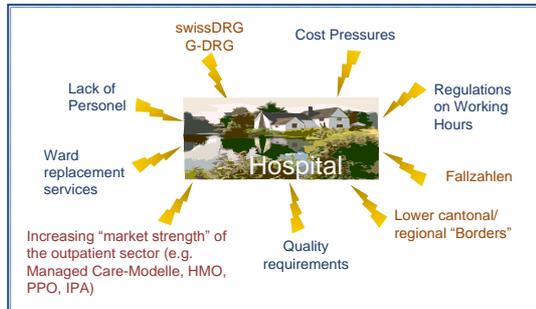


«In the competition between hospitals, I want to make prescribing doctors my partners!»

The Swiss/German DRGs already specify the price of a specific medical service, thus obviating a «price leadership» strategy. The service providers are forced to compete over the quality and differences of their service.



An exclusively cost-focused discussion leads to hidden cut-backs over the short and long term, but not necessarily to economisation (offering medical services at the lowest possible cost). Economisation goals include:

- ▶ fewer unnecessary examinations,
- ▶ fewer ineffective treatments,
- ▶ less expensive medicines, and
- ▶ more efficient work processes/treatment pathways.

Economisation is currently driven mainly by intensifying the work done, and hence by increasing the workload of medical and nursing staff.

Alternative approaches include:

- systematically designing the service provider's treatment pathway, including intersectional networking (with the aid of appropriate information systems),
- systematic prescriber management,
- strengthening preventative medicine, and
- reducing administrative costs by assigning appropriate duties to medical and nursing staff.

Example: Prescriber Management

Prescriber management can be seen as a holistic approach, realized by:

- striving to achieve a strict focus on the prescriber's needs;
- introducing systematic measures to strengthen the relationship with the prescriber and increase his loyalty: i.e. taking care of existing prescribers as well as contacting and committing potential ones;
- → the goal is to differentiate with respect to the content of the individual prescriber segments, thus offering support on the basis of the prescriber's significance.

From this we expect to see:

- greater/more stable patient access («cases»)
- improvements in terms of access to «real» cases
- cooperation with respect to quality and profitability
- reliable agreements on sharing the workload between outpatient and inpatient care
- an increase in prescriber and patient happiness
- the creation of a «win-win» situation between the outpatient and inpatient departments
- mitigation of the classic areas of tension between the outpatient department and the hospital.

Conclusion: In the future, hospitals can be made profitable only by selectively increasing the number of cases and continuously improving the efficiency of basic and support processes. One important element in this process is the smooth integration of the most important upstream partners; GPs and consultants are the most important benchmarks. Successful hospitals understand that these prescribers win them patients without losing sight of the necessary ethical considerations.

[Source: Zuweiserbarometer 2013, Prof. Dr. R. Endl, FHS St.Gallen]

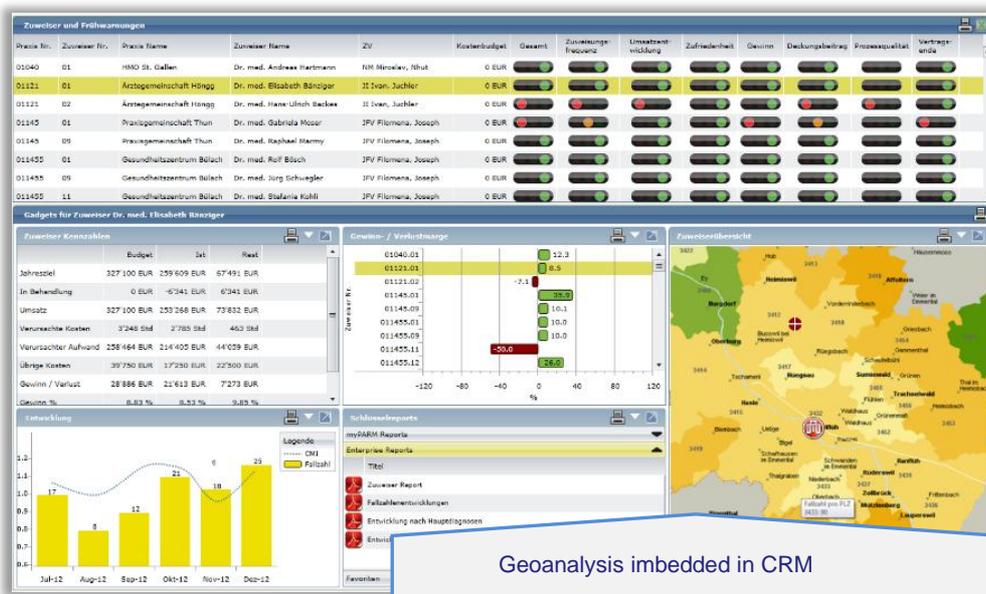
«This is how we fix the problem»



Everything starts from the management philosophy (vision) and the clinical group strategies that stem from it. From there, the next steps are developed by adopting a top-down approach. Prescriber management is an important part of this strategy. Other key points may include questions about profitability or value-added processes in hospitals (freeing up non-value adding activities) etc.



A balanced scorecard includes the perspectives and targets relevant to the company/clinical group. These are realised by measurable (objective and/or subjective) key performance indicators (KPIs, e.g. churn rate). The IT system compares the values defined on the timeline with the current lower values and indicates trends. This gives the board direct insight into the degree of goal attainment, so that it can make decisions accordingly.



Geoanalysis imbedded in CRM

A strategy without operative implementation and control used to be called «carrying goals to Newcastle».

That's how things go when you determine prescribers relevant to implementing the strategy as well as the patient background, or create difference analyses, indicators and non-indicators. After all, you want to see whether the measures introduced to optimise prescriber relationships take effect.

Further information

Do you have further questions or would you like more information about applying?

Mr Epple will gladly give you personal advice and further information

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