



The shifting demands of hospitalist referrers

Often one of the largest referral sources to senior care providers, hospitals are a vital partner for all hospice, palliative and home health care agencies. As hospitalists continue to be more closely scrutinized based on lengths of stay, readmissions and total cost of care, providers are poised for tremendous opportunity to deliver even greater value to this audience.



Complementing our study on physician offices earlier this year, Transcend Strategy Group conducted a survey focused on the hospitalist audience (physicians and nurse practitioners) to gain a deeper understanding of their unique attitudes and behaviors, and help senior care providers form better partnerships. While many providers focus heavily on hospital discharge planners, strategies to grow census should expand relationship-building efforts to include the hospital clinical staff who are treating, heavily interacting with and influencing the patients agencies seek to attract.

About the Survey

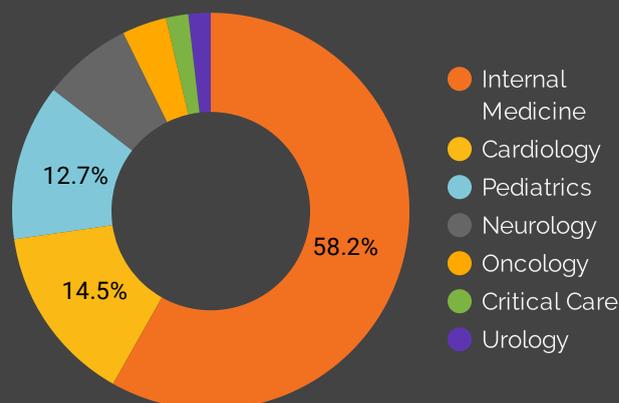
Total Respondents

131

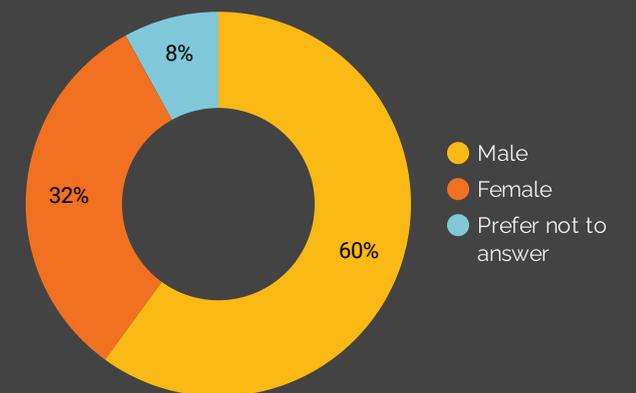
Role / Title	#
Hospitalist (Physician)	96%
Hospitalist (Nurse Practitioner)	4%

Age	#
40s	48%
30s	24%
50s	20%
60s	4%
Prefer not to answer	4%

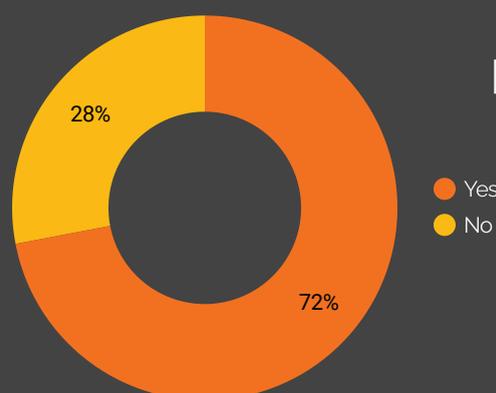
Specialization



Gender



Health care system/network affiliation



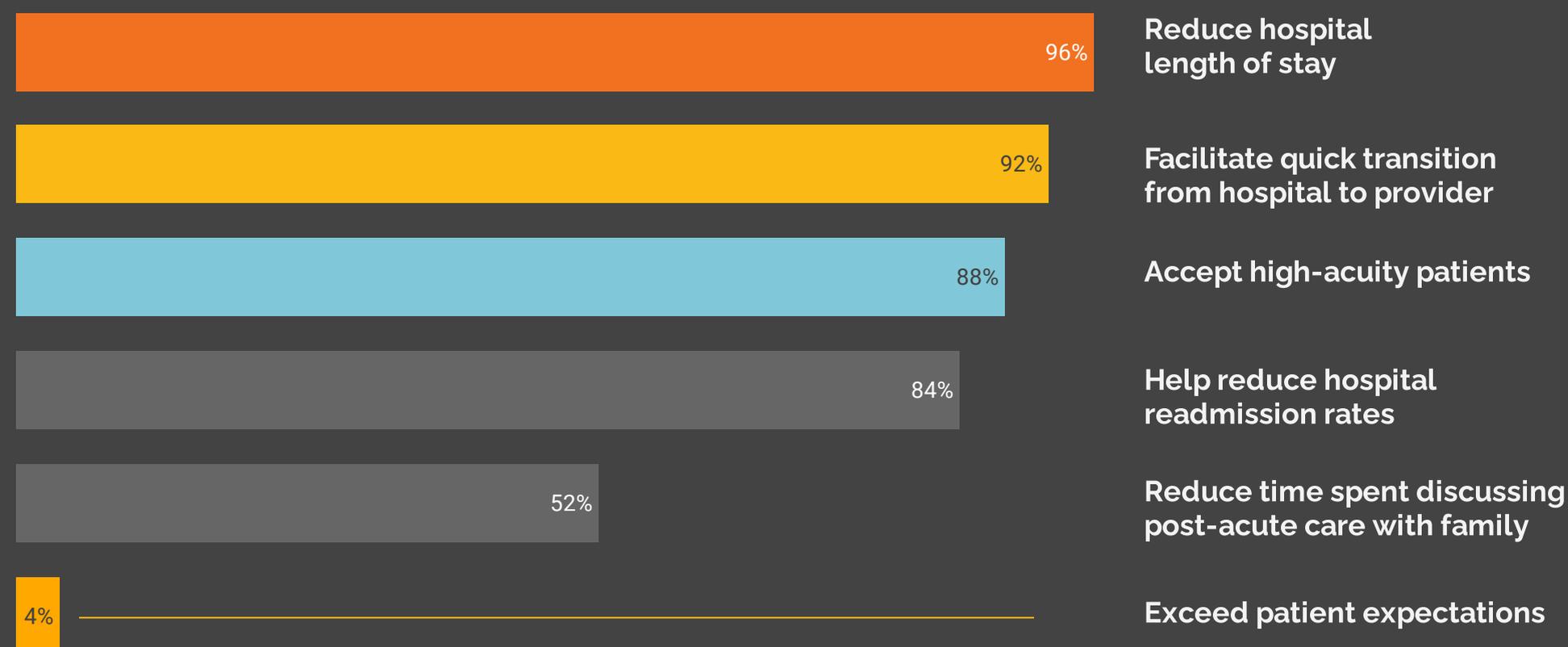
As payers' expectations have evolved, hospitalists want “heads out of beds”

Hospitalists' top priorities for a referral partner center around getting patients out of the hospital quickly, with the most common values cited being reducing length of stay in the hospital (96% included this response) and facilitating a quick transition to the referral provider (92% of respondents).

96%

want a referral partner who can **lower hospital LOS**

What metrics do hospitalists use to determine the value of referral partners?



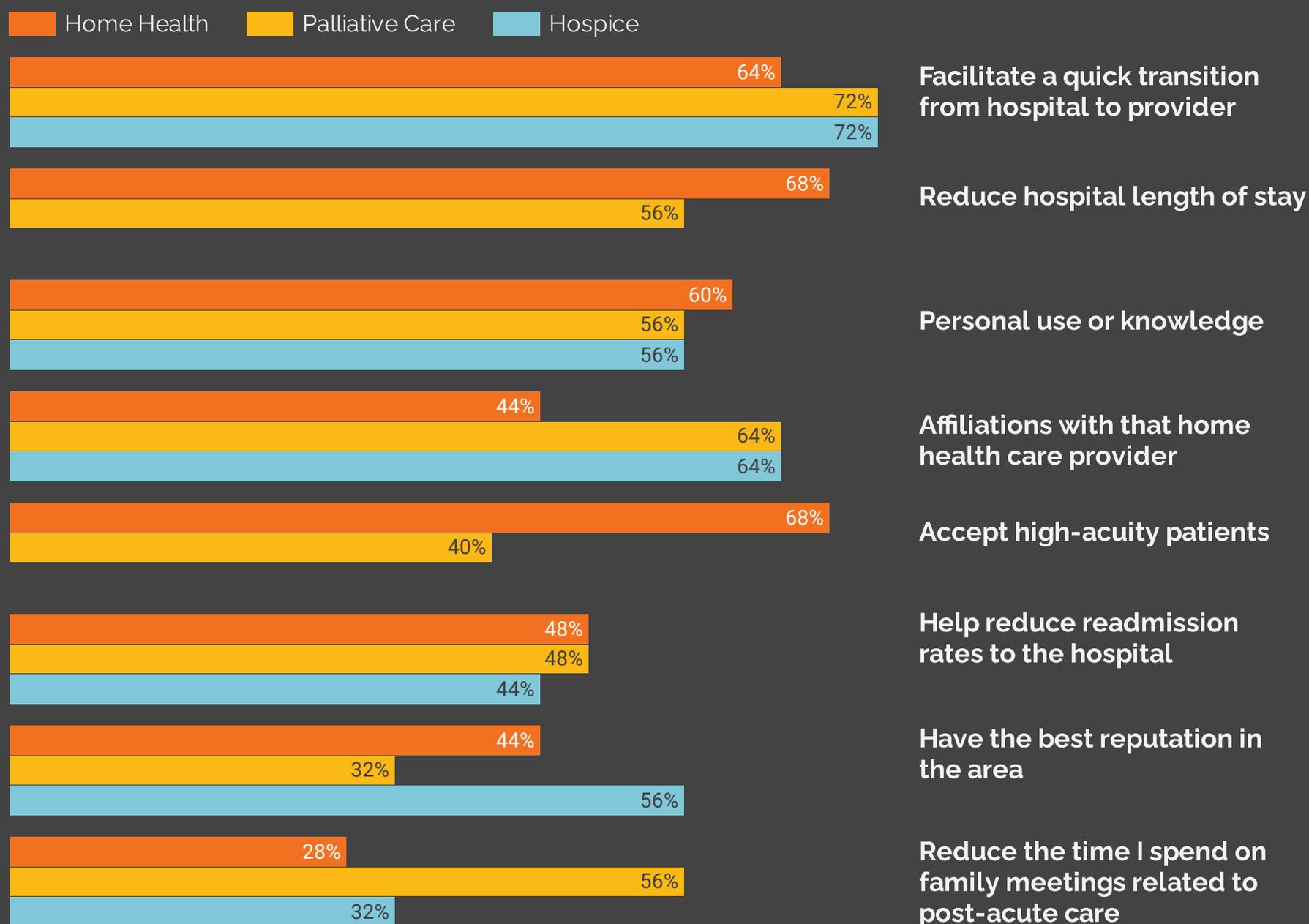
Insight: Keeping “heads in beds” was long the shorthand phrase that dominated hospitals' strategy for success. That mindset has evolved, and it spells huge opportunity for senior care providers. Today, insurance companies encourage hospital discharges as early as possible and CMS penalizes hospitals financially for readmissions of the same patients with the same conditions within 30 days. Not to mention, the COVID-19 pandemic is again overrunning hospitals – giving even greater urgency to move patients out as efficiently as possible.

The chart above points to the most important attributes to consider in building your value proposition to hospitalists. Additionally, technology can play a big role in addressing their priorities. For instance, fast, easy and HIPAA-compliant platforms that expedite handing over a referral are a great way to demonstrate your commitment to meeting their needs. Hospitalists also highly value providers who will take on higher acuity patients. With the Hospital-at-Home care model gaining traction, it's worth exploring if it's an opportunity for your agency to expand your patient base while further alleviating hospitals. (Related Podcast: [Hospital-at-Home: Has Its Time Arrived?](#))

Hospitalists' top priorities, by service line

When broken out by service lines, respondents consistently ranked facilitating a quick transition from the hospital to the provider and reducing hospital length of stay as the most important aspects that influences their recommendation of a specific provider. The importance of an agency's reputation consistently ranked low.

“What influences your recommendation for a specific provider”



The response choices of “Reduce hospital length of stay” and “Accept high-acuity patients” were not included when asking about hospice providers.

Insight: Reputation consistently ranked among the least important aspects. Hospitalists place greater emphasis on ease of working with agencies and how quickly they can get a patient off their plate. Reputation did, however, rank notably higher for hospice, which may suggest clinicians prioritize qualitative opinion over quantitative data given the nature of the care.

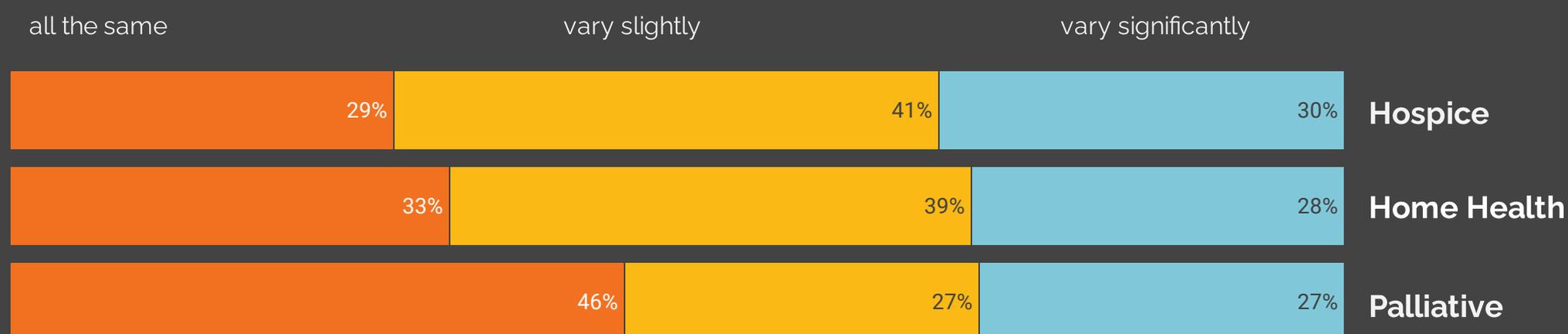
The data also shows hospitalists have a strong desire to avoid discussing palliative care. With palliative care, respondents were far more likely to say that an agency's ability to reduce the time they need to spend discussing post-acute care with the family was important. They may try to avoid the discussion because they find it's too confusing of a topic. (Related Podcast: [Four Challenges Inhibiting Palliative Care Growth](#))

Little perceived differentiation in home-based providers

As was the case when we surveyed physician offices earlier this year, home-based care providers face similar challenges with hospitalists when it comes to differentiation. Respondents indicated they rarely believe there is much significant difference in the quality of hospice, home health and palliative care providers in their area, with palliative providers again being seen as the least differentiated.

72%

see **little to no differentiation** in hospice, home health and palliative care providers on average



Respondents rated how differentiated providers of each service line in their area are across six different attributes. These numbers represent aggregated totals per service line.

Those who indicated they are part of a healthcare network or system were even less likely to see differences in palliative care and hospice care providers in their area.

Insight: The severe lack of perceived differentiation that senior care providers in all categories face highlights the need to re-evaluate what they have done to establish a unique position in the market. This includes the foundation of a distinctive brand identity, positioning and culture – as well as a focused referrer messaging platform that is effectively conveyed and lived up to. (Related Blog: [Rebrand to Promote Understanding](#)).

Low differentiation is a missed opportunity today, while also creating an ongoing vulnerability. If someone comes along and offers anything of greater perceived value to referrers in the future, providers could face the risk of declining referrals.

Hospitalists say they regularly refer to senior care

About half of surveyed hospitalists believe identifying the need for and recommending referrals for care of hospitalized patients is one of their responsibilities. Of this group, almost all of them (96%) say that these referrals typically include hospice, palliative care and home health. 100% of them say they regularly refer to specialists and in-patient rehab services.

47%

of surveyed hospitalists believe recommending referrals is part of their role

Which services referring hospitalists refer to



Hospitalists usually select a specific provider

When it comes to determining the provider, hospitalists are most likely to recommend a specific partner instead of providing a list or deferring to staff. They are far more likely to specify the exact single provider (versus a list) if referring to a palliative care provider or a “specialist.”

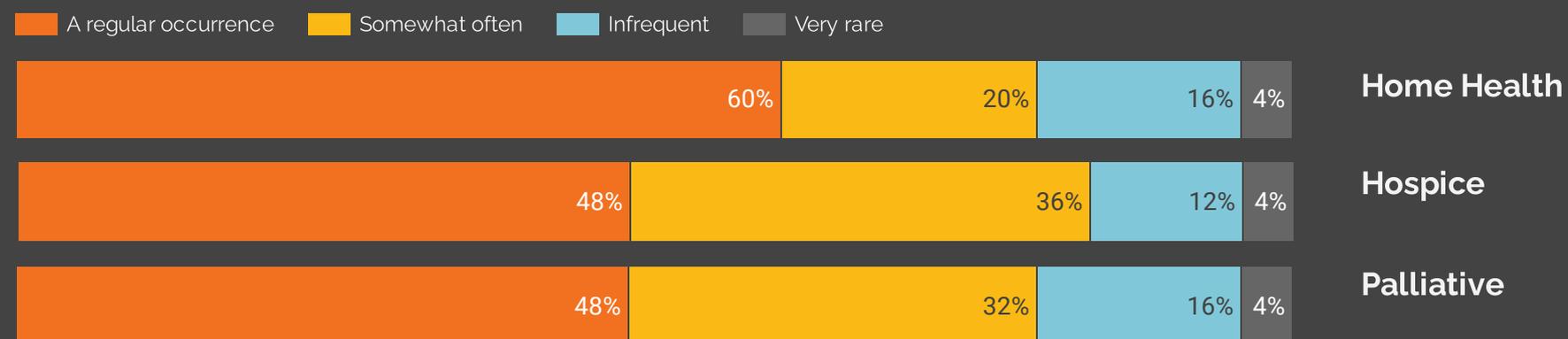
Action	Home Health	Hospice	Palliative	Specialists
I make the provider decision	44%	52%	80%	92%
We provide a list	28%	36%	12%	4%
Staff makes provider decision	16%	4%	4%	4%
Patient identifies provider	8%	8%	4%	
Don't know who makes the provider decision	4%			

Insight: Hospitalists often see referring as part of their job (thus not leaving it to the discharge planner) and almost always say senior care providers are among the services they refer to. The patient almost never has a provider in mind, and in the majority of cases, the hospitalist is recommending a specific provider versus a list. This highlights how critical it is for senior care agencies to differentiate themselves to hospitalists in particular – and to be seen not just as a good choice, but as the one indispensable choice.

The results also show how highly hospitalists value specialists. Granted, they are thinking of specialists in the more traditional sense, but there is opportunity here for senior care. One way to become that indispensable choice is to lead with proven outcomes. Consider how leveraging evidence-based case studies and highlighting specific outcomes for specific disease states could be leveraged to set yourself apart. (Related Blog: [Gain Referrals Through Featuring Specialties by Disease State](#))

Referral frequency

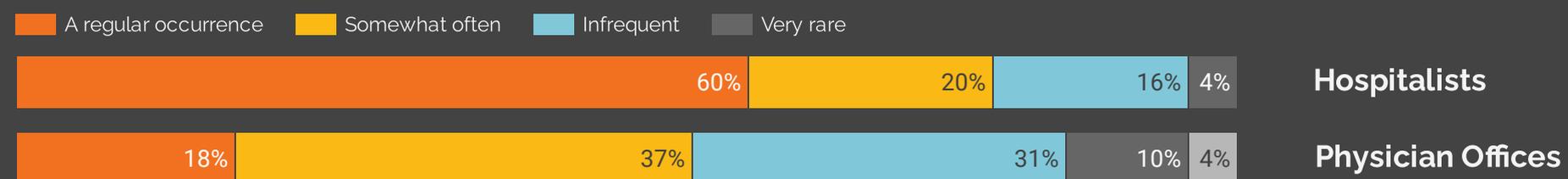
Hospitalists who say they have a role in referring patients to senior care services tend to do so with regular frequency across all three service types.



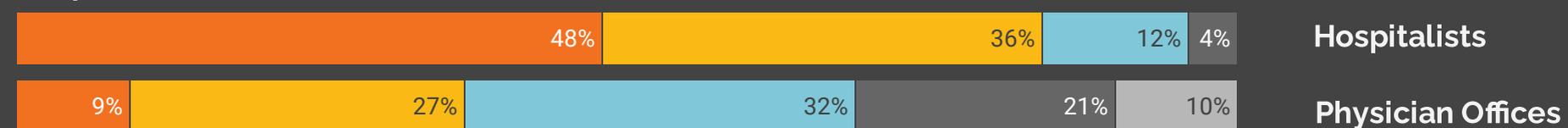
Hospitalists refer to senior care more than physician offices

Responding hospitalists consistently indicated higher likelihood to refer to senior care than respondents to our previous physician office study, with the contrast being most stark for hospice and palliative care.

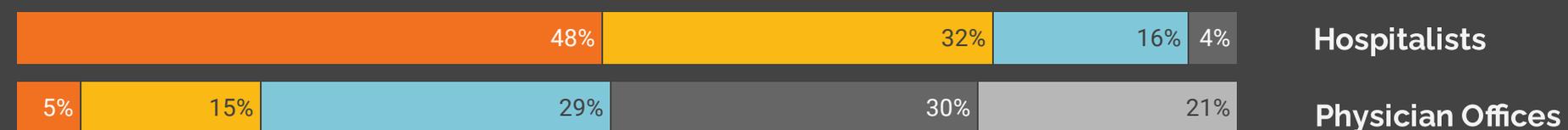
Home Health



Hospice



Palliative



Those affiliated with a health system encouraged, not required, to refer in-system

Hospitalists who work within a health system are often instructed or encouraged to refer to services within their own system, with 67% indicating this is the case. The good news is they are usually “strongly encouraged” and not outright required to do so (75% versus 8%).



Provider types in network

All surveyed hospitalists who said they're part of a system say that palliative care exists in their network. However, only 72% have hospice in network, and the service they are least likely to have in the system is home health.



Insight: Hospitalists in a healthcare system present a number of added challenges, but not insurmountable ones. One strategy would be to prioritize efforts on directing more personalized marketing to specific smaller hospitals or those not in a system. However, senior care providers can still fill vital gaps in the spectrum of care offered in a health system as well, especially when it comes to care that follows the patient home. For one, they likely offer more extensive palliative care than the inpatient form hospitalists may be thinking of. Home health providers appear to have strong openings to partner with healthcare systems, as only 61% of those in a system say their system includes this service.

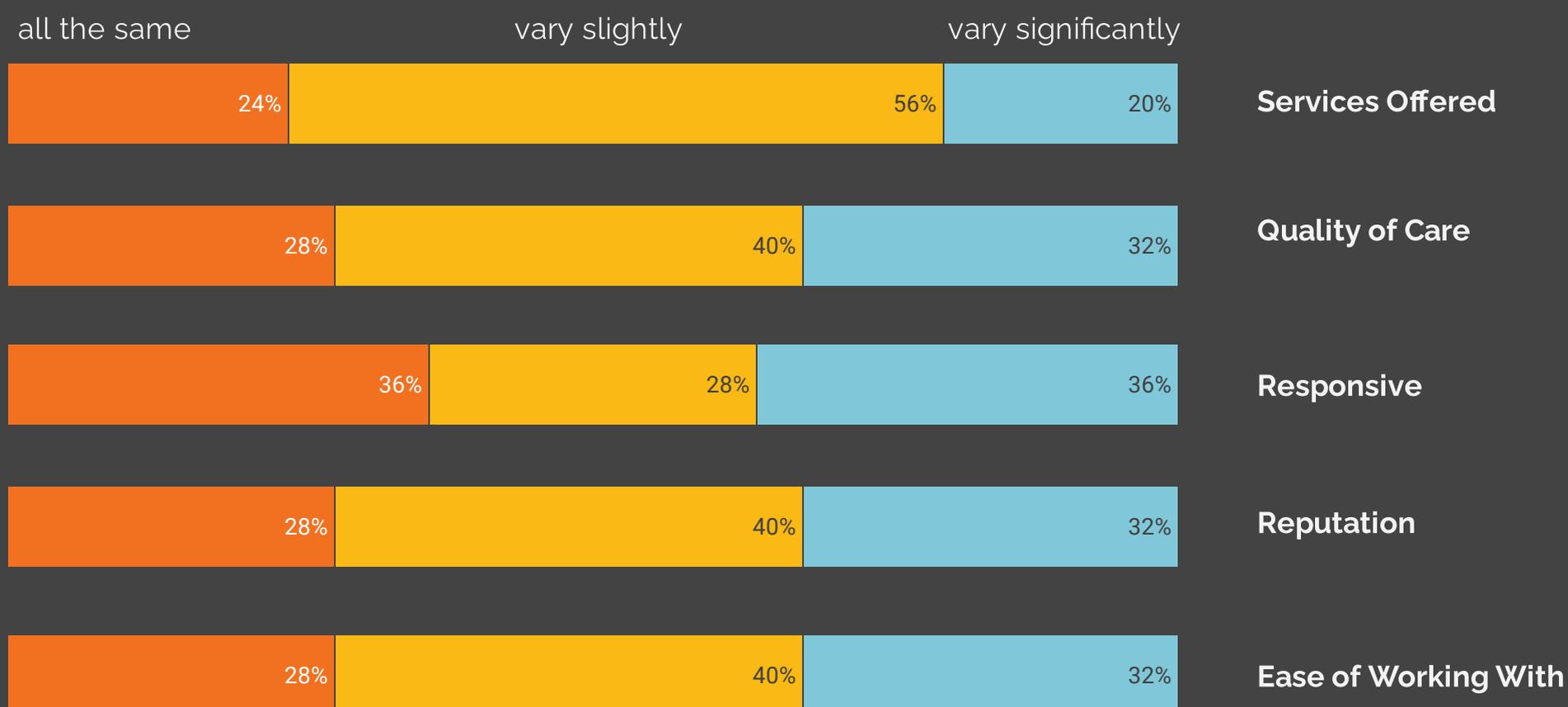
Additionally, most offices are not required to keep referrals in system, only encouraged, so those who can offer a differentiated value proposition and more value-driven relationships may still find opportunities to partner up.

Hospice differentiation

Similar to our physician office research conducted earlier this year, hospitalists said they see little to no differentiation consistently across all attributes of hospice providers in their area. However, in general they are more likely to see difference than their physician office counterparts.

79%

think services offered by hospice, home health and palliative care providers respectively **are virtually identical**



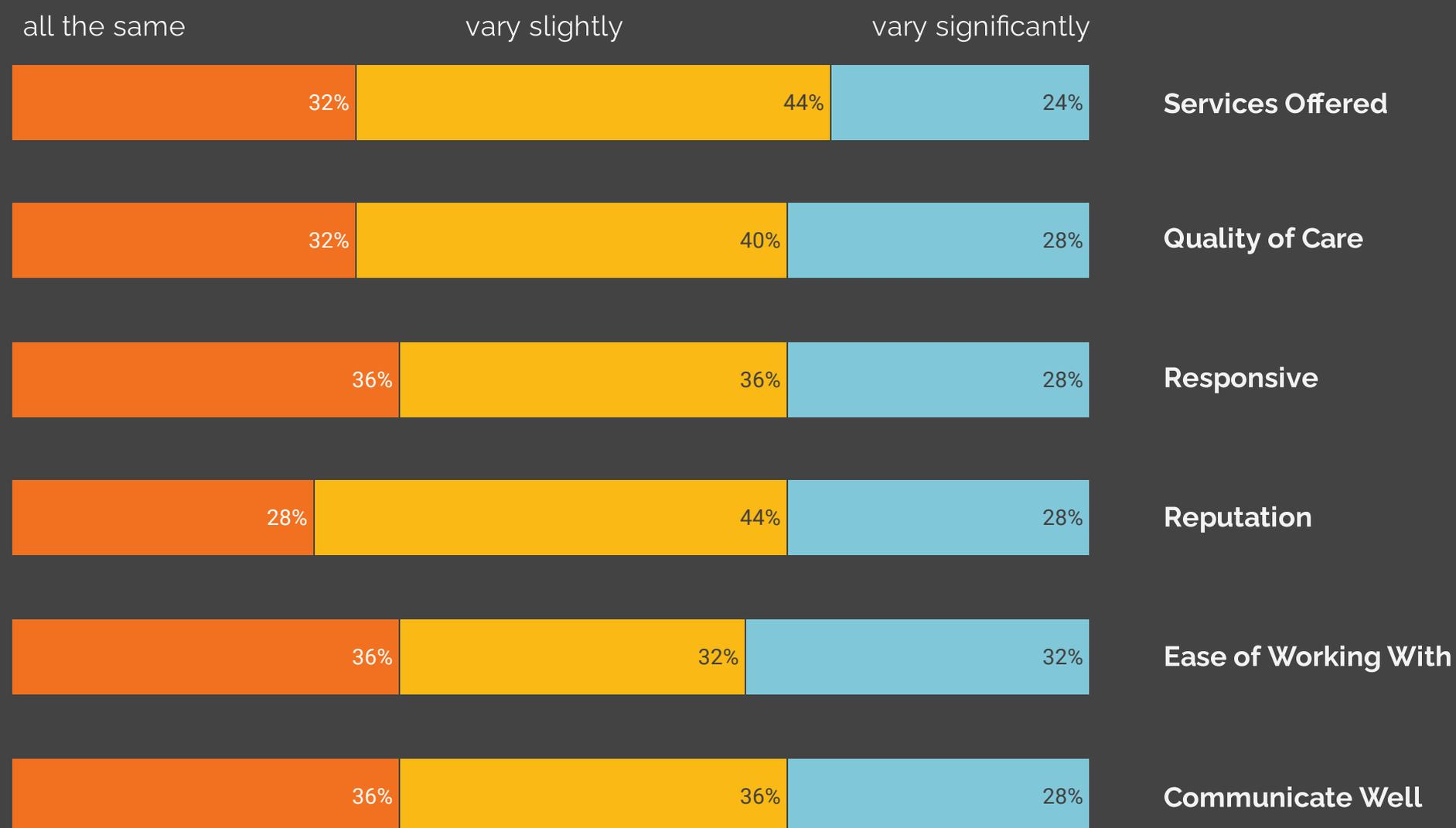
Those working at hospitals that are not in a healthcare system tend to think hospices vary across all dimensions much more than those in a network. For most aspects, they were nearly **twice as likely** to say hospices “vary significantly.”

Insight: The “lower hanging fruit” for senior care providers, especially hospice, is likely hospitals that are not in a healthcare system. Hospitalists at these facilities appear far more primed to be aware of the differences and value of different providers in their area. Consider targeted efforts toward this audience.

However, hospitalists – especially those in a system – seeing hospices as “all the same” may also spell opportunity. For instance, “services offered” is the attribute hospitalists are the least likely to think varies significantly among hospices. Providers who can innovate their service model and/or clearly position the specific services and capabilities they offer that are unique to their area can break through the perceived sameness and seize the opportunity to stand out. Responsiveness is the aspect hospitalists were most likely to find “all the same” across hospices, despite this being one of the most important attributes to them. This emphasizes the importance of not only implementing but also showcasing systems for enhanced responsiveness that have been put in place.

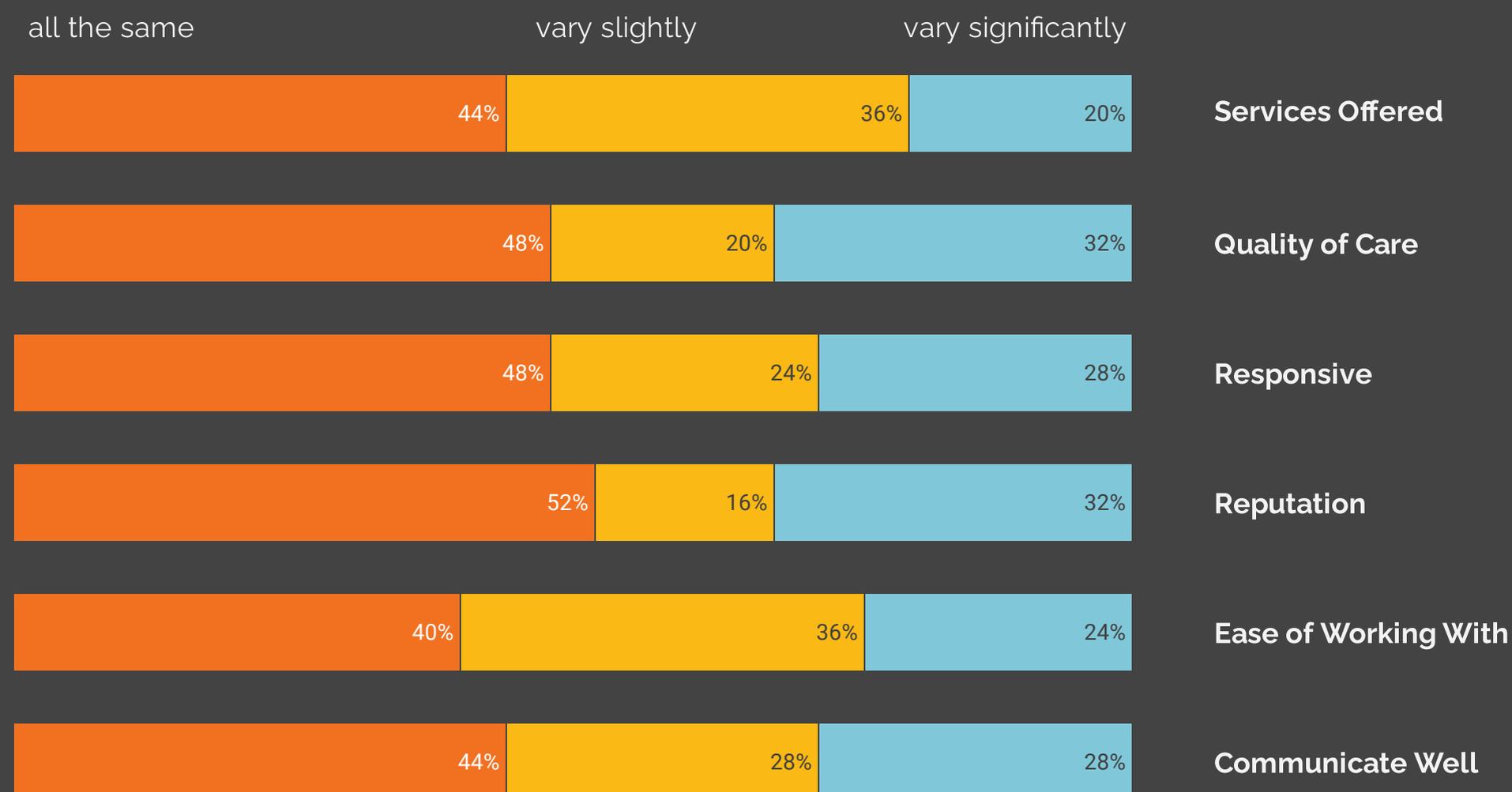
Home health differentiation

Similar to their responses for hospice, hospitalists indicated they see little to no differentiation across all attributes when it comes to home health providers as well. In this case, hospitalists' responses came very close to responses we saw from physician offices. There was also negligible difference in responses between those in a healthcare system or not.



Palliative care differentiation

Respondents were more likely to say palliative care providers are “all the same” across the board than they were for hospice or home health. However, those at a hospital that is not affiliated with a healthcare system are about twice as likely to find palliative care providers “vary significantly” when it comes to quality of care and good communication when compared to those in a system.



Insight: Similar to hospice, palliative care providers appear to fare better when it comes to hospitals that are not in a healthcare system. Overall, however, palliative care consistently sees the lowest levels of perceived differentiation. We know all too well that palliative care has a reputation problem with patients and their families (more on the next page), but this and other data show that hospitalists may lack an understanding about it as well. Other surveys show physicians often view it as being only for the very end of life. Hospitalists may benefit from greater education about the unique value of palliative care services that can be administered in the home setting and what it offers beyond what's possible with inpatient palliative care.

There are also additional ways to leverage your team's palliative care expertise that can further appeal to hospitalists' top drivers. Consider a specialized “transitional care” service line under your overall brand, which concentrates on the first few weeks after patients transfer from the hospital back home. Hospitals highly value such services as they can smooth the transition and help reduce readmissions in a time period (the first 14 days) when they are common.

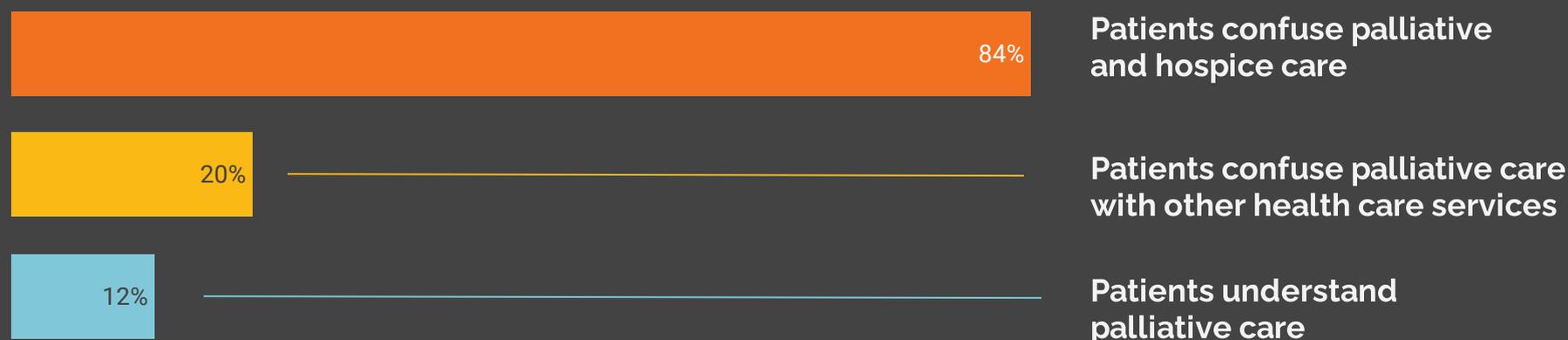
Patients don't understand palliative care

Respondents expressed that patients almost always confuse palliative care for something else. Most (80%) said patients don't know the difference between palliative care and hospice care. Only 12% said they feel confident that patients have a clear understanding of what the service can offer.

88%

of respondents say patients **don't understand palliative care**

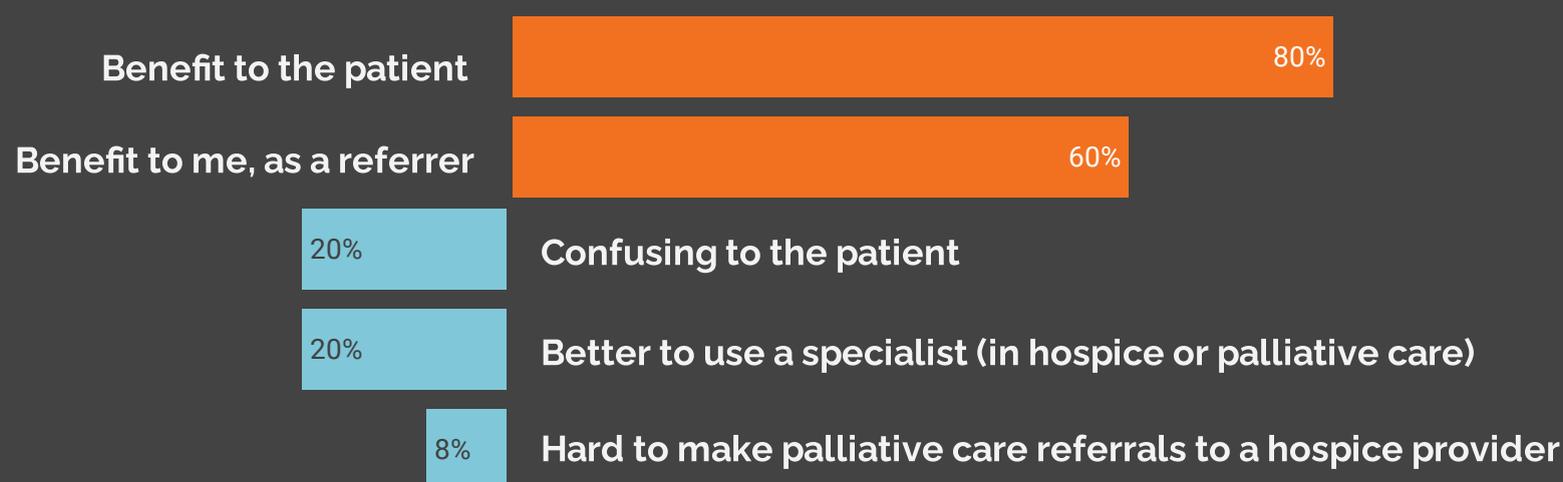
Do patients understand palliative care?



Respondents were allowed to select both "patients confuse" options.

Opinion about an agency offering both hospice and palliative care

Hospitalists are, however, highly receptive to hospice providers that provide both hospice care and palliative care, indicating they believe it makes life easier for both them and the patient.



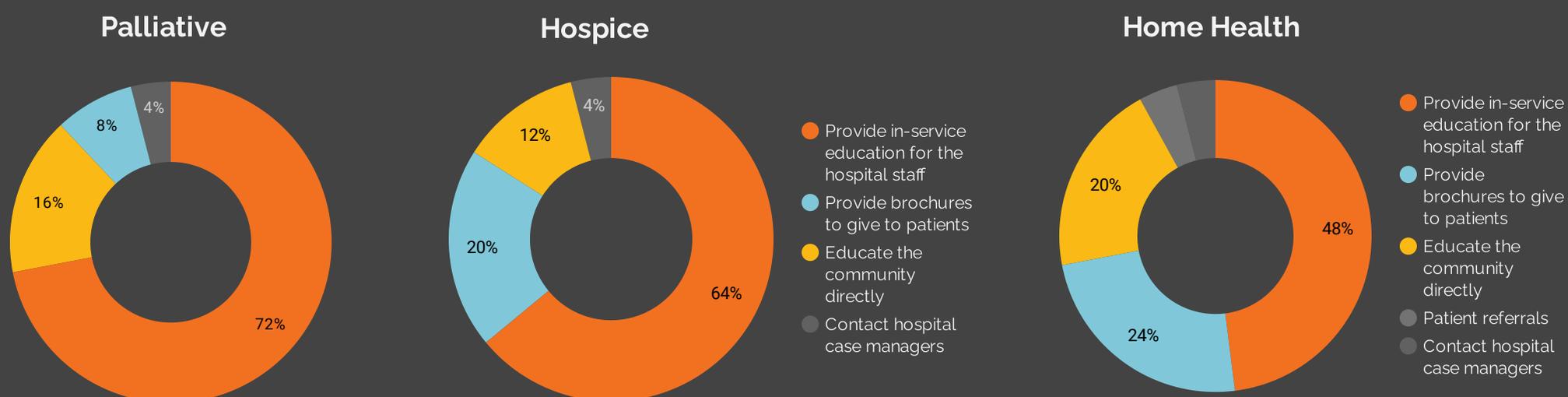
Insight: Earlier in this report, we noted that hospitalists prefer to avoid discussing palliative care with patients, and this is proof of why. Senior care providers should not only strive for clarity in positioning what palliative care offers in very patient-centric language, but also better education on where it sits in the broader continuum of care. This can help both patients and the ones providing referrals make more informed decisions that take full advantage of what the service has to offer. Hospitalists also welcome the idea of agencies that provide both hospice and palliative care. Expanding service lines not only creates a better upstream relationship with patients, it could also support better understanding along the way.

Educating referrers and patients

Hospitalists say the most effective way for providers to educate or update them on services is through in-service education for staff, and their responses were more significantly skewed in favor of in-service education when compared to our study on physician offices earlier this year.

For both home health and hospice, the second most common answer was “provide brochures to give to patients.” For palliative care, there was the greatest interest in in-service education, and, unlike the other two service lines, “educate the community directly” ranked second. While they may see hospice and home health as services that can be conveyed more easily in a piece of literature, they may believe palliative care requires more direct education of both their own staff and the community to combat the misconceptions, or simply lack of awareness, many have about it.

What respondents ranked as the best ways to educate them



Insight: Though hospitalists say they prefer in-service education, we know that even before COVID-19 it was becoming increasingly difficult for liaisons to get an appointment for a personal visit. Consider new ways to deliver in-service education to connect with hospitalists' while fitting into their busy schedules, such as on-demand videos that qualify for continuing education credits. Staff will have more incentive to attend, and can do so at a time convenient for them.

Hospitalists often don't have the time to explore each patient's understanding of recommended follow-up care, and they're looking for supplemental literature from you. This could be something included in a discharge packet explaining the importance of home health services. These may need to be more educational than promotional in nature, but you might be able to include a simple “brought to you by” line that includes your brand name and contact information. Instead of printing everything, you could also leverage smaller printed elements with easy-to-use web links directing patients to the full wealth of your (much more branded) web content.



Summary

Relationships with hospitals are a critical pillar to a senior care provider's ability to maintain budgeted census, and that relationship needs to go beyond the discharge planner and case manager. Nearly half of surveyed hospitalists said they see it as their role to make the referral, and most of the time they have a specific provider in mind.

With hospitalists facing mounting pressure to reduce lengths of stay, readmissions and total cost of care, their first choice has little to do with a providers' reputation (they consistently ranked it as unimportant). The door is open for senior care providers to become more of a solution to hospitalists' needs than ever before. To seize the opportunity, though, they must deliver on improving those outcomes, and be able to prove it with the data.

Senior care agencies face a significant problem with being seen as differentiated by hospitalists. Stronger referrer-facing positioning; clear, data-driven communication; focusing on right-fit referrers; embracing new technologies that facilitate efficiency; and exploring innovative education opportunities to help both hospital staff and their patients better understand the services offered are all essential to success.

Want to discuss how these insights can be applied to help your agency grow hospital referrals? Contact us at hello@transcend-strategy.com.