Bridging the gap with Gatekeepers and Solidifying Referral Relationships Participant Hand out

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While many of the concepts below may seem straight forward and simple, the goal is to be strategic in your approach. Marry the concept, action and strategy. There are countless other variations, so regardless of what you choose, remember to always **make a personal connection.**

Starting Touchpoints

Touch point order is completely subjective. While they are numbered you should provide a mix that fits well with your schedule and the natural flow of the relationship. The Approach can and should be tailored to your audience, these are just suggestions.

Touch 1: The No-Ask Value Drop

- **Goal:** To make a positive first impression with zero pressure and establish your brand as a helpful resource, not a salesperson.
- **Approach:** Share a high value resource that is more than simply a brochure or rack card.
    - Create a high-quality "Community Senior Resource" folder and drop it off during a low-traffic time.
    - Share a branded resource such as your discharge planning guide or a community event

Touch 2: The Digital Handshake

- **Goal:** To connect your physical presence with a digital identity, reinforcing your name and purpose in a non-intrusive way.
- **Approach:** Send a brief, friendly email to the contact you identified a few days after your drop-off.

Touch 3: The Purposeful Call

- **Goal:** To make a direct connection, confirm the right point of contact, and make a low-commitment offer.
- **Approach:** Call the office, ask for your contact by name, and offer to bring coffee in exchange for a brief chat next week.

Touch 4: The Lunch and Learn

- **Goal:** To provide direct educational value to the entire team and position yourself as a subject matter expert.
- **Approach:** Offer to bring in lunch (sandwiches, salads, etc.) for the office staff in exchange for 15-20 minutes of their time to present on a helpful, non-sales topic or an overview of how to use your service.

Touch 5: The Follow-Up & Reinforcement

- **Goal:** To demonstrate you were listening, deliver on a promise, and create a reason for future contact.
- **Approach:** Send a same-day thank-you email that includes the specific resource you promised to share during your meeting.

Touch 6: The Time-Sensitive Resource

- **Goal:** To reinforce your presence as a community resource and provide timely, relevant information.
- **Approach:** Share an event flyer or information about a community initiative that would be valuable to their patients or clients.

Touch 7: The Newsletter

- **Goal:** To remain top-of-mind by consistently providing value and positioning your brand as a community advocate.
- **Approach:** Send a monthly newsletter that is 90% helpful community news and resources and less than 10% advertorial.

Touch 8: The PCP Letter

- **Goal:** To provide helpful documentation for a patient's medical record while demonstrating your professional value to the provider.
- **Approach:** After a successful placement, deliver a summary letter to the referring physician outlining the support provided and the outcome.

Starting the Relationship by referral source type

Below is a short list of types of referral source categories and the corresponding point of contacts you should be asking to get in front of. While not exhaustive, these are the most common positions that may be likely to send referrals. Also, included are examples of ways to open a productive conversation. Notice they are all open ended questions that provide the opportunity for you to learn about the facility, their processes, and their needs. Be sure to use active listening and reflect their answers back ("What I hear you saying is…"). Once you have a good understanding of their processes, pain points, and needs, speak into the ways that your service line can add value or overcome challenges. Take your time. **Be patient and seek to understand.**

Skilled Nursing/Rehab

- **Who you need to meet:** Director of Social Services, Social Worker, Case Manager, Admissions
- **Start the conversation:**
  - "How do you help patients navigate their long-term care options when they're unable to return home?"
  - "What kind of resources do you find yourself needing most for complex discharge situations?"

Hospital

- **Who you need to meet:** Social Workers, Nurse Case Managers, Patient Advocates, Discharge Planners
- **Start the conversation:**
  - "How do you help seniors leaving your care navigate their post-hospital care options?"
  - "What are the biggest hurdles your team faces with complex discharges for seniors?"

Physician's Office

- **Who you need to meet:** (Highly individualized) Providers/MDs, Care Navigators, Care Coordinators, Social workers, Medical Assistants, Office managers
- **Start the Conversation:**
  - "Who on your team typically manages referrals for patients needing a higher level of care?"
  - "How do you help seniors and their families when they start asking questions about moving out of their home?"

Senior Community (Assisted Living, Independent Living, Memory Care)

- **Who you need to meet:** Marketers, Director of Admissions, Executive Director, Director of Nursing
- **Start the Conversation:**
  - "How do you support potential clients that turn out to not be a good fit for your community?"
  - "What's your process when a resident's medical needs escalate beyond your level of care?"

Placement Services (Other Senior Advisors)

- **Who you need to meet:** Owner, Placement Advisor, Community Liaison
- **Start the Conversation:**
  - "What is your process for clients who may need resources outside of your primary network or area?"
  - "How do you handle cases that require specialized knowledge, like Medicaid planning or VA benefits?"

Home Health

- **Who you need to meet:** Director of Nursing, Case Manager, Intake Coordinator, Community Liaison
- **Start the conversation:**
  - "What is your process when a client's needs progress beyond what skilled home health can provide?"
  - "How do you support families when they realize 24/7 supervision is needed and intermittent care is no longer enough?"

Hospice

- **Who you need to meet:** Community Liaison, Social Worker, Director of Admissions, Chaplain
- **Start the conversation:**
  - "How do you support families who are looking for a residential community that can work alongside your hospice services?"
  - "What are the biggest non-medical challenges your families face that we could help connect them to resources for?"

In-Home Care

- **Who you need to meet:** Owner, Director of Client Services, Scheduler, Community Liaison
- **Start the Conversation:**
    - "What is your protocol when a client's care needs begin to require a 24/7 presence that becomes financially unsustainable at home?"
    - "How do you help families bridge the gap when they need to move to a community but are waiting for a spot to open?"

Prioritization Matrix

Use this matrix as a starting point to build a strategy and ensure your priorities are well ordered. Remember to personalize it for your territory and style. While most touchpoints might average out to 30 minutes (blending 5-minute check-ins with 45-minute lunches), knowing your territory and style and strategically planning your visits will make the best use of your time.

Account Name	Account Type	Potential Score (1-5)	Relationship Score (1-5)	Priority Score	Tier	Last Visit Date	Next Visit Due	Notes
Oakwood SNF	SNF/Rehab	4	5	**9**	**A**	09/02/25	09/09/25	Confirmed referral process with DON.
City Hospital	Hospital	5	2	**7**	**Nurture**	09/04/25	09/11/25	Need to meet the case manager lead.
Dr. Evans Office	Dr's Office	3	4	**7**	**B**	08/15/25	09/15/25	Stable referrals, check in for lunch.
Move Physical Therapy	Physical Therapy	4	1	**5**	**Nurture**	09/05/25	09/12/25	First intro meeting went well.
Sunnyvale Sr.	Senior Comm.	2	3	**5**	**C**	07/10/25	10/10/25	Brochure drop for Q3 is sufficient.

Scoring Definitions:

- **Potential Score** (1-5): Based on the account's capacity to send referrals.
  - 5 (High): Potential for > 6 referrals/quarter.
  - 3-4 (Medium): Potential for 1-5 referrals/quarter.
  - 1-2 (Low): Potential for < 1 referral/quarter.
- **Relationship Score** (1-5):
  - 5: You are a trusted, top-of-mind partner.
  - 3-4: Relationship is positive and developing.
  - 1-2: Relationship is new, cold, or needs repair.
- **Priority Score**: Potential Score + Relationship Score. This is your primary guide for ranking importance.
- **Weekly Goal =** # Business Development Hours x 2(#Touchpoints)

Key

Tier Score, Definitions, & Frequency

- **Nurture:** Score (4-6). *New account. **Weekly** touches until first referral.
- **A:** Score (8-10). Top account. **Weekly** touches.
- **B:** Score (6-8). Mid-level account. **Monthly** touches.
- **C:** Score (4-6). **Maintenance account. **Quarterly** touches.

**Account has not been visited/No established relationship activity*
***Established account with relationship activity*

Other Resources

Here are some recommendations for books that have influenced us and have helped us craft our thoughts and strategy around business development and building relationships.

Books:
How to Win Friends and Influence People by Dale Carnegie
Brand Yourself for Success by Octavia Goredema
Superconnector: Stop Networking and Start Building Business Relationships that Matter by Scott Gerber and Ryan Paugh
The Go-Giver by Bob Burg and John David Mann
Contagious: Why Things Catch On by Jonah Berger

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