Palliative Care

Regulatory, Revenue and Risk Management Considerations

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Objectives

- Describe health system dynamics that may affect future opportunities for hospice and palliative care services
- Recognize the expected capabilities of an agency’s IT systems and internal/external data sources
National Quality Forum
Definition of Palliative Care

“Palliative care refers to patient and family centered care that optimizes quality of life by anticipating, preventing and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and facilitating patient autonomy, access to information and choice.”

Home Care and Hospice of New England (2012)

Home and Hospice Care of Rhode Island

Visiting Nurse Home Care
## Hospice and Home Health Programs

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<th><strong>Home and Hospice Care of RI</strong></th>
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## Hospice and Home Health

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All Hospice Care is Palliative but Palliative Care is not Hospice

- Palliative Care is not hospice care
  - Hospice care, care at the end of life, includes palliative care
- Palliative Care focuses on relieving suffering and symptoms
- Palliative Care relieves symptoms without curing the disease
- Supports the Best Quality of Life for Patients/Families

Hospice: Well Positioned for the Future

- Aging demographics – baby boomers
- Chronic disease “explosion”
  - Congestive Heart Failure
  - Diabetes
  - Chronic Obstructive Pulmonary Disorder
  - Pneumonia
  - Parkinson’s – ALS – Dementias
  - Depression
Palliative Programs – Current State

- Rapidly Growing Programs
- Recognized as a Board Certified Medical Subspecialty
- Joint Commission (JCAHO) created Advanced Certification in Palliative Care
- Much Confusion Surrounding Terms
- Many Barriers

Can Palliative Services be Provided Even Though the Patient is Receiving Treatment?

- Yes –
  - Palliative care may be provided at any time during a person’s illness, can begin at the time of diagnosis
  - It may be provided even though the patient is receiving curative treatments
- Relieves symptoms without curing the disease
  - Enhances comfort and quality of life
Eligibility Decisions
Hospice vs. Palliative Care

- Based on clinical factors such as diagnosis as well as patient choice
  > If an individual qualifies for both programs and chooses palliative care because she or he desires to continue receiving aggressive treatment, the choice should be clearly documented in the clinical medical record

Legal and Regulatory

- State Licensing Laws interpretations of non-hospice patients may vary
- Scope of practice limitations – State Corporate Practice of Medicine Law
- Federal and State fraud and abuse laws
- Fee-splitting arrangement regulations
- Self Referral Laws
- Safe Harbors of Anti-Kickback Provisions
- Professional Liability Insurance Coverage

*These are general legal considerations not only related to palliative care
Revenue Streams

- Hospital
  - Medicare Part A (appropriate DRG)
  - Medicare Part B professional services
  - Other payers
- Home Health Agency
  - Medicare Part A (PPS reimbursement)
  - Private Pay and Third Party Payers

- Managed Care Organizations
  - Palliative Care Programs specifically designed for disease state management

- Contractual Arrangement
  - Palliative Care Program can have a contractual arrangement with a hospice and provide non-hospice services

Home Health Agency

- Home Health Agency
  - Medicare Part A
    - Meeting skilled intermittent criteria,
    - Confined to home as defined in homebound status requirement
    - Physician POC
  - Private Pay and Third Party Payers
    - May have specific qualifications to meet for palliative home programming
Return on Investment

- Not self-sustaining program at this time
  - Attempt to fund through existing reimbursement streams for Hospice, Home Care, Hospital and Physician Services
  - Grants
  - Donations
  - Hospital Subsidies
- Anti-Kickback Statutes
  - Prohibitions Under the Statute
    - Must be sure contractual language is clear

What Services Will Be Offered?

- Provider needs to determine what services they wish to provide as this will drive the model they chose in order to deliver these services

- Seek legal assistance in reviewing the regulatory implications of the delivery model you choose
  - Rules to comply with depend on the services and setting
Many Different Models

- Full Interdisciplinary Team (IDT) Model
- Physician or Nurse Practitioner Practice Specializing in Palliative Care
- Hospital Palliative Care Programs
- Contract with Managed Care Organization to provide palliative care services
- Contract/Align with an ACO or PCMH

Certified Home Health Agency (CHHA)

- Patient does not elect hospice
- Staff have skills necessary to provide care
- CHHA provides services and bills Medicare (PPS)
  - Meets requirements of home health agency
    - Skilled intermittent
    - Reasonable and Necessary
    - Homebound status
    - OASIS C
Certified Home Health Agency (CHHA)

- Contract with Hospice for staff services such as pain control or specialized services
  - Specialty trained Nurse Practitioners, Registered Nurses, Home Health Aides, Social Workers
    - Medicare requires at least one of the qualifying services be provided directly by the CHHA employees
- Hospice bills CHHA, CHHA pays Hospice, CHHA paid under PPS

CHHA and Hospice

- May refer patients to each other
  - Contract must meet the safe harbor provisions for personal services and management contracts against the anti-kickback laws
Joint Venture Potential Under Agreement

- If state licensing laws do not allow a hospice to provide non-hospice palliative care
  - Joint venture relationship
    - Hospice can unbundle its service and provide non-hospice palliative care to another licensed entity such as a hospital, nursing home, home health agency, physician practice or nursing facility

Physician Practice Contracts with Hospice Provider

- Physician Practice
  - Participating Part B provider-Medicare
  - May offer physician consultation services, primary physician services and home physician consultation services
- Contracts with Hospice for management services arrangement (MSO)
Hospital Palliative Care Program

- May be a health system with its own hospice and palliative care program or may contract with a freestanding hospice
  - Decrease hospital days
  - Improve the quality of care
- Hospital bills appropriate DRG
- Physician bills Part B, Medicaid and other insurance
- May be no reimbursement for services such as counseling
- Contracts with hospice for services

Managed Care Organizations Palliative Care Programs

- May be opportunities to work with managed care organizations to establish arrangements for provision and payment for palliative care services
  - Disease specific programming
  - Payment negotiated with payers
Define Your Services: What are You Providing Within the Continuum?

- Palliative Care: interventional and comfort care focus
  - Palliative care inpatient hospital vs. home health
- Hospice Care: comfort care and quality of life focus
  - Routine hospital care
  - Respite
  - Continuous care
  - General inpatient

To Be a “Player” in the ACO Arena

- You have to be ahead of the curve in developing relationships with hospitals, primary care physician groups and even insurers/managed care
- Partnerships must be value-based: what do you bring?
  - Hospital readmission reduction
  - Cost reductions for post-acute episode of care
  - Care coordination across the continuum
  - Chronic care management to reduce ED visits and unnecessary hospitalizations
  - Electronic Information Exchange
  - Ability to share payment risk based on outcomes
Critical Elements for a Successful Strategy Implementation

- Evidence-based practice (interventional palliative care and hospice)
  - Use of aligned, care protocols
- Patient/family centered – self-care management driven
  - Coaching: motivational interviewing skills
  - Patient/family self goal setting
  - Medication awareness
  - Self-symptom management and interventions

Critical Elements for Successful Strategy

- An integrated care management and health system navigator approach
- Improved communications
  - Clinical updates at admission and when status changes
- Effective electronic information exchange
  - From provider to provider
  - Patient/family to provider (Telehealth, video-audio interface)
  - Through health information exchange (HIE)
- Real-time data management decision making
Overarching Strategy of Why You Will Benefit an ACO

- Ability to reduce 30 day (+) hospital readmissions
- Ability to reduce emergency/urgent care visits
- Reduce hospital length of stay
- Potentially decrease inpatient hospital mortality rates

KNOW YOUR DATA AND SHARE IT!

What are Some of the Current Challenges?

- Current fiscal realities (shrinking margins)
  - Hospitals
  - Home Health
  - Hospice
- Regulations and future Medicare payment models are always “behind”
  - Hospice: limited to 6 month end-of-life prognosis
  - Palliative care: not understood
  - Palliative Home Care: documentation must support Medicare COP’s
  - No specific reimbursement for care management models ... yet
What Needs to Change?

- The basic way we work with patients, especially in one of these three categories:
  - Chronic Disease Management
    - Need to better identify where a patient is within this trajectory
    - Enhance acute to community-based transitional care coordination
  - Interventional Palliation
    - Educate/enlighten patient and family earlier
    - Provide options for patient/family choice
  - Hospice Care
    - Marketing strategy and partnerships with hospitals and PCP

More Challenges

- Need for highly sophisticated data management information systems that will:
  - Enhance traditional quality care indicators (pain management, satisfaction surveys post-death)
  - Provide predictive statistical modeling as relates to primary diagnoses and co-morbid conditions
  - Help identify patients’ clinical and social needs within their trajectory (*chronic disease management, interventional palliation, hospice*)
Moving Your Strategy Forward

- Develop your presentation to meet with potential ACO partners: hospitals and PCPs
  - Be specific with your data to show how YOU will be essential to their accountable care organization
- Explore current funding opportunities:
  - Shared risk ventures with Medicare Advantage plans
  - Grants
  - Demonstration projects
- Be proactive to get a “seat at the table” and start now!

Why We Provide Palliative Services

- Valuable service to patients and their families
- Brand recognition
- Drives positive patient and family satisfaction
- Drives positive referral source satisfaction
- Identify and educate patients on the value of receiving hospice care services when facing life limiting illnesses
- Staff satisfaction-provides tools to help patients and families cope
In Closing

- Many different models
- Clearly define what services will be delivered
- Seek legal and financial consultation to address issues
- Understand your data and if you're not collecting, begin collecting the information
ARE YOUR VOLUNTEER AND MARKETING PROGRAMS JUMPING THE SHARK

LARRY LEAHY
HOSPICE VOLUNTEER

DISCLAIMER

• Any views or opinions presented in this presentation are solely those of the author and do not necessarily represent those of his company or professional peers
• If you see an idea that you would like to use, please feel free to steal it and give yourself all the credit for the idea if it worked, or blame me if it didn’t
TODAYS GOALS

• Discuss the importance of volunteers
• Share some ideas that might improve your volunteer program
• Discuss some basic marketing concepts
• Present some concepts to help you reinvent your marketing program
QUESTIONS AND PRIZES

• What was the Fonz’s full name?
• Who was the only one allowed to call him by his birth name?

WHY VOLUNTEERS

• Cultivate committed champions to your hospice
• Find long term advocates, leaders, helpers and donors
• Get important work done
VOLUNTEERS

• Played a major role in the development of early hospices
  • Board
  • Labor force
• HMB 1982
  • Congress’ intent that hospice not become another line of business
  • A hospice must document and maintain a volunteer staff sufficient to provide administrative or direct patient care in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff

FOLLOW BEST PRACTICES

• Find them
• Involvement
  • Do they have an official email account
  • Business cards: AP could resist this
• Set up to succeed
• Measure and share
• Recognition
  • Award banquet
  • Newsletter /press release
418.70(c) Standard: Recruiting and Retaining

- The hospice must document active and ongoing efforts to recruit and retain volunteers
- This documentation could include evidence such as advertisements in local newspapers, bulletins, flyers, or medical announcements
- Public presentations
  - Service clubs
  - Church groups

RECRUITMENT

- Support the mission
  - Always comes first
  - Can’t have bad volunteers (Background checks)
- More than just free labor
- Recruit for skills
  - Community relations: Service club presentations
  - Fundraising
- Know what skills are needed
  - Defined as employees
  - Job descriptions for each position
  - Provide evaluation guidelines
- Diversification
  - Patient demographics
  - Community demographics
- Use technology
HI-TECH RECRUITMENT

• Your web site
  • What does it say about you
  • What does it say about your volunteer program
• Social Media
• Internet

WEB SITE REQUIREMENTS

• The word “volunteers” and “volunteering” MUST appear on the home page of your web site, within the permanent text of the page
• A page or a section of your web site that is dedicated to information about volunteering at your organization
  • Why does this organization involve volunteers (Not to save FTEs or get money)
  • Steps to become a volunteer
  • List of volunteer roles
  • Online application
  • Real pictures
WEB SITE OPTIONS

• Volunteer testimonials
• Picture site
• Volunteer policies and procedures
• Recruitment videos
• Think in the box
• Newsletter (Suncoast Hospice)
SOCIAL MEDIA

• Why
  • Share your message
  • Gives a low risk method to get to know your organization (Larry's job search)

• Purpose: The 4 C’s
  • Communicate
  • Coordinate
  • Celebrate
  • Connect

• How
  • Facebook Fan Page
  • Event App
  • Volunteer training
  • Used non tech Facebook
  • Facebook Boosts
  • YouTube Video
  • Twitter Account

TRADITIONAL VOLUNTEER TYPES

• Patient care
  • Professional
  • Assistant
  • Administrative

• Bereavement
  • Community link
  • More receptive to family

• Board: Can’t count the hours
  • Professional expertise
  • Fund raising
  • Promotion
  • Recruitment
THE NEW VOLUNTEER

- On-line volunteer
- Online volunteering means unpaid service that is given via the Internet, either via a computer or via a handheld device (smart phone, cell phone, PDA, etc.) Jayne Cravens
  - jcravens42
    - Did a form of this back in 1992
    - Most of the donated work is done off site in their own home or work computer
    - Be aware of security issues
      - Volunteer portals
      - HIPAA education
- PRN volunteers or Micro volunteers
  - One time or short time project
  - Administrative requirements have to be reevaluated
  - Builds relationships
- Millenials
418.70(d) Standard: Cost Saving

- The hospice must document the cost savings achieved through the use of volunteers
  - The work time spent by volunteers occupying those positions
  - Estimates of the dollar costs which the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) for the amount of time specified in paragraph (d)(2)
- It is anticipated that the hospice will use volunteers to supplement the care being provided by the paid staff who work directly with patients and their family members, both in the patients’ homes and the inpatient setting
  - time that the hospice’s volunteers spend in administrative support or direct patient care activities
    - Clerical duties in the offices of the hospice
    - The time volunteers spend attending education/support meetings would not be included in computing the cost savings
    - Leahy’s Staffing Standards: 4 volunteers per paid staff
COMPUTING THE SAVINGS

• There is no requirement for what the cost savings must be; only on how it is computed
• Total volunteer hours/staff hours
• Example (May 2011):
  • 100 hours/950 hours = 10.53%
  • 2011 NHPCC: 4.8%
  • Could do it by cost also depending on information system
MS. PUGH

• Works as Assistant Receptionist M-F 20 hrs week
• About 1000 hours a year
• About $10,000 a year savings
• Doesn’t include benefit savings

§418.78(a) Standard: Training

• The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.
• Interpretive Guidelines §418.78(a)
  • All required volunteer training should be consistent with the specific tasks that volunteers perform.
TRAINING

- Think out of the box
- When offered
  - Traditional: 2 hours a week for 10 weeks
  - Non-traditional
    - Weekends
    - Brown bag
- Where offered
  - Traditional: Hospice office
  - Non-traditional
    - Offices
    - Churches
    - Prisons
- Specialized
  - Bereavement
  - New board members
- On-Line
MINIMUM TRAINING REQUIREMENTS

- Their duties and responsibilities;
- The person(s) to whom they report;
- The person(s) to contact if they need assistance and instructions regarding the performance of their duties and responsibilities;
- Hospice goals, services and philosophy;
- Confidentiality and protection of the patient’s and family’s rights;
- Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;
- Procedures to be followed in an emergency, or following the death of the patient;
- Guidance related specifically to individual responsibilities.

RECOMMENDED FACULTY

- Hospice leadership
- Privacy Officer
- Patient Care Coordinator
- Volunteer Coordinator (Host)
- Infection Control Nurse
- Volunteer panel
- Chaplain/Counselor
- Funeral Home Director
TRAINING TIPS

• Have food
  • Pot lucks
  • Seasonal offerings: ice cream social
• Have fun
• Invite the staff
• KISS
  • Short
  • Specific training for specific volunteers
  • Exciting not boring
• Train the Trainer (Volunteer Coordinator)
  • People skills
  • Leadership skills
BEST IN THE CLASS

• Match.com
  • Volunteer/Patient characteristics
  • Ranching, sports
• Strong Volunteer Director
• No limits
• Concise and specific training
• Use their volunteers

Q & P

• Happy Days was based on what movie?
• That movie featured what American Disc Jockey?
MARKETING

MARKETING IS NOT A FUNCTION, IT IS A WAY OF DOING BUSINESS
MARKETING IS NOT

• A new ad campaign
• Monthly promotion
• Squishy balls
• Fooling the customer
• Falsifying the hospice’s image

MARKETING IS

• INTEGRAL TO THE ORGANIZATION
• ALL-PERVASIVE (EVERYONE’S JOB)
• INTEGRATING THE CUSTOMER
• DEVELOPING A RELATIONSHIP
• EVOLUTIONARY
MARKETING EVOLUTION

TRICKING THE CUSTOMER

↓

BLAMING THE CUSTOMER

↓

SATISFYING THE CUSTOMER

↓

INTEGRATING THE CUSTOMER

DEFINITION OF MARKETING

MARKETING IS THE PROCESS OF PLANNING AND EXECUTING THE CONCEPTION, PRICING, PROMOTION AND DISTRIBUTION OF IDEAS, GOODS AND SERVICES TO CREATE EXCHANGES THAT SATISFY INDIVIDUAL AND ORGANIZATIONAL OBJECTIVES.
MARKETING GOALS

1. Serve customer’s real needs
2. Communication
3. Relationships

BASIC MARKETING TENETS

• Marketing strategies are a natural output of the strategic planning process
• It is what the customer/patient perceives as important that counts, not what the hospice thinks
• Perception is reality to the customer/patient
• The unhappy customer/patient goes elsewhere to receive service/care; he also takes his friends and family with him
  • Sears
  • Joe’s Crab Shack
• Don’t market what you can’t deliver!
A GOOD MARKETING PROGRAM SHOULD:

• Promote perception of timely, high quality hospice care
• Encourage willing beneficiary utilization
• Maximize utilization of available capability
• Require total involvement and support of staff
• Enhance community relationships
• Support recruitment/retention of personnel and volunteers

KEY POINTS

• Top management involvement is absolutely essential
• If you market, you have got to deliver
• Must find innovative solutions
• Define/understand target audiences
• Integrate wellness initiatives into marketing plan
• Keep everything positive
• Get everyone to buy into the plan
• Be proactive, not reactive – take advantage of every situation
• Improper marketing can result in negative perception
GROWING YOUR HOSPICE

• Is your hospice either Hertz or Avis in your community?
• Is it growing?
  • If not, you have problems
  • You deviated from your mission statement
• A rising tide raises all boats
  • Fred Hinze’s philosophy on competition
  • Growth in programs and patients served
  • Nursing facilities

GROWING YOUR HOSPICE

• Have the right people on your bus
  • Real leaders grow
  • May have to fire people
    • What is your performance criteria for sales staff
    • Do you enforce it
• Know your growth model
  • Natural growth
    • Creates capacity before growth
    • Start ups
  • Forced growth
    • Grow and staff will follow
    • Most profitable
    • Can negatively impact quality
• Combination: Most of us
CHANGE ACTIONS

- Media is dead
- Redo your admissions/discharge process
- Reinvent your marketing department
- Sell your volunteer services
- Technology
- Nursing facilities
- Marketing staff

MEDIA

- Wasting you money
- ROI isn't there
- Marketing Advertisement (Allowable)
  - Did away with Yellow Pages
  - Tried to eliminate all newspaper recruitment ads
  - 88% reduction in expense
    - Web based recruitment more effective
    - No negative impact on growth
    - Took 5 years to get there
- Personal relationships are more effective
  - Kim’s story
  - Where is Larry story
PERSONAL RELATIONSHIPS

• Feet on the ground/touch points
• Speaking engagements
• Relationships with the medical community
  • Love Social Workers
  • More love for a Social Worker who has been an Ombudsman
• What are your staff’s relationships
• Everyday we create relationships

ZIG ZIGLAR

“You never know when a moment and a few sincere words can have an impact on a life.”
QUESTION

• Has your sales staff read any book by Zig Ziglar?
• Have they read any book on building relationships?
  • All new employees
    • 4 books within 90 days
      • Fred Factor
      • The Power of Positive Thinking
    • 2 others on change
• Does your sales team read?

ADMISSIONS PROCESS

• Phone skills
  • Script
  • Training
  • Closing line/Tag line
  • Smile
• Know your conversion rate
  • Benchmark: 75%
  • Best in the class: 90%
• Secret caller
ADMISSIONS PROCESS

• When do you admit
  • PM
  • After hours
  • Weekends
• Worst quote: “It is easier to admit to any other hospice than to ours.” Case Manager
• Open access
  • Expand your definition of a hospice patient
  • Best quote: “I am going to buy property in Comal County so when I am terminal Hospice XXX will take care of me.” Senior Oncologist
• Get rid of a BTTWWADTH
• Just say YES
• Increase in LOS

DISCHARGE PROCESS

• Know your discharge rate
• What is your hospice’s view of a hospice patient
• Is poor documentation causing the discharge
• Questionable discharge practices
  • No caregiver issue
  • Long LOS
• Who performs this function
MARKETING DEPARTMENT

• Staffing
• Confidence
• Structure

MARKETING STAFF

• Staffing ratios
  • 1 Sales Executive per 100 pts.
  • 1 Account Coordinator for every 200 pts.
• Hiring
  • Looking for hunters not gathers
  • Not accountants (Not my personality)
  • Confidence and previous success
  • Tip: Pharmaceutical reps are readily available but are a risk
• Monitoring
  • Bonus reports
  • Monthly mileage
  • Script pitches

• Education
  • Annual sales conference
  • New team conference
• Compensation
  • Base
  • Incentive
    • Monthly
    • Special: Cowboy boots
• Budget
  • $10.00 pppm for promotional activities
  • $2.00 pppm for promotional printing
CONFIDENCE

• Super-star sales people are confident
• Comes from
  • Action: What does their schedule say
  • Success:
    • Very rarely miss quota
    • I'd rather work on bonus than base
    • Keep promises
• Adequate preparation
• Risk takers

STRUCTURE

• Depends on size
• Sales and marketing are not the same
• Need to paint a consistent picture (Branding)
  • Uniforms
  • Ads
  • Signature block
  • Forms: hard to control
  • Nursing facilities
• Supports your paper routes
It's an honor to serve you.

PAPER ROUTES

• Are they effective
  • ABC methodology
  • Know what they want
• Monitor
• Nursing facilities should be on your paper routes
Technology

- Client Relationship Management
- Mobile Technology
- Portals
- Data Mining
- Robotics

DATA MINING

- Too much data, not enough time to analyze
- Knowledge-Discovery in Databases (KDD) is the practice of automatically searching large stores of data for patterns (NSA/2012 Election)
- Sources
  - Your information system
  - Public sources (Census reports)
  - Outside vendors
- Goal: Leverage existing information into more customers, more sales or greater profit
CRM

• Not just an electronic Rolodex and not a piece of cake
• Critical success factors
  • Trust (Not a spy tool)
  • Real focus on marketing (relationship building)
  • Willingness to share information (rainmakers are reluctant)
  • Willingness to learn new software
  • Time to update the information
  • Good technology support
• A lot of different products
• ROI is up in the air
  • Our SEs hate it but our VP Sales loves it

MOBILE TECHNOLOGY

• Can your CRM work with your mobile devices
• Is your mobile technology HIPAA compliant
• APPs strategy
  • Internal/external
  • My favorites
    • Minnie Puzzle
    • Balloonimals: Thanks Carla
    • Endless ABC
PORTALS

- Physicians/Patients/Staff
- 2004: Big flop
- 2013: Essential
- Paper is dead
  - Barrier to referrals
  - Video example
- Pros and Cons
  - Numerous on both sides
  - Will evolve
ROBOTICS

- Patient assistance
- Physician assistance: Dr. Watson
- Call center
- Innovation
- Learn more
  - Session 404 — Leveraging Technology to Drive Transformational Change and Innovation

NURSING FACILITIES

- Key to your growth
- Educate your marketing team on how to work with nursing facilities
- Relationships
  - Be an ambassador
  - All the staff (Can they name the custodial staff)
- Communicate, communicate and communicate
- Hand carry their payment
CARING ACTIONS

• REACH OUT – Welcome people immediately to your work area. Acknowledge their presence. Make eye contact and smile. Introduce yourself in a pleasant tone of voice. State your name and what job you perform. When the opportunity is available, use the person’s name to address him/her. Be attentive, genuine and positive.

• BE FRIENDLY – If you are unsure if someone needs help... ask him/her. Share information willingly and honestly. If you can’t help, personally find someone who can. Know what services are available and how to get them.

• BE TIMELY – Respond quickly. Explain delays.

• LISTEN ACTIVELY – Take time to listen. Give the person your full attention. Listen to the person's message: What is said, and what is not said.

• EXPLAIN WHAT YOU ARE DOING – Make explanations brief and easy to understand. Answer questions honestly and kindly. Be willing to explain it again. Use language that the other person can understand.

• REMEMBER TO SAY GOOD-BYE – Be sure the person has the information he/she needs before leaving. End on a friendly note. Say thank you.

• LOOK FOR AN OPPORTUNITY TO SERVE – You are “Multicare” to every person you encounter. Go out of your way to be helpful to others. Care enough to do your very best.

• CARE FOR EACH OTHER – Treat each other as we would treat our guests. We need to experience nurturing to be able to nurture. Feeling good at work helps keep us healthy. By using these caring actions, we please ourselves and our customers.
CARING ACTIONS

• TAKE PRIDE IN YOUR APPEARANCE – Look appropriately well groomed. Follow the guidelines for correct attire as established by your department. There is only one chance to make a first impression.

• PROVIDE SAFE, CLEAN AND ATTRACTIVE SURROUNDINGS – Maintain a neat, safe, pleasant work area. Take responsibility to keep all areas clean. Respect the need for a quiet environment.

• SHOW COURTESY – Put yourself in the other person’s place. Respond quickly. Allow others to go first. Be polite and helpful in person or on the phone.

• DEMONSTRATE YOUR COMPETENCE – Confidence comes from competence in your job skills and knowledge. Stay current. Express confidence by performing tasks accurately and with ease. Be “response able”. While knowing the limits of your practice (job), solve problems within your authority. If resolving the person’s problem to the fullest is beyond your reasonable limits, know how to get help.

THERE IS A TIME TO LET THINGS HAPPEN AND A TIME TO MAKE THINGS HAPPEN
Things to remember

• Does your website promote your volunteer program
• Develop a leader in your Volunteer Coordinator
• Reinvent your marketing department
• Build your relationships

RESOURCES

• Blue Ocean Strategy: How to Create Uncontested Market Space and Make Competition Irrelevant, W. Chan Kim, Renee Mauborgne
Q&P

• What was Fonzi’s cousin’s name?
  • One prize for first name
  • Two prize’s for last name