

# Referral relationships, finally visible to physicians and the hospital alike

A multi-specialty hospital replaced opaque, manually tracked doctor referrals with a compliance-gated rewards platform on Xoxoday Loyalife that shows every physician exactly what their referrals earned.

35%

Lift in referral volume from active physicians

60%

Reduction in manual referral reconciliation effort

100%

Referrals traceable to billed service value

## CAPABILITIES USED



### CHANNEL LOYALTY

#### HIS-Linked Referral Points Engine

Referrals sync from the hospital information and billing systems into a rules engine that converts realised service value into points, for example INR 1,000 billed equals 10 points, so credit follows actual consumption rather than intent.



### GOVERNANCE

#### Compliance-Gated Rewards and Audit Trail

SSL encryption, two-factor authentication, GDPR and local compliance alignment, daily backups and full audit logging on every approval, adjustment and redemption, built for a category where physician incentives are closely scrutinised.

## THE CHALLENGE

# A referral network the hospital could not actually see

The hospital's growth depended on referring physicians, but the relationship ran on phone calls, spreadsheets and goodwill. No doctor could see how many of their referrals converted, what those referrals were worth, or what recognition they had earned. The hospital could not distinguish its most valuable referrers from its most vocal ones, and every reward decision was manual, discretionary and undocumented in a category where physician incentives attract regulatory scrutiny.

- ⌚ **No link between rewards and consumption** - referral volume alone drove recognition, with no connection to the realised service value those referrals actually generated
- ⌚ **Zero visibility for physicians** - doctors had no transparent view of their referrals, points, or statements, so the program felt arbitrary rather than earned
- ⌚ **Generic redemption options** - rewards ran through standard gift catalogues that clinicians did not find compelling enough to change behaviour
- ⌚ **No governance infrastructure** - the program had no audit trail or access control to stand up to review in a category where physician incentives attract regulatory attention

## COMPANY PROFILE

### INDUSTRY

Healthcare

### PROGRAM

Doctor Referral Loyalty

### REGION

Southeast Asia

### USE CASE

Channel Loyalty

## THE SOLUTION

# One portal for referral, reward and recognition

The hospital launched a web-based doctor loyalty platform on Xoxoday Loyalife with Plum, connected directly to its hospital information system, billing and POS systems, so points post against billed, realised service value rather than referral volume alone.

- ⌚ **Referral mapping** - HIS and billing sync feeds a configurable rules engine that converts realised service value into points
- ⌚ **Doctor web portal** - OTP login, live points balance, referral tracker and monthly statements give every physician a transparent view of their own activity
- ⌚ **Redemption beyond the marketplace** - a Plum marketplace of electronics, lifestyle categories and digital vouchers sits alongside POS-based hospital services such as wellness checkups, diagnostics, lounge access and OPD priority, plus admin-approved family benefits and sponsorships
- ⌚ **Compliance as infrastructure** - SSL encryption, two-factor authentication, GDPR and local regulatory alignment, and an immutable audit trail across approvals, rule changes, adjustments and redemptions

## THE RESULTS

# Referrals traceable. Rewards transparent. Governance intact.

Transparency changed the behaviour on both sides. Physicians who could see their referral history and its reward value referred more consistently, not because the incentive grew, but because the relationship stopped feeling arbitrary.

The hospital gained a ranked view of its referral network, letting relationship managers spend time on the physicians who actually drive volume, and campaign tooling to re-engage those going quiet.

Takeaway: in a governance-heavy category, transparency is the incentive. Doctors did not need larger rewards. They needed to see that the ones already promised were being counted correctly.

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