Referral Strategies for Engaging Physicians

Cindy DeCoursin, MHSA, FACMPE
Chief Operations Officer

Richard Naftalis, MBA, MD, FAANS, FACS
Chairman, Specialist Affairs Committee

Pam Zippi, Director Marketing
What is HealthTexas Provider Network (HTPN)?

- A physician organization
- Core business: Health care management
- Governed by physician Board of Directors
- Owned by and tightly affiliated with Baylor Scott & White Health
- Dedicated to operational excellence, and improving clinical quality
Network Overview

763 Practitioners (633 Physicians / 130 Physician Extenders)

- 71 Primary Care Centers
- 112 Specialty Care Clinics
- 40 Satellite Specialty Care Centers
- 7 Hospitalist Programs
- 1 Family Medicine Residency Program
- 3 Senior Health Centers
- 3,072 employees

Key Statistical Indicators FY2013

- 1.95 Million+ Total Patient Visits
- 180,033 Hospital Visits
- 139,369 New Patient Visits
- $749M Clinic Gross Revenue
HTPN Primary Care and Specialty Locations
National Recognition

2011 and 2012 AMGA Acclaim Award Honoree

Honoring medical group organizations who measurably demonstrate progress toward achieving the six IOM aims (safe, effective, patient-centered, timely, efficient, and equitable);

And transform their organizations through documented system-wide changes to improve medical care for large numbers of the patients they serve

2010 AMGA Preeminence Award

Presented to physician-administrator leadership teams, based on blind judging, for:

• Exceptional leadership
• Innovation and vision
• Contributions to the advancement of quality
• Effective healthcare delivery practices and structure
Vision of HTPN

To improve the health and well-being of those we serve
Mission of HTPN

To deliver the highest value patient experience through quality, safety, accessibility, and cost-effectiveness, enhanced by medical education and research in collaboration with Baylor Scott & White Health
Role of HTPN Committees

• Perform specific vital functions related to committee scope (e.g., compensation, nominating, contracting, quality, peer review, malpractice support, service, compliance, informatics)

• Report to HTPN Board for approval

• Chair approves committee membership and works with nominating committee

• Committee members paid for time of service
Specialist Affairs Committee

- First meeting held in December 2009
- To develop and supervise an investigation of specialty referral practices in HTPN and recommend policies to the HTPN board
- Improve education among administrative staff and physicians as to HTPN resources
- Suggest operational improvements such as ambulatory electronic health record enhancements, referral tracking, manager-to-manager rounding, etc
- Improve communication between primary care and specialty care physicians
- Educate specialists with tips and techniques to be responsive to referring physicians
Specialist Affairs Membership

- Specialty care physicians
- Primary care physicians
- Advance practitioners
- Practice administrators
- HTPN department representation
  - Electronic Health Record
  - Referral Management
  - Care Coordination
HTPN Strategy for Patient Retention Management

- Improving Patient Retention Transparency
- Eliminating Interpersonal Barriers
- Streamlining the Retention Process
A Fresh Focus on Referral Management

- Improve patient access
- Improve quality
- Improve patient experience
- Improve physician satisfaction
- Making contributions to transforming health care delivery
A Fresh Focus on Referral Management

• Market changes are dictating narrow networks, enhanced emphasis on in-network referrals through payer contracts

• Baylor Health Care System health benefit plan for its own employees offers highest level of coverage for use of HTPN and Baylor Quality Alliance physicians

• The current health care climate emphasizes accountable care through population health, care coordination, quality outcomes, and value.

• At HTPN we are committed
  – To providing the best care for our patients
  – Making contributions to transforming healthcare delivery
  – Remaining competitive in our industry
HTPN understands there will be exceptions for referring out of network, for example:

- HTPN does not offer the specialty service in question
- Patient prefers an out-of-network provider
- Patient’s insurance company requires the out-of-network referral
- Physician deems that an out-of-network referral is in the best interest of a patient’s care
Many initiatives put in place at HTPN to streamline the referral process which include:

1. A service standards agreement between primary care and specialty care physicians
2. Data collection & referral capture
3. Referral coordination
4. New physician education
5. EHR enhancements
6. Health informatics reporting
7. Measurement baseline and success measures
8. Sub-specialty sections
9. Specialty needs assessments
10. Practice growth tools
Referral Service Standards

- Specialist Affairs Committee finalized service standards between HTPN primary care and specialty care physicians
- Defined core competencies, access agreements, communication processes, and quality & satisfaction service agreements
## Service Standards: Core Competencies

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Specialists</th>
<th>Co-Management*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide diagnosis and initial work-up of the diagnosis based on referral guidelines</td>
<td>• Specialist to provide list of his/her core services along with referral guidelines to the PCP. If guidelines are not available, consultation with specialist’s referral coordinator will be made available.</td>
<td>• Patients regularly treated by a specific specialist: co-management agreement will be entered into between PCP and Specialist</td>
</tr>
<tr>
<td>• PCP provides diagnostics to Specialist at least 24 hours before the patient referral visit utilizing EHR (PCP’s must communicate diagnosis through other means for Specialist without access to EHR )</td>
<td>• If diagnostics prior to the Specialist consultation is needed, a list will be provided and maintained for the PCP (i.e. x-rays, specific labs, EKG, etc.)</td>
<td>• Includes timely sharing of changes in patient status and treatment plan</td>
</tr>
<tr>
<td>• For surgery: PCP provides pre-operative medical clearance for uncomplicated patients and designates rounding responsibilities (PCP vs. Hospitalist)</td>
<td>•</td>
<td>• Time frame for giving and receiving information between parties should be agreed upon by both and documented in the EHR</td>
</tr>
<tr>
<td>• For admissions greater than 24 hours, Primary Care Physician and/or Hospitalist makes social rounds to admitted patients at least once</td>
<td>•</td>
<td>• The agreement may be general or patient specific</td>
</tr>
</tbody>
</table>

*as per Patient Centered Medical Home guidelines
Service Standards: Access Agreements

- **Time for office to respond:**
  - Phone messages left:
    - 8:00 am to 11:30 am: Returned before the afternoon session begins
    - 11:30 am to 4:00 pm: Returned by close of business
    - After 4:00 pm: Returned before the afternoon session on the following business day

- **Specialist provides the following access:**
  - Non-urgent cases: A patient is scheduled for an appointment in a timely manner for any problem within Specialist’s core services

- **Primary Care Physician provides the following access:**
  - For Specialist follow up appointments: Primary Care Physician offers same week access for all HTPN primary care patients

*All practices are expected to follow the Patient Centered Medical Home Practice Guidelines for returning phone calls:* Routine calls are defined as those calls for clinical issues not meeting written practice specific urgent call criteria.
Service Standards: Communication Process

• **Before sending a consult:** Primary Care Physician identifies patients who have complex issues such as:
  • Pain contracts
  • Medical problems
  • Logistical or social problems

• **Admission for Surgical Procedures:** Specialty Physician will notify PCP or office staff of an admission for surgical procedures *within 48-72 hours of procedure*

• **Referral Appointment through EHR:** Specialist submits patient evaluation and consult notes to the PCP *within 48 hours of referral appointment*
  • It is Specialist’s responsibility to communicate these documents through other means for PCP’s without access to the EHR

• Specialist provides a list of post-operative follow up (if applicable)
Service Standards:
Quality and Satisfaction Service Agreements

• Service agreements are reviewed, updated and approved annually (final approval by HTPN Board of Directors)

• Annual Survey: Available for Primary Care Physicians and Specialists to determine if service standards are not met
  – Education and mentoring may be requested
  – Each practice location is responsible for responding in a timely manner
Service Standards: Quality and Satisfaction Service Agreements

• Quality review of the process will occur on a regular basis. Metrics could include:
  – Percent of time guidelines are met
  – Percent of time processes are followed
  – Percent of time adequate information is provided to Specialist
  – Percent of time adequate information is provided to Primary Care Physician
  – Percent of time appointment is booked timely

• Patient satisfaction and feedback are reviewed on a bi-annual basis. Metrics include:
  – Likelihood to Recommend Practice (must be above HTPN P4P threshold)
  – Standard Care Provider Section (must be above HTPN P4P threshold)
HTPN Referral Coordination
Benefits of Referral Coordination

1. Continuity of patient care
2. Convenient (secure) exchange of clinical information
3. Improves physician and patient satisfaction
4. Lowers clinic overhead costs
5. Assists with meeting Meaningful Use and PCMH standards
6. Enables referral tracking to identify gaps in care
HTPN Referral Strategy

OBJECTIVE
Improve patient care by creating a seamless referral transition among primary and specialty care physicians

Guided By
- Improving physician satisfaction
- Lowering health care costs
- Meeting Meaningful Use and PCMH standards

Goal
Increase the daily average number of referrals ordered through the (EHR), and processed by the HRC

HTPN Board Approves
HTPN Referral Coordination Department (HRC)
About Referral Coordination at HTPN

- Supports HTPN primary care clinics
- Coordinates referrals from HTPN Primary Care Providers to HTPN specialists
- Department is growing:
  - More primary care clinics showing interest
The HTPN Referral Order Process

Referral Coordinator
• Accepts referral order
• Contacts specialist for appointment
• Confirms appointment with patient
• Enters appointment information in referral order

Primary care physician enters referral order in the EHR

Primary care physician closes referral order

Specialist communicates patient visit with primary care physician
Going Forward

Identify HTPN primary care practices/providers who have NOT adopted new EHR referral process

Produce transparent referral pattern reports from collected data

1. Train practice administrators and managers
2. Spread “best practices” at local executive committee meetings

Evaluate physician needs utilizing:
1. Referral flow pattern reports
2. Annual physician specialty service line needs assessment

Establish regional referral goals by specialty
New Physician Orientation
HTPN Physicians

- Live by the philosophy to do right by our patients and do it well
- Have improved access to care
- Consistently ranked in the 95th percentile among the nation’s 72,699 physicians for “Standard Care Provider”
- All are credentialed physicians held to high quality standards of care
- All are consistently monitored and held accountable for quality and service
Seven Habits for Highly Effective Referrals

1

Find out how the referring physician would like to receive information regarding the referred patient. E-mail? Phone Call? Letter?
Report patient outcomes promptly to the referring physician, using their preferred method of communication.
Do your best to refer the patient back to the primary care physician.
Seven Habits for Highly Effective Referrals

4

DO NOT leave a referring physician wondering what happened to his or her patient.
Seven Habits for Highly Effective Referrals

Offer open access. If possible, allow the referred patient to tell you when they would like to come in.
Set up introductory meetings to help establish stronger relationships.
Seven Habits for Highly Effective Referrals

Develop and maintain a database or spreadsheet with information regarding all current and potential referring physicians.
Did you know…. 

• HTPN specialists are willing to set up satellite offices within an HTPN primary care practice if patient flow equals 5 to 7 patients

• Patients rely on their primary care physician’s expertise when referring to a specialist, they will travel the distance to get the best recommended quality of care

• If HTPN PCPs have a problem referring to a specialists, they should tell them why!

• Specialists and primary care physicians should meet in person. Putting a face to a name is invaluable.
Health Informatics
Information Technology Infrastructure
Critical Component of HTPN Referral Management

• Ambulatory Electronic Health Record Committee (AEHRC) began EHR implementation throughout HTPN network in 2006

• Committee members work with physicians and other providers to:
  – Improve workflow
  – Increase communications
  – EHR usability and training
  – Meet Meaningful Use standards

• Ongoing customization of GE Centricity (EHR) is based on:
  – Physician input, system upgrades, EHR enhancements
Information Technology Infrastructure

EHR Functionality

- Self-Management Support Tools
- Delivery System Design
- Decision Support
- Clinical Data Warehouse
- Patient Portal Capabilities
- Disease Management/Adult Preventive Health Services Protocols
- Referral Tracking
Referral In Report
Referral Out Report

<table>
<thead>
<tr>
<th>Referral Description</th>
<th>Practice Name</th>
<th>Referral Count</th>
<th>HTPN Ref Count</th>
<th>HTPN Pct</th>
<th>RQA Ref Count</th>
<th>RQA Pct</th>
<th>HTPN and RQA Ref Count</th>
<th>HTPN and RQA Pct</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL HTPN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cardiac Mohammad Khan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cardiac Shelby Hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cardiac Srinivas Gunakula</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cardiac Thoracic Referral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology Referral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Health Center at Mesquite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Health Center at Richmond</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medical Center at Wadsworth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medical Center at Navasota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Carrolton</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Coppell</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Flower Mound</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Lassie Ridge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Midland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Prosper</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Upland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine at Wylie</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Family Medicine Southworth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baylor Senior Health Center-Georgetown Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celina Family Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Diagnostic Association - Arlington - Internal Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Diagnostic Association - North Austin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Diagnostic Association - Plasma IV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Diagnostic Association-Plano Endocrinology/Parasitology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medical Center at Baylor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medical Center at Garland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medical Center at North Garland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine Associates of Southwest Ft. Worth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referrals to Physician Report

<table>
<thead>
<tr>
<th>Referral Description: Cardiology Referral</th>
<th>Referred To Business</th>
<th>Referred To Physician</th>
<th>Referral Count</th>
<th>HTPN Ref Count</th>
<th>HTPN Pct</th>
<th>BQA Ref (Non HTPN) Count</th>
<th>BQA (Non HTPN) Pct</th>
<th>HTPN + BQA Ref Count</th>
<th>HTPN + BQA PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL HTPN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HT HTPN Referral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HT/BQA Cardiovascular Consultants - Grapevine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HT/BQA Cardiovascular Consultants - Plano</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HT/BQA Cottonwood Cardiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Orthopedic Surgery Section:

Creating a Cohesive Culture and Effective Physician Engagement
Why an Orthopedic Section?

• Orthopedics within HTPN
  – HTPN acquired a large sub-specialty orthopedic surgery practice (Orthopedic Associates of Dallas) in 2012
  – Network growth from seven to twenty six surgeons across five practices competing in same geographic area

• Although a much needed referral source for primary care, independent silos competing for referrals was a concern
Orthopedic Surgery Section Charter

HTPN Board approved a formal committee charter with the following elements:

• Chair of the Section is appointed by the Board
• Section members are formally assigned to maintain membership in proportion to each practice sites relative number of surgeons
• Chair partnered with Chief Operations Officer for first year
• Follow committee best practices, including pre-approved agendas, minutes, attendance, year end survey
• Meets every two months with one meeting as a social event for all HTPN orthopedic surgeons
Orthopedic Surgery Section Charter

HTPN shall consult with and seek recommendations from the Section on matters that include but are not limited to:

- Growth and strategic development of orthopedic surgery
- Recruitment of orthopedic surgeons
- Expansion into new markets
- Managed care strategies
- Quality metrics, inpatient and outpatient
- Technology, including imaging and electronic health records
- Financial performance, including billing and collections,
- Practice efficiencies
- Continued development of orthopedic graduate education and clinical research
Orthopedic Service Line Growth Review

- Regular review of growth requests
- Inclusion of orthopedic surgeons in all candidate interviews to evaluate fit and provide recommendation for placement of recruits.
Quality Metrics for Orthopedic Surgery

• Established quality metrics for orthopedic surgery
• Metrics approved by HTPN Best Care Committee and HTPN Board
Physician participation in the growth and strategic development of orthopedic surgery service line
• Recruitment of world class orthopedic surgeons
• Expansion into underserved markets
• Develop quality metrics, inpatient and outpatient
• Evaluate technology, including imaging and electronic health records
• Best practice financial performance, including billing and collections,
• Study practice efficiencies
• Continued development of orthopedic graduate education and clinical research
Key Findings of Section Effectiveness Survey

- All respondents expressed they would like to continue their membership next year
- Section meetings are successfully creating a team culture and group strategy among its members
- 86% of respondents offered no suggestions for improvement
- Vast majority of respondents felt the committee was functioning well and fulfilling its responsibilities
Year One - It’s All Good!
Specialty Needs Assessment

- All HTPN primary care locations were surveyed as to their needs and expectations within a service line by sub-specialty
- Survey results were used as a foundation for referral development strategies
Key Areas Measured by PCPs

- Ability to get patient an appointment/consult
- Perceived quality of care
- Physician-to-physician communication
- Office-to-office communication
- Patient satisfaction with their sub-specialty care
- Top sub-specialty needs
- Sub-specialty needs not met
- Referrals to HTPN sub-specialists
- Interest in referring to HTPN sub-specialists
- Reasons for not referring to HTPN sub-specialists
- Additional comments
Which of the following orthopedic needs are not currently being met? (Check all that apply)

- Foot & ankle: 54.8%
- General: 32.3%
- Hand & wrist: 45.2%
- Hip & knee: 35.5%
- Shoulder & elbow: 35.5%
- Spine: 61.3%
- Sports medicine: 45.2%
Practice Growth Tools
# Mentoring Dashboard

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Specialty</th>
<th>First Activity Month</th>
<th>Average WRVUs</th>
<th>WRVUs</th>
<th>MOHA Percentile</th>
<th>PBRAT (Threshold 80%)</th>
<th>ORB POA (Threshold 22.2%)</th>
<th>APS POA (Threshold 14.6%)</th>
<th>Asthma POA (Threshold 14.6%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>9/2013</td>
<td></td>
<td>271 523 427 709 717</td>
<td>4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>3/2013</td>
<td></td>
<td>880 486 779 782 693 874 7,403 10,018</td>
<td>88.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>1,076 605 911 679 716</td>
<td>500 4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>1,194 1,210 1,288 1,184 1,041 1,815</td>
<td>7,403 10,018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>7/2012</td>
<td></td>
<td>860 679 910 769 1,245</td>
<td>1,055 7,971 11,455</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>881 1,061</td>
<td>1,116 886 1,074 800 532 964</td>
<td>7,071 11,456</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>498 504 223 491 401</td>
<td>7,410 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>7/2012</td>
<td></td>
<td>330 330 230 90 237</td>
<td>262 4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>260 211 295 205 241</td>
<td>360 7,410 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>863 732 842 851 703</td>
<td>540 4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>787 620 670 690 529</td>
<td>850 4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>875 1,124</td>
<td>1,825 1,146 1,404 834 914 1,386</td>
<td>4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>1,559 1,586</td>
<td>1,030 1,044 1,255 1,248 1,006</td>
<td>4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>11/2012</td>
<td></td>
<td>914 1,106</td>
<td>1,390 1,000 1,056 878 681 882</td>
<td>4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>10/2012</td>
<td></td>
<td>942 903</td>
<td>925 907 975 722 678 1,000</td>
<td>4,710 7,445</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Internal Marketing

- Inclusive HTPN cardiovascular service line brochure
- Consumer HTPN cardiovascular pages as part of HealthTexas.com
- Standard marketing toolkit for new physicians
The Pulse
Marketing Improvement Packet

• Work with operations staff to achieve a goal for targeted build
• Mentoring dashboard - target physicians below 50th percentile in work RVUs by MGMA standards
• Patient visit trend analysis
• Neighboring practices with highest referrals per physician specialty – referrals out report per specialty
• Consumer efforts where appropriate – new movers, direct mail
• Internal marketing opportunities
• Employ search engine optimization
• Reputation management
• Mobile strategy
Referral Order Process: Why We Need It

- Practice **best care** for our patients
- Manage **patient populations**
- Leverage talents of **our own** high-quality physicians
- **Data sharing** via EHR (ease of information exchange /better coordinated care)

Sustain HTPN Care Delivery

Risk Sharing Opportunities

Accountable Care
Referral decisions impact patient care. With this in mind, HTPN is motivated to encourage patient retention based on the strengths within our network.

HTPN Physicians

- Have agreed to a professional code of conduct
- Practice evidence-based medicine
- Are monitored for quality and service standards
- Provide exceptional communication and coordination of care