A manager's playbook for focused healthcare outreach

Establish clear account ownership, prepare useful visits, keep follow-up moving, and run team reviews that lead to specific next actions.

Company managers, location leaders, and marketing team supervisors

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Original educational guide. Product capabilities and data coverage depend on your plan and available sources.

Give the team a shared operating picture

A marketing manager needs to know which accounts the team is working, why those accounts matter, and what should happen next. A shared picture is difficult to maintain when contacts, visit notes, and follow-up dates live in separate personal records. Begin with a shared account plan that people can understand without attending every previous conversation.

Keep the account plan practical. Each active account should have a defined owner, an outreach purpose, a current contact where known, and an agreed next step. A large database does not create focus on its own. The manager's task is to make priorities explicit and help the team follow through.

Who should own each account?

One person should coordinate each active relationship, with others contributing through the shared record. Assign that coordinator and explain how other marketers, locations, and leaders can contribute. Record changes when an account moves between owners. Responsibility should remain visible during coverage, leave, or reassignment. A contact should not receive overlapping outreach because two people assume the other has not acted.

For multi-location organizations, decide how shared territories are handled before a conflict appears. Use the available location and access structure to organize work. When a relationship crosses boundaries, document who coordinates the next conversation and how the other location will receive the outcome.

- Name the account coordinator.

- Record the reason for the account's current priority.

- Agree who owns the next action and when it is due.

How should a manager set the week's focus?

A manager sets the week's focus by reviewing the active account list before anyone schedules more visits. Consider service-area fit, account history, pending commitments, and the information the team still needs. Separate relationship maintenance from exploratory research so the team knows whether a conversation should confirm a fact, resolve a question, or build on an established connection.

A route can make the day more organized, but proximity should support a considered plan rather than replace one. Include time to prepare, travel, record useful notes, and complete follow-up. A full calendar is not the same as a clear marketing objective.

Prepare visits around a useful purpose

Ask marketers to review the account profile, previous activity, and agreed next step before making contact. A short brief should identify the purpose of the conversation, the people involved, and the service information the marketer can accurately discuss. Use prepared call sheets and contact details where available instead of reconstructing the account history repeatedly.

Keep outreach relevant to the setting. Home health and hospice teams may research physicians and care organizations. Hospital, nursing-home, and personal-care-home teams can use local provider, facility, licensing, and demographic context to shape marketing and territory analysis. Do not assume the same measures or relationship questions apply to every setting.

Record enough to support the next person

After an interaction, record what happened, what was learned, and the next commitment. Prefer concise, factual notes over broad impressions. If a contact requests information or asks for a later conversation, make that commitment visible with an owner and follow-up date. Contacts recorded by role on the account, and a visit log that works from a phone, help maintain contact details without requiring people to re-enter the same information later.

Keep patient information out of notes. A marketing record should support the business relationship and the next action, not become a place to store clinical details. Review generated briefs or AI-assisted drafts before sharing them, and verify facts that could affect an outreach decision.

What should a team review cover?

A team review should cover priorities, completed activity, overdue follow-ups, and questions that need management support. Where recorded referral and admission reporting is available, review those facts alongside account activity. Explain timing, ownership changes, and missing records before comparing results between people or locations.

Ask for the reason behind a proposed next step. A declining source trend might justify verifying contact details, checking completeness, or revisiting service fit; a decline does not automatically call for more visits. Agree the action, assign responsibility, and record when the team will review what it learned.

Match the process to the tools available

CareMetric Intel supports market research, account discovery, outreach, relationship management, and referral tracking for any healthcare organization. Team size, locations, territory, service-line counts, and features depend on the subscription. Choose measures and research views appropriate to your setting.

Introduce the process in one manageable territory before expanding it. Use supported CSV imports for referral facts when appropriate, review the mapping, and check the reporting period. A consistent operating routine can reduce repeated research and missed next steps, but its usefulness depends on the team's actual adoption and the quality of its records.

Sources and further reading

CareMetric Intel data sources and use

https://caremetricintel.com/data-use

CMS provider data catalog

https://data.cms.gov/provider-data/

Understanding and using American Community Survey data

https://www.census.gov/programs-surveys/acs/library/handbooks/general.html