



SALES PLAYBOOK



CHCSM
ContinueCARE

SALES PLAYBOOK



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PURPOSE

This CHC ContinueCARE sales playbook contains the processes, assets, tactics and knowledge your LTACH sales team needs to carry out their role effectively. It includes helpful tools, links to supportive marketing collateral and best practices to ensure success.





COMPANY OVERVIEW

Community Hospital Corporation owns, manages and consults with hospitals through **CHC Hospitals**, **CHC Consulting** and **CHC ContinueCARE**, which share a goal of sustaining community hospitals and healthcare providers. Under this unique organizational structure, CHC owns, manages and consults with hospitals across the country. We gain tremendous insight from our varied experiences and put that knowledge to work at our owned and managed hospitals along with our consulting hospital clients

CHC ContinueCARE provides a model for ownership, management and consulting services for long term acute care hospitals. Our team understands what it takes to provide appropriate, high-quality care to best serve medically complex patients and your long-term financial health.



DIFFERENTIATORS

1

Since 2004, CHC ContinueCARE has helped LTACHs improve clinical outcomes while boosting financial performance. From developing a high quality program to frequent benchmarking of key clinical metrics, quality is at the forefront with all of our hospitals that we serve.

2

Long Term Acute Care Hospitals offer an effective operational model that provides critical care while reducing the cost of lengthy hospital stays in acute care environments.

3

Our team of experts stays informed about the ever-changing requirements and reimbursement regulations of the Centers for Medicare and Medicaid Services (CMS).

4

For the hospital within a hospital model, our unique community hospital/LTACH joint-venture model provides an additional revenue stream for the community (host) hospital.

5

Throughout the pandemic, CHC ContinueCARE improved operations of Long-Term Acute Care Hospitals (LTACHs), fulfilling a vital function in the care continuum and managing patient overflow from at-capacity hospitals.



ABOUT THIS LTACH

As a Long Term Acute Care Hospital (LTACH), we serve patients who require extended hospitalizations. Our care teams are trained to treat patients with complex medical conditions who need specialized services. We uphold a tradition of providing comprehensive, multidisciplinary care across skilled teams of physicians, nurses, therapists, dietitians, social workers, case managers, pharmacists, and other professionals – working together on every aspect of patient care. We offer patient and family education, and welcome family involvement in the development of a personal plan of care.



SERVICE OFFERING

An LTACH takes care of serious medical problems for patients who are very sick with complex medical conditions that require a longer length of stay. In most cases, patients are transferred from a community hospital to an LTACH because they need a longer recovery time and highly specialized care provided by a team with clinical expertise.



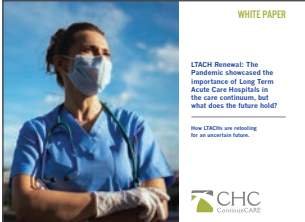
Part of CHC's services would be to evaluate our client's current reference materials that are available on-line and in collateral pieces and offer suggestions after review.



REFERENCE MATERIALS

A variety of CHC reference materials may help hospital executives, physicians and family members understand the purpose of an LTACH, how to identify patients who would benefit from an LTACH and why this specialty care environment can be beneficial to certain types of patients.

CHC ContinueCARE Marketing Materials:



White Paper
How Long-Term Acute Care Hospitals are Retooling for an Uncertain Future



Video
Long Term Acute Care Hospitals

Local Marketing Materials:

Referral brochure



Patient & family brochure



Although LTACH facilities have existed for decades, there is still confusion – even among some clinicians – about the role LTACHs play in the continuum of care.

That's why the primary job of the clinical liaison is to educate physicians, clinicians, social workers, case managers, payors and discharge planners about LTACHs. The goal is to establish and grow referral patterns for patients who meet LTACH requirements.

CLINICAL LIAISON ROLE



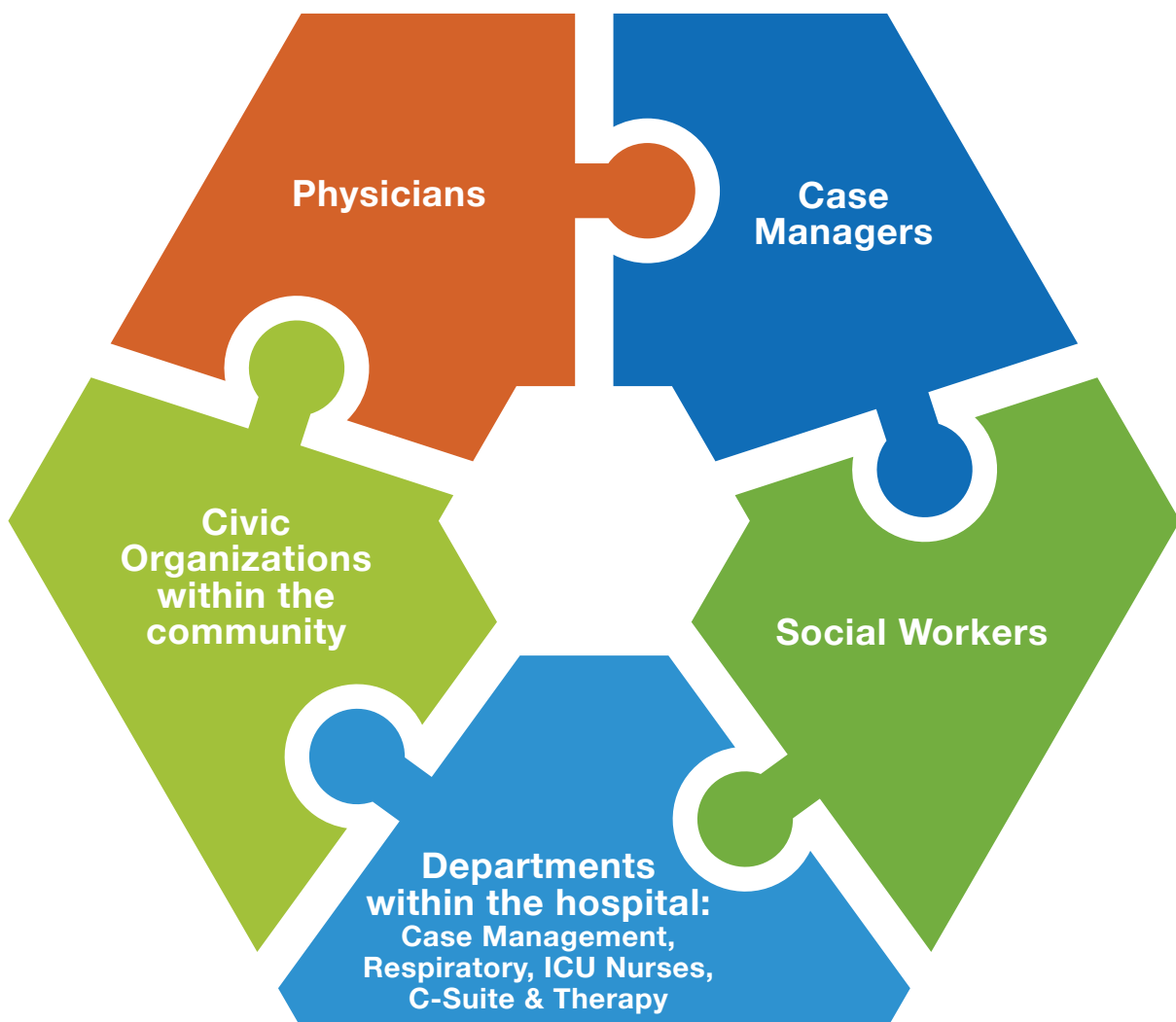
SALES METHODOLOGY



Successful clinical liaisons follow a well-established process for reaching out to both potential and existing referral hospitals to educate new team members and build relationships.

The primary methods for educating these audiences are educational in-service presentations and delivery of outcomes.

An in-service is an educational opportunity for any group within the hospital or community. These groups may include:



We will offer to bring food appropriate for the time of day i.e. lunch, breakfast, afternoon snacks or dinner and provide education. Some topics to include in an in-service would be:

Where does the LTACH fit in the continuum of care?

How can the LTACH help your hospital with LOS?

What differentiates an LTACH from a STACH?

What does an LTACH patient look like: Examples of diagnosis?

What is the criteria for admission based on payors?

What is the referral process?

The second method of educating is by communicating with the referring physician/hospital/case manager throughout the patient's stay in the LTACH. We can do this by sharing patient progress and lastly, by sharing patient outcomes. Oftentimes, physicians feel left out of the loop once a patient leaves their care. You can offer physicians updates on their patients and provide a discharge summary at the end of the patient's stay, if the physician would like. This may be most valuable to the sub specialists, for example a cardiologist, nephrologist or pulmonologist, who is on the patient's case, because the patient will most likely follow up with that physician on an outpatient basis once discharged.



It is most effective when we schedule in-services monthly or quarterly based on market needs. Always remember, these in-service opportunities help get your name out in the community building name recognition. In addition, they help potential referral sources better understand the role an LTACH plays in patient throughput, length of stay and in the overall continuum of care.

HELPFUL TOOLS



A clinical liaison has a variety of responsibilities in addition to scheduling and completing in-service trainings. That’s why we have developed a variety of tools to help a clinical liaison set and track sales goals in order to work more efficiently and effectively. Some of these tools include:

Referral and Admission Trends

This chart provides a means to track patient referrals and admissions each month. The clinical liaison will review metric trends by referring hospital and compare to historical numbers and actual goals.

There are four areas the clinical liaison team should trend with regard to their referrals:

Payor Mix

Always be aware of your payor mix and your hospital’s budget.

DRGs

It is important to be aware of the DRG weights that you are admitting. Your CMI or weight will likely be closer to 2.0 with the critically ill patient. If you see that you are trending down or that you are admitting patients with a low CMI (under 1.0), you need to evaluate as this may indicate that you are not getting the most appropriate LTACH referrals or in a timely manner. This will also impact your hospital’s financial performance.

Conversion Ratio

If you are converting less than 50% of your referrals, stop and evaluate. It may indicate that you are getting your referrals either too soon or too late. You may need to look at the entire referral process.

(continued)

CHC ContinueCARE Historical Referral and Admit Trends												
Referrals:												
Top DRGs	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Admissions:												
Top DRGs	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Please see the addendum for all sales tools.

Are you working the entire process for those insurance denials? A suggestion would be to drill down by referral source, payor mix, liaison to identify specific trends that are positively or adversely impacting your conversion ratio.


Know Your Numbers

Watch your referral and admission trends. If you see referrals dropping off from a particular hospital or a particular physician, ask questions. Is it possible that they have had staff turnover creating an in-service opportunity? Have they lost a physician who was an LTACH champion? Ask questions and understand your opportunities.

If the patient severity drops, it's important to meet with referral sources and explain the patients who are best suited for the LTACH environment.

The team members involved with completing this report are the admission coordinator who tracks the referral and fills out the insurance verification form. The clinical liaison is the individual who labels the DRG and provides that information to the DRG coder.

Please see the addendum
for all sales tools.



Hospital Profile Sheet

This “dashboard” view gives individual insight into market area referrals. By updating this sheet on a quarterly basis, the clinical liaison gains insight into the number and type of referrals and admissions. It also provides information about the responsibilities of key decision makers at the hospital.

This sheet becomes more helpful as more detailed information is included. For new liaisons, reviewing the hospital profile sheets will provide a good understanding of the hospitals in your area.

Hospital Profile Sheet	
Hospital Name:	
Address:	
Phone number:	
Quick Facts:	Management Team:
Founded:	CEO:
Number of beds:	CFO:
Number of ICUs:	CNO:
Website:	DCM:
Primary Markets:	Affiliated Hospitals:
Primary Payers:	Primary Physician Groups:

When seeking information for the hospital profile sheets, here are some helpful hints:

- If you are not sure about a hospital’s payer mix, talk to someone in your hospital’s business office who has access to the American Hospital Directory (AHD). If there is no one on-site, reach out to corporate to look up that information. This is public information.
- Lots of information such as the services provided by the referral hospital will be available on the hospital’s website. In addition, any information on this form that you aren’t able to access easily can serve as good conversation points when speaking with executives at the referral hospital.

Complete and accurate hospital data sheets provide liaisons with a good understanding of the hospitals in their territory. The information also helps prioritize hospitals in terms of their potential for patient referrals. Use this information to prioritize and identify A, B and C accounts, which should determine the liaison’s contact frequency with that facility. For example, reach out to A-level accounts a couple of times a week.

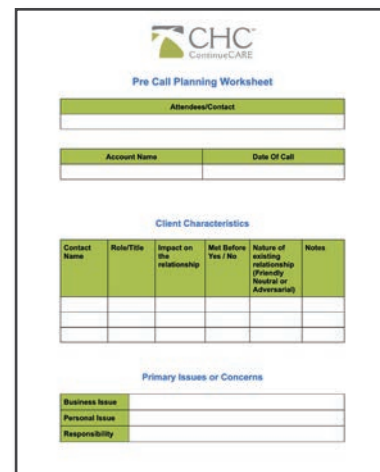
These sheets are for the clinical liaison’s individual use.

Please see the addendum
for all sales tools.

Pre-Call Planning Worksheet

This tool is designed to help clinical liaisons prepare for sales calls. By thinking through and completing this form prior to a call or meeting, the clinical liaison will have a clearer understanding of call goals and be more successful. A sales call is much more effective with an understanding of the individual and organization called upon.

In the event that there is information on this form that the clinical liaison does not know personally, please seek this information from others in the hospital who know the history.



The form is titled "Pre Call Planning Worksheet" and includes the following sections:

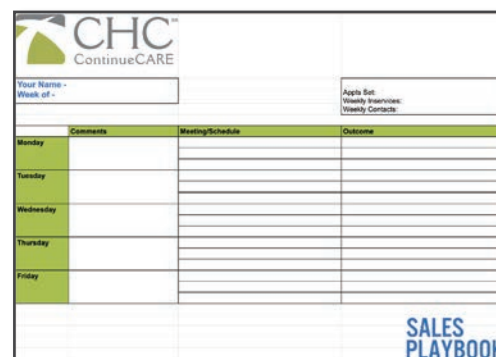
- Attendee/Contact:** A single-line text field.
- Account Name:** A text field.
- Date Of Call:** A text field.
- Client Characteristics:** A table with 6 columns: Contact Name, Role/Title, Impact on the relationship, Met Before Yes/No, Nature of existing relationship (Friendly, Neutral or Adversarial), and Notes. There are three rows of empty cells.
- Primary Issues or Concerns:** A section with three sub-fields: Business Issue, Personal Issue, and Responsibility, each followed by a text area.

This document is for the clinical liaison's individual planning purposes.

Weekly Plan Roadmap

This document helps clinical liaisons plan their week. It's much easier to stay on track and meet your targets if you first identify the number of contacts you plan to reach and the number of in-service meetings you have scheduled.

It's most effective to complete the weekly plan on Friday morning and review it and note outcomes on Friday afternoon. Over time, this information provides helpful trend and best practice information.



The form is titled "Weekly Plan Roadmap" and includes the following sections:

- Your Name -** A text field.
- Week of -** A text field.
- Appts. Est. Weekly In-services: Weekly Contacts:** A text field.
- Comments, Meeting/Schedule, Outcome:** A table with 3 columns and 7 rows (Monday through Friday).
- SALES PLAYBOOK:** A logo in the bottom right corner.

In addition to tracking the sales process, it's helpful to track patient outcomes. For example, by noting that a patient returned to the acute hospital, it will help the liaison remember to follow up with that facility and check back on that patient in the future.

After the weekly plan roadmap is complete, submit it to the CEO and the director of marketing. This document helps keep everyone informed of sales activity and helps them track the impact on admission patterns.

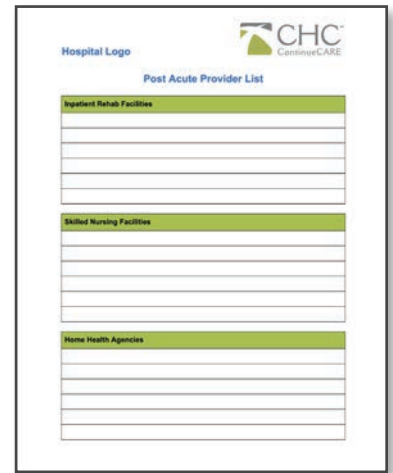
The weekly plan roadmap is important for a liaison because interruptions are frequent. Patient referrals always take precedence over in-service meetings. By using the roadmap, liaisons are able to roll forward activities that may have been bumped during a busy week and get back on track with proactive sales efforts.

Please see the addendum for all sales tools.

Post-Acute Provider List

This form lists area providers across the continuum of care. Include skilled nursing, rehabilitation, assisted living and other relevant facilities in the area where patients may be admitted from or discharged to.

One of the benefits of this list is it provides liaisons with easy access to facilities that provide services an existing patient may need. For example, liaisons may need to identify a skilled nursing facility that can handle IV antibiotics upon discharge from the LTACH.



The form is titled "Post Acute Provider List" and features the CHC ContinueCARE logo in the top right corner. It includes a placeholder for a "Hospital Logo" in the top left. The form is organized into three main sections, each with a green header bar: "Inpatient Rehab Facilities" (with 5 rows), "Skilled Nursing Facilities" (with 5 rows), and "Home Health Agencies" (with 5 rows). Each row contains multiple columns for data entry.



Quarterly Plan Presentation

Liaisons put together a quarterly plan to help the hospital meet its annual business objectives. In this plan, it's important to track total admissions by source, severity and outcome. This report is similar to the weekly plan but it includes full-quarter information about progress toward the facility's business goals.

These plans are created quarterly and presented to the CEO and corporate leadership. When there are gaps in progress, goals can be set collectively to get back on track to meet annual targets.

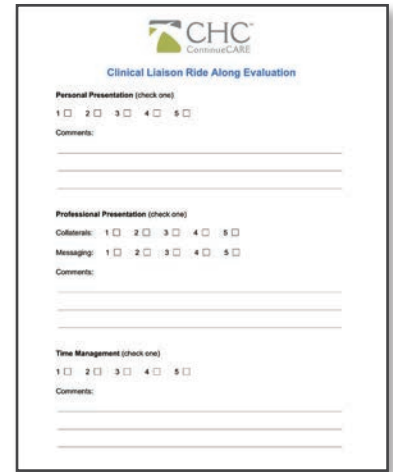
At CHC ContinueCARE all hospitals in a region participate in these quarterly review meetings in order to provide input and ideas. Each facility has an opportunity to learn from others and get help for overcoming challenges.

Please see the addendum
for all sales tools.

Clinical Liaison Ride Along

This form is used by the clinical liaison's supervisor, which may be a marketing director, CEO or corporate marketing professional. The supervisor completes the form after observing the clinical liaison's interaction with referral sources, patients, patient families and other facility team members.

The purpose of the form is to create structure to evaluate liaisons and provide constructive feedback. It is also helpful for the liaison to have access to this form in order understand their evaluation criteria in order to improve performance.



The image shows a form titled "Clinical Liaison Ride Along Evaluation" with the CHC logo at the top. The form is divided into three sections: "Personal Presentation (check one)", "Professional Presentation (check one)", and "Time Management (check one)". Each section has a rating scale from 1 to 5 and a "Comments:" field with two lines for text entry.

Business attire. Clinical liaisons are expected to wear business casual attire including collared shirt and slacks for men. Shoulders should be covered and hair should be clean and neatly groomed. All tattoos should be covered. The reason for the dress code is that LTACH patients are typically older and more traditional. The clinical liaison should help them and their families feel comfortable with the LTACH. The most important component of appearance is to be professional and not distract from the task at hand.

Organization. Supervisors will be looking for neat and organized collaterals, notes and reports.

Message delivery. Successful liaisons deliver messages concisely and clearly, and focus on relationship development.

Time management. Supervisors look at the clinical liaison's use of time. Areas of evaluation include the efficiency of their driving route and maximizing the value of time spent at each location.

Customer interaction. This evaluation rates the liaison's ability to communicate with physicians, case managers and patient family members. Supervisors look at how the liaison is received and relationships they develop.

Overall knowledge. The liaison needs to be able to clearly describe the LTACH level of care and articulate what the patient should expect during their LTACH stay. Evaluators look for factual, current and relevant information.

Rating Scale. After the supervisor observes the clinical liaison across all these areas, they will assign a score in each category from 1 to 5. The score descriptions are outlined below.

- 1 – Need immediate attention
- 2 – Need improvement
- 3 – Adequate – meets standard
- 4 – Exceeds standard
- 5 – Exemplary

After the scoring is complete, the evaluator will share the report with the liaison and facility CEO, and provide a summary of recommendations for improvement.

CONCLUSION

This sales playbook has outlined resources and information designed to help clinical liaisons be productive and effective. It can be used to train new team members and by experienced liaisons.

If you have questions or feedback regarding this sales playbook, we welcome your input. Please contact Verna Walker at Vwalker@communityhospitalcorp.com or call (972) 943-6400.





ADDENDUM



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