A practical framework for targeted healthcare marketing

A step-by-step guide to turning a broad service area into a focused account plan: choose territories, research accounts, prepare visits, review results.

Owners, marketing leaders, and business development teams across healthcare specialties and care settings

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

What decision should a marketing list support?

A marketing list should support one named decision. A list is useful only when the team knows why each organization belongs on it. Before searching for more accounts, define the decision you need to make. You might be choosing which county to research, deciding where a marketer should spend next week, or reviewing which existing relationships need attention. A narrower question produces a more useful plan than an instruction to contact everyone in the service area.

Write the question in plain language and name the person responsible for acting on the answer. Include the territory, care setting, and review date. The written question gives research a purpose and creates a clear point at which the team can reassess its assumptions.

How do you decide which accounts fit?

An account fits when it sits in a territory you can work, needs services you provide, and can be supported consistently. Describe the organizations and relationships that fit your services. Geography, service focus, provider specialty, facility type, and the practical ability to follow through all matter. A large organization outside your workable territory may deserve less attention than a relevant local account that your team can support consistently.

Use provider and facility information to establish context, then verify details that could change an outreach decision. A listed address or affiliation is a starting point for research. A listing does not prove that a particular contact makes referral decisions or wants to meet your team.

- State the service area and care setting.

- Identify the kinds of accounts the team wants to research.

- Record a short reason for including each priority account.

Which questions fit each care setting?

Each care setting asks its own planning question, so each starts from different data. Physician practices, behavioral health providers, therapy teams, diagnostic services, and other healthcare organizations can research nearby clinicians and organizations by specialty, location, and relevant activity. Home health and hospice agencies may research physicians, hospitals, and community organizations while reviewing available Medicare activity signals. Hospitals can use local provider research and available utilization context to examine their surrounding market. Nursing homes may compare the hospital landscape, local facility supply, and relevant CMS measures. Personal care homes should start with available licensed-home information, bed supply, and older-adult demographics.

Different settings need different measures. An older population estimate is not an estimate of hospice eligibility, and a Medicare utilization measure should not be treated as a residential-care demand forecast. Choose measures that support the actual decision rather than forcing every setting into the same ranking.

Turn research into a manageable account plan

Divide the researched accounts into a small active group and a group that needs additional information. Give each active account an owner, a purpose for the next conversation, and a reasonable follow-up date. Keep those details with the relationship history so another team member can understand what has already happened.

Account ownership should make responsibility clear without preventing collaboration. If two locations serve the same area, agree who coordinates the relationship and how colleagues contribute. Record the handoff rather than assuming that everyone understands it.

How should a marketer prepare for a visit or call?

A marketer prepares by reviewing the account profile and previous interactions, then naming the one question the conversation should answer. Identify the information your organization can accurately provide. A useful conversation might clarify a service area, confirm the right contact, or establish how the other organization prefers to communicate.

Keep the plan concise enough to use in the field. A prepared call sheet, contact details, and a short account brief can reduce repeated research. Routes and visit schedules help organize the day, but convenience alone should not determine which relationships receive attention.

How should the team review progress?

The team should review progress against recorded activity and recorded referral facts, not against market signals. After outreach, record the activity, what was learned, and the next action. Review completed work alongside the referral and admission facts your organization has recorded, where those workflows are included. Market signals remain research context; they are not confirmed referrals. A quiet period also does not establish that a relationship has failed.

At the next review, ask whether the original account-fit assumptions still hold. Continue, change the approach, request missing information, or move an account out of the active group. The aim is a deliberate allocation of effort, supported by a record of the decisions behind it.

Apply the framework in CareMetric Intel

CareMetric Intel connects market and territory research with account discovery, outreach planning, referral tracking, and team reporting for healthcare organizations across specialties. Choose the service lines that fit your organization within your plan's allowance. Data coverage varies by source and setting.

Begin with one territory and one practical question. Evaluate source coverage, build a focused working list, and review what the team learns before expanding the plan. A repeatable process comes from that review, not from an assumed referral increase or a promised financial return.

Sources and further reading

CMS data portal

https://data.cms.gov/

CMS NPPES data dissemination

https://www.cms.gov/medicare/regulations-guidance/administrative-simplification/data-dissemination

CareMetric Intel data sources and use

https://caremetricintel.com/data-use