment of resources.
- ❑ **Results analysis and program adjustment.** Reports should be used to identify strengths and weaknesses and to continuously improve the sales program. Hospital and sales program leaders shouldn't view the physician sales effort as fixed, but direct it to change as market circumstances dictate and better ways of achieving objectives are found.

### ***Sales Planning***

Drawing on the decision points, staff members should develop a tactical sales plan for their assigned physicians. The sales plan details necessary activities, such as making appointments with physicians at their offices, linking primary care physicians with specialists, and assisting referring physicians in professional growth opportunities, including continuing medical education and grand rounds.

A sales plan should identify how staff members target physicians, their frequency of contact, and the progression of the relationship. It should also include a timeline for achieving established outcomes and performance standards all driving ROI.

- ❑ **Your Goal**

In a global sense, your ultimate goal is most likely to be a simple one: generate new business. But your specific goal for your sales plan should be directly tied to data analysis. Increase X percent of XYZ service line by the end of the fiscal year. Your organization's size, resources, its position in the market, and external factors such as the overall health of the economy determine its goals.

- ❑ **Your Objective**

How will you reach that goal? This is your objective. Sample: Close 63 percent of likely prospects in order to achieve the 25 percent increase identified in your goal. (The specific percentages will depend upon the quality of your prospects.)

- ❑ **Your Strategy**

Your strategy is the approach you use to fulfill your objective. For example, your strategy could be to propose the services or products that you know your customers need, even if *they* don't know it yet. Make them realize that they want what you have.

- ❑ **Your Tactics**

Tactics are the methods you use in the actual implementation of the strategy. They can include (but aren't limited to):

- Conducting market research in your area to identify your customer base.
- Building a finely targeted, segmented prospect list according to predetermined criteria.
- Developing a work plan and timeline to map out your sales calls month by month and week by week.
- Scheduling appointments, doing follow-up, and developing a customer profile on each prospect to solidify your baseline information as you place calls.

### ***Action/Fieldwork***

You may find some challenges pose a threat to driving action in the field. For example, you may find that there is an inability internally to gain agreement on measures that will determine “credit” for results. We have also found some organizations have a difficulty in capturing data to match program activities and results or their systems are not interfaced to share data and/or to create reports on results.

- Determine “credit”** for ROI.
- Build mechanism for data:** Hospital/clinic data, inpatient and outpatient, and CRM interface.
- Create a team** with key players to include planning, I/S, finance, leadership, medicals staff/recruitment and key service line mgmt: Define their measures of success for the program.
- Use referral outcome data and field market intelligence** to “sell” internally.

### ***Long-Term Return on Investment***

Once the areas within the process are delivering results and allowing the team to make adjustments, consistency is critical to maintain it. If you are just beginning, create a phased approach:

- Phase One**
  - Track sales activities.
  - Build monitoring tools and interface between data sets.
  - Build market intelligence gathering mechanisms.
  - Assess CRM systems.
- Phase Two**
  - Monitor Monthly/Quarterly revenue and volumes.
  - Yearly plans, forecasts, planned shifts.
- Phase Three**

- Write physician specific forecasts.
- Determine specialist predictions based on PCP or technology-driven shifts.
- Build integration mechanisms with CRM, data sets and budgets for annual projections.



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