# REFERRAL CONVERSION PLAYBOOK

A Practical Guide for Health System and Health Plan CMOs

# 1 Purpose & Context

Referrals are the backbone of healthcare economics. They drive high-value specialty care for health systems and ensure health plans meet quality, access, and cost benchmarks. Yet the system is broken up to 65% of referrals never convert into completed visits (JAMA, 2023).



#### For Health Systems:

Every lost referral is lost contribution margin and reduced physician loyalty.



#### For Health Plans:

Incomplete referrals create care gaps, lower quality scores, and higher downstream costs.

This Playbook gives CMOs a step-by-step framework to close referral leakage, improve patient/member experience, and prove marketing's financial value.



## Key Objectives

### This playbook aims to help CMOs and their teams:

- ▶ Increase referral-to-visit conversion rates by 5–10% within 6 months.
- ▶ Reduce referral cycle time (order → appointment) by 25% in key specialties.
- ▶ Lower leakage rates in high-value service lines and care pathways.
- ▶ Improve satisfaction scores tied to referral experience.
- ▶ Quantify the financial and clinical impact in board-ready language.



## Stakeholders & Personas

#### **Health Systems**

- ▶ Referring PCPs and specialists
- Access & scheduling staff
- Marketing & patient experience
- ► Finance and revenue cycle leadership

#### **Health Plans**

- ▶ Network providers
- Care managers
- Member services teams
- Marketing and engagement leaders
- Quality and medical directors

CMOs must act as the connector—aligning these groups under one referral strategy.

#### Play A: Automated Follow-Up Outreach

**Problem:** Patients often don't act on referrals because they forget, don't understand the importance, or never receive a call.

- ► Send text/email reminders within 48 hours of referral.
- Add follow-up calls for high-value or high-risk patients.
- ► Include educational content about why completing the referral matters.

*Impact:* Systems using automated reminders see 5–12% higher conversion rates (MGMA, 2024).

#### Play B: Streamlined Scheduling Access

**Problem:** Patients abandon referrals when scheduling is difficult or delayed.

#### Solution:

- ▶ Enable self-scheduling links in referral messages.
- ▶ Expand hours and telehealth options.
- ► For health plans, integrate scheduling into member portals or apps.

*Impact:* Practices with >30% self-scheduling adoption see significantly higher appointment completion (MGMA, 2024).

#### Play C: Reputation & Trust Reinforcement

**Problem:** Patients hesitate to act if they lack confidence in the referred provider.

#### Solution:

- Showcase star ratings and reviews in referral follow-ups.
- ▶ Highlight provider quality, patient stories, and peer endorsements.
- ▶ Plans can surface "preferred" in-network providers with strong reputations.

*Impact:* 86% of patients read reviews before booking and won't consider providers under four stars (Healthgrades/rater8, 2025).

#### Play D: Closed-Loop Referral Tracking

**Problem:** Referral orders vanish into the system without accountability.

#### Solution:

- ▶ Track referral status in EMR/CRM.
- Report completion rates back to providers and plan partners.
- ▶ Identify leakage points for targeted fixes.

*Impact:* Organizations with closed-loop referral processes report 10–15% higher ROI on patient acquisition (Bain, 2024).

#### Play E: Retention as a Referral Multiplier

**Problem:** Patients and members leak out of the system even after a referral.

#### Solution:

- ▶ Use CRM and marketing automation for post-visit follow-ups.
- ▶ Encourage patients to return for imaging, labs, or therapy within the same network.
- ▶ Plans can monitor care continuity to reduce out-of-network utilization.

*Impact:* A 5% retention improvement can increase profitability by 25–95% (Bain, 2024).



- ▶ Referral Conversion Rate (% completed referrals)
- ▶ Referral Cycle Time (order to appointment)
- ▶ Leakage Rate (% referrals lost outside network)
- ▶ Patient/Member Satisfaction (NPS or custom surveys on referral experience)
- ► Financial Impact:
  - » Systems: contribution margin preserved by completed referrals
  - » Plans: reduced medical-loss ratio, improved quality scores

# 6 Roles & Governance

- ▶ CMO: Playbook owner, strategy lead, ensures alignment with finance and operations.
- ▶ Cross-Functional Team: Marketing, access, provider relations, IT, care management.
- ▶ Review Cadence: Weekly execution check-ins; monthly dashboard for leadership; quarterly refresh of plays.

# **7** Templates & Tools

- ▶ Email/SMS reminder templates
- ▶ Referral conversion dashboard mockup
- ▶ Provider performance report sample
- ▶ Scheduling checklist

# 8 Case Illustrative Examples

#### **Health Systems**

A regional children's hospital launched automated outreach for cardiology referrals. Within 90 days:

- ▶ Conversion increased by 11%
- ▶ Referral cycle time dropped by 22%
- ▶ Contribution margin impact: +\$1.8M

#### **Health Plans**

A regional plan introduced new-member referral onboarding with integrated scheduling links. In six months:

- ▶ Referral completion improved by 7%
- Care gaps closed faster
- Member retention improved by 5%, reducing churn costs



Tony Baradat, President of ab+a, emphasizes:

"When you close the referral loop, you're not just preventing leakage—you're proving that marketing delivers patient and member trust, clinical continuity, and revenue stability. That's the story boards want to see."



- ▶ Choose one specialty or pathway (cardiology, oncology, orthopedics, behavioral health).
- ▶ Establish baseline metrics for conversion, cycle time, and leakage.
- ▶ Run a 90-day pilot with automated outreach + access fixes.
- Quantify results in board language (margin preserved for systems, MLR reduction for plans).
- ▶ Expand and embed referral conversion as an enterprise KPI.

## Ready to prove impact fast?

Schedule a 15-Minute Referral Strategy Session



We'll identify your biggest referral leakage points and map the fastest path to measurable improvement.