

Referral Growth Model

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OUR POINT OF VIEW

You're treating a symptom.

When referral volume softens, the reflex is more outreach: more liaisons, more visits, more drop-ins. Activity rises. Volume doesn't. The problem is a misdiagnosis, not an effort gap.

Four Sources of Growth: This POV is about the first.

Deepen

Recapture demand you already have

Widen

Build presence where you aren't

Monetize

Commercialize capability you own

Invent

New capability to drive new demand



45%

of employed PCP referral revenue leaves the network

This is leakage inside a system's own employed base, where relationship is not the variable. No amount of additional outreach reaches it.



Referral value leaks in three places.



Never Referred In

The referral you never saw. Physicians in your market send this volume somewhere else.

Driven by awareness, perceived expertise, and access reputation.



Referred, Not Converted

Won, then dropped. The referral arrives and dies in the queue, the callback, or the third-next-available.

The cheapest volume in the system to recover.



Treated, Then Lost

The initial encounter is captured, but the follow-on care is not. Imaging, procedures, and ongoing management go elsewhere.

Never appears in internal reporting. Invisible without claims data.

WHY IT PERSISTS

Everyone's problem. Nobody's KPI.

Referral leakage touches strategy, operations, marketing, finance, RCM, access, and clinical leadership. No clear owner means no accountability.

No Named Owner

The Deepen growth source belongs to the COO with the CMO: judged quarterly and reviewed monthly with the CFO and access lead. Most systems have never assigned it.

No Market Truth

Without all-payer claims, you can only count the referrals you received. You cannot see share, leakage, or opportunity.

No Revenue Spine

Without a referral-to-encounter-to-claim link, you can count referrals. You can never say what they earned.

Growth is the stated priority. The budget says otherwise.

85%

name growth a top strategic priority for their organization

68%

report budgets flat or down versus prior year — up 24 points year over year

BUILDING THE SYSTEM: THE ANALYTICAL MODEL

Build towards one shared KPI, with clear accountability

One number everyone rallies around, comprising the metrics each leader already owns.

Shared KPI	Referral Value At Risk					\$18.4M
	Illustrative					
Leakage Types	Never Referred In		Not Booked	Treated, Then Lost		
Referral Journey	Awareness	Decision	Access	Treatment	Follow-Up	
Lead	Marketing	Physician Relations	Access Ops, under COO	Service Line	Often Unowned	
Potential Metrics	Unaided Awareness Familiarity Reputation	Referral Share Splitter Count Preference Gap	Conversion Rate Time to Appointment Abandonment Rate	Closed-Loop Rate Note Return Time Episode Completion	Downstream Retention Repeat Referral Rate	

Illustrative throughout. Dollar figure, metrics and owners are examples — all vary by system and are confirmed in the diagnostic.

BUILDING THE SYSTEM: THE DATA ARCHITECTURE

How Five Data Streams Become One Number

Combine all five data streams into a single metric, Referral Value at Risk.

Data Streams

Referrer Survey

e.g. Endeavor Referrer Research · Annual Wave

All-Payer Claims

e.g. Stratasan, Definitive HC · 60-120 Day Lag

Referral Record

e.g. Epic, Epiccare Link, Portal, Fax · Daily

PRM / CRM

e.g. Physician360 On Salesforce · Real Time

Revenue Ledger

e.g. Resolute, Strata, Kaufman Hall · Monthly

Data Standardization

Connection of Records via NPI

One doctor, one record. The same provider shows up three different ways in three different systems. We connect the order, the appointment, and the paid claim to the same referrer.

Normalization of Disparate Timelines

Five sources means five timelines. Your referral data is same-day. Claims arrive four months later. We reconcile the timing so the number you see today still holds when the claims catch up.

Alignment of Reporting Definitions

One definition of what matters. This unified model aligns reporting definitions across teams, so all stakeholders speak the same language—regardless of the KPI they own.

The Shared KPI

Referral Value At Risk

\$18.4M

Illustrative

Source systems named are examples. The architecture is software-agnostic.

NEXT STEPS

Find and quantify, before you fund.

The diagnostic names the leak, prices it, and assigns it. Eight to ten weeks, using data you already have.

STEP 1

Diagnose

Find the problem.

Referral leakage sized across the network, then conversion loss traced step by step in the service lines you prioritize.

STEP 2

Design

Build the system.

Build what makes the findings hold: data integration, leakage attribution, automated reporting, and clear governance and accountability.

STEP 3

Deploy

Fix what it finds.

Each leak gets the fix it calls for: access redesign where referrals stall, targeted engagement where share is split, closed-loop follow-up where downstream care leaks.

The first conversation is about which service lines to look at, and what data you can pull.

Thank you.



John McKeever

John.McKeever@AndersenConsulting.com

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