

AMA's Journal: Marketing Health Services

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Marketing Health Services tackles some of the biggest issues facing healthcare marketers today, including e-health, DTC marketing, legislative developments, healthcare ROI, and database marketing. Regular features include revealing case studies as well as roundtables with the leading thinkers in this constantly changing field.

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Whisper to a Scream

Healthcare enters the brave new world of social media.

By Laura Deaton Morarity

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The world is a noisy place, especially for marketers. Hundreds of traditional media outlets and an endless supply of Web sites answer the questions (right or wrong) of potential patients and customers, making it difficult to achieve a lasting impression. But today many healthcare organizations are joining online conversations about their institutions or areas of specialization through social and new media executions.

Social media is the part of the online world where people interact with each other, often changing roles from reader to author, looking for benefits of social interaction. New media is similar, but is simply a catch-all phrase for means of communication in the digital world. While all social media are considered new media, not all new media executions are considered social media. Some executions in this space are more social than others—for instance Twitter, where conversation flows freely and quickly, is clearly a social media execution. Some new media executions are less social, like podcasts, which don't garner the same immediate and clear conversation. For the purposes of this article, we'll be talking about the full gamut of new media executions, from the hyper social to the less social. For simplicity's sake, the word social media will be used throughout.

Regardless of the execution, what's most important is that we pay special attention to the goal of social media—that participants are looking for a benefit. In that sense, social media has similar goals to traditional public relations programs. Institutions use both of them to establish and leverage mutually beneficial relationships that could end in increased volume, new organizational relationships and improved image.

Reaping the benefits of social media takes time, and, for institutions that have traditionally taken a controlled communication approach to marketing, it takes courage as well. Yet a number of healthcare organizations are finding success in this space, whether in terms of gaining awareness in a little-known field of expertise, building patient relationships or making news available directly to stakeholders in an engaging way.

Individuals at healthcare institutions simply need to look to their peers across the country to find examples of success in this area. Some of the trailblazers include the Mayo Clinic, MD Anderson Cancer Center, Sutter Medical Center Castro Valley and Beth Israel Deaconess Medical Center in Boston.

Institutions ready to get started in social media should consider a four-step approach: (1) sell management, (2) listen and plan, (3) participate and (4) measure and listen some more.

Sell Management

It's hard to lighten your grip on your brand identity and venture into a space where conversations flow freely—good, bad or indifferent to your preferred messaging. But realize that such conversations are going to happen with or without you, so don't wait on the sidelines. Following a little initial discomfort as you explain the benefits of social media to management, you can reap benefits from engagement if you approach social media strategically and carefully.

For marketers, gaining senior management support for a first-time social media program can be a tough sell. But it can be done. Individuals who have never explored social media as a professional tool often fall into two extremes—those who believe it has insignificant or no value (arguments often include “it's for the kids” and “I can hit more people by buying an ad”) and those who think it will serve as a panacea, offering salvation to otherwise suffering marketing programs. Both extremes can benefit from a bit of pragmatism and a clear delineation of the pros and cons of a social media program.

Some of the pros include the ability to build meaningful relationships with key organizational stakeholders with a social media presence (the number of stakeholders falling into this category is only going to increase over time); to bypass traditional media gatekeepers to get your message directly to your audience; and to gather data about your products and services from your audience on a continual basis.

Some of the cons of a social media program include the need for thoughtful participation, which can be time-consuming for your marketing team. You're not going to see incredible results overnight, or even in a couple months. Further (and this is the one that really bothers many in management), you can't control the conversations.

Guidelines for engagement in the social media space are essential for projecting a clear and consistent image. Written guidelines allow you to outline the who, what, when, where, why and how of your social media program and get it approved. Some examples of such guidelines include who has access to social media accounts, what topics representatives are permitted to discuss, what to do when negative comments are received, how often to participate, etc. Setting these guidelines early prevents any confusion down the line if questions arise about the organization's position on social media engagement or if a regular contributor in the social media space is sick or leaves the organization suddenly.

After setting engagement guidelines, suggest less intimidating executions that simply require the repurposing of existing marketing materials. Organizations can repurpose material in a social way by placing existing video on YouTube, developing podcasts based on existing research or creating an RSS feed for easy distribution of company news. These choices are less social than others, but they also have less risk because they can be shared without necessarily sparking online conversation.

Listen to Your Audience and Plan

Regardless of your situation, start by assessing who your audience is and what social networks they use. This can be done a couple of ways. Survey your constituents or look around social networks to see where your primary prospects are congregating online.

At a minimum, surveys should ask where constituents spend their time online and what online social networking sites they participate in. But surveys also present the opportunity to ask what type of healthcare information they typically look for and what they'd like to see from their local healthcare institutions. Online surveying tools like SurveyMonkey.com can make this process relatively painless.

If a survey is too cumbersome a means for gathering this information, just explore the social networks to see what people are saying about you and your areas of expertise and ask these questions:

- What specifically is your audience saying about you on social networks?
- To what networks do your brand evangelists belong? What makes them post about you?
- What are your detractors saying? When? Why?

Some of the social networks to pay particular attention to include Facebook, Twitter and your local blogging community. To find local blogs that may be talking about you, use search tools like Technorati or Google Blog Search. Both make it easy to find when your company is mentioned on various blogs.

From there, look at the conversations and see how they line up or fail to line up with your organization's marketing objectives. Clear conversation trends often emerge—some in favor of your brand goals and some that are contrary. Once trends are determined, it's time to set goals.

Are you trying to strengthen and promote positive conversations about your areas of expertise and organizations? Is it more important to correct misinformation and improve the number of negative conversations about your organization? Are you prepared to make the time commitment it would take to manage both ends of the spectrum? Or is your goal simply to build awareness about a charity walk or other event, regardless of larger background conversations?

In short, listen to what your consumers are saying and where they're saying it. Then develop a plan that aligns your brand's profile and objectives with existing networks.

Participate

A social media presence is like anything else you wish to grow. To see it thrive, you must tend to it with plenty of time and thoughtful content. And that brings up another essential point related to building your social media program: Participate, but not necessarily everywhere.

Real People Enter the Social Media Space

Leading healthcare institutions across the country are finding success in social media. These institutions are successfully getting management on board, creating strategic plans and participating in a meaningful way. All would concede that getting started can be a challenge though.

“Many people don’t yet understand the validity of social media tools,” said Jennifer Texada, digital and new media program manager at the MD Anderson Cancer Center in Houston. “They associate these tools with content that is below [organization] standards, so, when starting our program, we started slowly and presented clear ideas with guidelines for engagement. We made a clear link between the tools and our organization’s goals.”

Lee Aase, manager of syndication and social media at the Mayo Clinic in Rochester, Minn., took a similar approach.

“We started by repurposing approved content we already had,” Aase said. “We took a weekly television segment, radio segments and a print column we were already creating and made them directly available to consumers.”

Both Texada and Aase expanded their programs as management began to see success coming from the first forays into social media. These successes included increased traffic to institutional Web sites, search engine hits related to niche specialties and subscriptions to podcasts and other social media applications they were using.

Create a plan. Cathryn Hrudicka, CEO of Cathryn Hrudicka & Associates, surveyed the community surrounding Sutter Medical Center Castro Valley, an affiliate of Sutter Health in California, about its social media knowledge and use before implementing a social media program on the medical center’s behalf. Her results led the medical center to choose existing social media platforms Twitter, Facebook, LinkedIn, FriendFeed, MySpace, YouTube and a corporate blog for a social media program.

To start the planning process at MD Anderson Cancer Center, Texada identified the networks where people were flocking for information and viewed the networks in the context of the Center’s primary need—driving people to their Web site. Texada started with a YouTube page but

now the Cancer Center also has a presence on Twitter and Facebook.

What these organizations were hearing on social networks presented opportunities that were easy to align with the existing strategic marketing goals of the organization. For instance, the Mayo Clinic’s reputation was built almost entirely on word of mouth referrals for 100 years. Aase said the Mayo Clinic social media program is a continuation of that approach to marketing.

Start slowly. But because the Mayo Clinic is a risk-adverse institution, it made sense to start with new media applications like podcasts, which still allow it to push information directly to the consumer in a controlled manner.

“Be prepared to commit to building a social media project over time, at least one year,” Hrudicka said. “If the organization as a whole isn’t quite ready to start a full program yet, start with a smaller pilot project and see how that goes. Also, be aware of the labor intensity of social media and either hire a professional team of consultants who know what they’re doing or good trainers/mentors who can get your staff up and running quickly.”

The Mayo Clinic saw its first successes in the podcasting space, where it now repurposes the audio from video interviews with the Clinic’s many medical experts.

“We launched our first podcast in 2005,” Aase said. “We were at the right place at the right time. Our podcast got featured on the front page of the iTunes music store. Downloads spiked and we thought, ‘we should start exploring this.’”

Now in addition to its highly successful podcasts, the Mayo Clinic has a Facebook presence, multiple company blogs (including a Clinic news blog that allows journalists to log in for embargoed media materials not yet ready to be posted for the general public) and a YouTube channel.

The MD Anderson Cancer Center started by repurposing existing video onto a YouTube Channel. The Center now has five Facebook pages, four Twitter accounts and an ICYou video page.

Just because your institution’s target audience shows up on 30 social networking sites and likes to get information in 25 ways doesn’t mean you must have a presence on all 30 sites and provide information in all ways at once. It’s easier and less labor intensive to build up slowly.

Understanding and accepting the time and labor component of executing a social media program is critical. After all, simply having a page on a social networking site—no matter

how well it is done—will not build valuable relationships all by itself. You must engage the community you’re joining—ask them questions, help answer their questions and join conversations about what’s important to them.

Social media can become a time vacuum, if you’re not careful. A robust presence on social networking sites like Twitter can easily take an hour more each day, depending on how disciplined you are in your approach to when and how to engage

your network. It's easy to spend hours pondering whether or not to respond to a negative blog post about your organization if clear standards for response are not in place.

It's here when you find out if your organizational guidelines for engagement are doing their job. If they're too stringent, you probably aren't building strong relationships. For example, if guidelines don't permit those engaging in the social media space to respond to questions, and social media tools are simply used to push information out, your organization may not reap the full benefits of the space.

On the other hand, if they're too lax, you may find yourself responding to everything without a defined purpose. For example, many organizations feel the need to respond every single time their organization is mentioned by an individual in the space because clear guidelines haven't been set on what is a valuable conversation in the space and what is not. Defining what positive interaction means is important.

As you engage, remember that fundamental tenet of social media: building mutually beneficial relationships. Depending on budget and time, it may be feasible for an organization to only have a presence on one or two social networks, and that's fine so long as the program is designed correctly.

Measure and Keep Listening

The fourth step in developing a social media program is where many marketers become particularly flummoxed. Getting buy-in and setting up a social media program can be difficult enough, but, once it's in place, it's time to market it back to management and establish the value that the labor, financial investment and organizational flexibility has brought to your marketing efforts.

Social media tools have fairly sophisticated quantitative analytics that allow you to track where your visitors are coming from, what they're looking at and how long they stay—depending on the tool.

It's easy for many marketers to simply “count friends” to prove the value of a social media program. However, remember that social media is about relationships. The organization that has 500 friends will likely be less successful than the organization with 200 friends that took the time to turn community influencers into brand evangelists.

Quantitative metrics will vary across social and new media programs and should be designed on a case-by-case basis around organizational goals. For instance, if a goal of your social media program is to increase registrations for a charity 5K run, tracking the number of individuals who visited the registration site after clicking on a social media site link is a direct means of establishing the social media program's value. Also, counting the number of mentions the 5K received across social networks and correlating with specific organizational activities in the social media space can offer insight into the frequency of communication that offers the most success.

When thinking about quantitative measurement techniques,

Social Media Guidelines

When creating a social media program, address the following questions as you prepare company guidelines.

1. Who will have access to social media accounts?
2. How often will you post?
3. What time commitment is expected/available from staff?
4. What topics will you talk about? What are primary, secondary and even “off limits” topics?
5. How will you train staff to participate in social media? What continuing education is expected (if any)?
6. How will you adapt company conduct guidelines to apply to the social media space?
7. What information is considered confidential and not for use in the social media space?
8. How will you ensure that all interactions in this space are transparent?
9. How will you deal with negative comments? What types of negative comments require a response? What types don't?
10. How will you define success in this space?

what's important to remember is a podcast is not used like a Twitter account; nor is a Twitter account used like a Facebook page, and so on. Each vehicle has some unique benefits that the others lack. A quantitative measurement program should showcase commonality among networks without neglecting each forum's individual strengths when it comes to communicating your institution's messaging. And one benefit of many social networking applications is they all have pretty substantial analytics programs that allow you to track who is seeing your message and where they're coming from.

Qualitative measurement techniques are how your organization can gain detailed insights into its operations, image and customer service. The social media space can serve as an unfiltered focus group, where unsolicited advice and opinions can become a researcher's gold mine. Look for conversational themes and decide which topics and types of conversation are most beneficial to your marketing efforts. This will allow you to rank the conversation content and see how optimal content

Healthcare Gets Social

MD Anderson Cancer Center YouTube Page

<http://www.youtube.com/user/mdandersonorg>

MD Anderson Cancer Center Facebook News

<http://tinyurl.com/4xrtva>

Mayo Clinic News Blog

<http://newsblog.mayoclinic.org/>

Mayo Clinic YouTube Channel

<http://www.youtube.com/user/mayoclinic>

Mayo Clinic Facebook Page

<http://www.facebook.com/pages/Mayo-Clinic/7673082516>

Sutter Medical Center Castro Valley Blog

<http://SutterMedicalCenterCastroValley.org/blog>

Sutter Medical Center Castro Valley Twitter Feed

<http://twitter.com/SutterEdenMed>

ebbs and flows over time. It also lets you facilitate more conversations that fall into your preferred categories. Opportunities to serve patients directly can arise, and successes with individuals can become a marker of success.

As you measure, keep listening to your audience. Social media are fluid. What's popular today may not be popular a year from now, so it's important to understand where your audience is going so you can evolve with them. In 2006, few would have predicted that something as simple as answering the question "What are you doing?" would take the social media world by storm. But today Twitter is the focus of many a marketing story.

In the noisy world, where information overload has the average person covering their eyes and ears, the one with the largest megaphone no longer wins. Successful marketing campaigns can be conducted through a thoughtful series of whispers to individuals searching for what you have to offer. **MHS**

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1,843	+	
629	+	
1,961	+	
1,809	+	
690	+	*
763	+	*
85	+	*
508	+	*
1,258	+	*
1,310	+	*
1,400	+	*
1,500	+	*
1,600	+	*
1,700	+	*
1,800	+	*
1,900	+	*
2,000	+	*

The A Word

A marketing audit may improve your company's overall health. BY TERRI GOREN

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When someone mentions the word “audit” to a healthcare marketing staff, the first reaction is often one of fear and loathing. However, in most cases a marketing department audit will result in positive changes for the organization and the marketing staff and should truly be viewed as an opportunity.

Some of the positive changes that frequently occur include additional financial and staff resources allocated to increase the department's effectiveness as well as more targeted and effective strategies and tactics. An audit can also result in a more focused and integrated approach to marketing and communications and can help produce clear guidelines for working smarter with available resources.

Once an audit has concluded, staff members might see better alignment of staff roles and responsibilities. They can also expect increased recognition of the need to educate internal customers, especially leadership, about the discipline of healthcare marketing, including managing expectations. Conducted properly, an audit can also lead to a happier and more productive marketing staff and thus better retention. It can also offer opportunities for staff training and development.

Therefore, if someone has mentioned the “A word” in your department, remember that it can be a positive experience and not something to approach with wariness. In fact, it's curious that more department heads don't initiate audits themselves to help protect their position and increase internal credibility. More often than not, an audit initiated by the marketing director or vice president, as opposed to a board member or CEO, will help position marketing leadership as proactive and forward-looking.

Specifically, conducting an audit demonstrates a marketing leader's (1) desire to continually evolve and improve the marketing function, (2) unwillingness to maintain the status quo and (3) confidence, especially when the findings are shared with other leaders and departments—warts and all.

When to Audit?

How do you know when the timing is right for an audit? There are a number of events that occur in the life of a healthcare organization that can trigger the need for an audit. These junctures usually offer marketing departments the chance to enhance their position within the organization going forward.

Types of Audits

Audit type	Cost	Time issues	Internal credibility	Other
Self audit	None	Requires dedicated time/ focus when workload may not permit	Low, depending on how the department is perceived internally	May lack objectivity and best practices benchmarking
Business college audit	Limited	expect days because of scheduling difficulties and conflicting work priorities	May be more academic than practical	May lack best practices benchmarking
Marketing colleague audit	Limited	Other job demands may increase time	Moderate	May be influenced by the relationship
Internal committee audit	Moderate to high	Expect delays because of scheduling difficulties and conflicting work priorities	High	Familiarity with best practices, but some committee members may lack expertise to adequately evaluate function
Independent consultant audit	Moderate to high	8-10 weeks	High	Objective process, familiarity with best practices

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Such occasions include times when proposed budget cuts could adversely affect the marketing department's effectiveness; after the departure of the department head and before a new leader is hired—to assess the structure and function of the department; when a new department leader arrives—to give him or her an accurate assessment; when there is other marketing staff turnover; when there is a change in CEO leadership—to give the new leader an accurate assessment; when the board of directors requests an assessment; when internal customers, such as physicians, are questioning the department's effectiveness; and when there is a need to refocus the department's efforts and revitalize its staff to adopt new, more effective approaches to marketing.

What Type of Audit?

Generally, audits fall into three categories: (1) an infrastructure audit that assesses staffing levels, roles and responsibilities; (2) a programmatic audit that evaluates the current marketing program, including strategic direction and budget; and (3) a blended audit that assesses both the department's infrastructure and strategic priorities, providing recommendations for optimal design and strategic direction. These types of audits can be performed in a number of ways and there is no one right or wrong approach.

Self audit. One approach is the self audit, in which the marketing leader or other internal management representa-

tive undertakes the assessment. Pros of this approach include lower expenses and increased familiarity with the department, its function and its relationship to the organization as a whole. Cons include a lack of true objectivity and potential lack of familiarity with marketing best practices of other successful organizations.

Business college audit. Here a faculty member from a prominent university business college performs the assessment. Pros include limited, if any, expense and the benefits of a business-oriented approach. On the other hand, the business college audit may potentially be more oriented toward an aca-

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“A word” in your department,
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to approach with wariness.

demically assessment. It also may lack familiarity with marketing best practices in clinical settings.

Marketing colleague audit. In this type of audit, a respected marketing colleague undertakes the assessment as a favor. On the plus side, it offers limited, if any, expense and added

familiarity with healthcare marketing best practices. Some drawbacks include a potential lack of structure and the possibility that the audit might take longer because of the demands of the colleague's own job.

Internal committee audit. Practitioners, academics and possibly a national consultant can be invited to participate in this type of audit. This blend of expertise offers a theoretical point of view, a national perspective and the day-to-day realities. Thus, it offers the benefit of multiple perspectives. Unfortunately, it also entails the expense of the consultant's and possibly the academician's time and can take longer because of scheduling issues.

Independent consultant audit. When a national consultant is hired to perform the audit, firms can expect complete objectivity and familiarity with marketing best practices of successful healthcare organizations. These professionals are also experienced in dealing with the political pitfalls and challenges that might arise from an assessment. Some drawbacks of the independent consultant audit include the expense. Professional fees for experience and objectivity can vary considerably depending upon the size and complexity of the organization, how many on-site days are required to complete the interviews, the amount of materials to review and the number of days on site for presentation of findings. Some audits involve as few as three days on site; others can be as many as six days.

The Audit Process

A successful audit is never secretive and is always collaborative with the organization's marketing department. Generally an audit will take two to three months to complete, from inception to presentation of findings. The audit begins with interviews of a number of key organization representatives, including:

- Marketing leadership and staff
- CEO
- CFO
- COO
- Chief of staff
- Planning
- Key clinical service line physicians and administrators
- Nursing
- Human resources
- Philanthropy
- Others, such as board members and external consultants, depending on the type of audit

In addition, it is often advantageous to include physicians or board members. Obtaining their perspectives is smart politically, but it may also yield valuable suggestions. Simultaneously, the audit will include a review of the healthcare organization's strategic plan and other pertinent materials.

Audit Materials Reviewed

For programmatic and blended audits, it is helpful to conduct a thorough review of marketing and planning data, including the following:

Organizational Information

- Strategic plan or stated objectives
- Current business plans
- Current marketing and communications plans (overall and/or by service line)
- Crisis communications plan
- Organizational chart for the department
- Key marketing job descriptions
- Areas of concentration/services of the department
- Historical and current marketing budget patterns
- Policies and procedures
- Standing marketing-related committees across the organization

Existing Research

- Consumer research
- Referring physician research
- Patient satisfaction research

Performance Data

- Return on investment analysis from marketing and Web projects
- New business generation analysis from marketing and the Web
- Other performance measures/success metrics

In addition, programmatic and blended audits include a visual review of sample marketing communications vehicles. Usually these materials are analyzed in relation to their intended audiences to understand the department's scope, workload and focus. Items in such a materials review include the following:

- Publications (newsletters, brochures, magazines, annual reports, etc.)
- Production schedules
- Direct mail
- Advertising
- Press clips
- Other types of communications (email blasts, posters, etc.)
- URLs of public and/or referring physician Web sites

Using Audit Findings

- Share with your boss
- Use as an internal educational tool across with other departments
- Use at a marketing department retreat to
 - Guide growth
 - Discuss new opportunities
 - Enhance efficiencies
 - Define goals and objectives

Revelations and Results

A useful audit should evaluate an organization's marketing department in relation to several critical success factors. First, be sure the marketing function is a direct extension of the overall strategic plan. Also, marketing must have a disciplined approach that reinforces brand management by differentiating the value, benefits and promise of the brand to both internal and external audiences. In addition, the marketing and communications structures, roles and policies must be smoothly coordinated

To be most effective, decision-making and prioritization must be based on strategic thinking and the current staff must possess the appropriate skills and abilities to meet the challenges of the strategic plan. Finally, before performing an audit, be sure that tracking and evaluation methods are in place and that plans are in place for professional development.

The audit's analysis should answer the following critical questions:

- Is there a clear, consistent understanding of business objectives among the current director and the department's support staff?
- What are the department's current priorities? How are priorities established?
- How well does the marketing staff understand its constituents (administrators, physicians, board members, consumers)?
- How effective are the structures supporting the marketing and communications function in meeting the organization's objectives?
- How responsive is the staff to internal customers?
- How solid are relationships with physicians and management?

- How is the success of the marketing and communications function measured?
- What current systems hinder progress? What systems work well?

After the information is obtained and analyzed, recommendations will fall into the categories of structure, process/systems and/or general strategies. Structural recommendations usually address new opportunities and thus additional strategies and tactics; roles and responsibilities; reporting relationships; recommendations for additional staffing, if needed; gaps in required skill sets; and staff training and development opportunities.

What We've Learned

Interestingly, audit findings almost always yield varying definitions and expectations about healthcare marketing, spotlighting the lack of understanding in many institutions about the discipline and need for constant education. Very often an audit will reveal the fact that the CEO and other members of senior leadership have never seen a mature marketing function. Thus, they may have a cynical perspective or are simply uninformed about marketing's role and potential impact.


Often, confusion exists about the differences between marketing, planning, business development, referral relations, PR, strategic communications and community relations—and where these different components should reside within the organization. Therefore, recommendations often address the need for internal education about the ideal role and purpose of the marketing function and how it should drive an integrated program. In addition, strategic recommendations almost always include priority adjustments and suggestions for using resources more effectively or the need for additional resources.

Finally, it's worth noting that marketing staffs and administrative leaders may not necessarily like or agree with all the findings of a marketing audit. Staff and resource realignment and other changes indicated by an audit can seem threatening at first. However, the audit findings will almost always arm the department leader with the ammunition he or she needs to make positive changes that will benefit the entire enterprise going forward.

To be sure, marketing audits take time and resources but rarely are they not worth the effort. This is especially true in these difficult economic times when organizations are scrutinizing expenses and rightfully demanding value and return on investment from their marketing departments. **MHS**

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Think twice before slashing
marketing budgets.

BY BILL SONN

SIGN of the Times

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American businesses spend an average minimum of 3 percent of revenues on marketing activities. Hospitals spend less than two-thirds of a percent. In many hospitals, cutting marketing is the first response to virtually every budget problem, real or imagined.

But cutting marketing tends to depress volume. Cutting good marketing tends to depress profitable volume. Successful enterprises (including hospitals) are almost always built on something more basic than unique acts of generosity or the vagaries of stock yields.

The Outlook for Healthcare

As this is written, unemployment in the United States has just risen dramatically again. Food stamp lists are lengthening. Storied banks have collapsed, and more are threatened. Recovery for all our industries, the pundits say, is a long, difficult road away. The pain, in fact, may have only just started.

Healthcare's outlook is no less dire. The bond market on which we all depend to finance big capital projects like buildings, information systems and medical technology has effectively seized up. Philanthropy—the other major source of funding for capital projects—historically decreases by 5 percent a year during recessions. (It falls by an average of 10 percent in the first year.) And federal and state governments, important if the least reliable sources of healthcare finance, are themselves either plunging into debt or without enough money to pay for existing services. Perhaps even more strapped, patients are losing their health insurance as they lose their jobs. They are expected to defer getting both prescribed and elective procedures or, if still insured, making visits that require copayments.

Some hospitals thus have spent the last quarter preparing to abandon construction projects already three-quarters of the way out of the ground, to whack operational and capital expenditures to minimums, to sell themselves to stronger institutions and to lay people off.

And, as you might have guessed, the marketing cutbacks already have begun.

In a quick e-mail survey of academic hospital chief marketing officers at the start of the holiday season (just as the classic definition of a recession—three consecutive quarters of economic shrinkage—was being first invoked), 13 of 21 respondents either already knew of or expected cutbacks in marketing production or research budgets, FTEs or all of the above during the first quarter of 2009.

The size of the anticipated cuts, moreover, was impressive. Although all those who were losing personnel said they were losing just one full-time-equivalent staffer, consider that the average academic hospital marketing department is 4.1 people. Non-salary reductions were 30 percent to 50 percent. One respondent was asked to make a 10 percent adjustment immediately, and another 25 percent to 40 percent adjustment for his next fiscal year.

The Soft Stuff

Of course marketing should share the pain in hard times, but there is a healthcare tradition of asking its revenue-generating functions for more than a fair share. In many hospitals, in fact, cutting marketing is the first, reflexive response to virtually every budget problem, real or imagined. Marketing is, after all, staffed by “non-essential” personnel (one project director recently called us “miscellaneous lookey loos”). It is unrelated to patient care. And it's just “the soft stuff” anyway: brochures ads, public relations, pretty pictures, communications or, in the phrase that enjoyed a brief vogue during the recent presidential campaign, putting lipstick on pigs. Eliminating “soft stuff” is doubtlessly the least painful budget adjustment a hospital can hope to make.

And who's to blame them for doing it?

Maybe it should be us. Many marketing professionals are guilty of not communicating what marketing should be doing.

We are often the ones who fail to make an organization understand marketing's purpose in the first place. We are the ones who have allowed others to equate marketing's tools—those “soft” creative word, sound and visual arts that make the signs, ads, events, reply mechanisms, key word and directory placements, customized outreach initiatives, competitive research, transactional data and sales calls efficient and effective—with the crucial business function that begins, sustains and enhances demand for hospitals' services.

Marketing itself is, or ought to be, about causing transactions. *Good* marketing is about causing “appropriate” transactions, ones that are profitable or desired. It is about income: the proper feeding and fattening of an organization's top line—the place on the profit and loss statement that tells how much money you generated. It is about exerting some control over demand for a healthcare facility's services and the volume it gets.

So when organizations cut marketing, they are also ceding any influence they may have over volume, over how many

Many marketing professionals are guilty of not communicating what marketing should be doing. We are often the ones who fail to make an organization understand marketing's purpose in the first place.

customers they get, over which customers might be attracted to them, and over what customers buy when they do come in.

Scaling back marketing during a downturn is even worse. Companies minimize whatever influence they have at precisely the moment demand and their volumes are wobbling, at the moment they need *more* influence over current and prospective customers.

Conversely, the organizations that redeploy their efforts to control, capture and harvest demand have a fighting chance to sustain and even enhance their businesses during bad economic times.

“The company courageous enough to stay in the fight when everyone else is playing safe,” wrote Harvard professor Nairman Dhalla of corporate advertising strategies during the recessions of the 1970s, “can bring about a dramatic change in market position.”

As noted in a recent Wharton School of Business research summary, a McGraw-Hill Research study of 600 companies from 1980 to 1985 found that businesses that maintained or increased their advertising expenditures during the 1981 and 1982 recession—the one that most resembles the current downturn—had significantly higher sales after the economy recovered. Specifically, companies that marketed aggressively during the recession had sales 256 percent higher than those that did not continue to advertise.

“The first reaction,” Wharton marketing professor Peter Fader adds, “is to cut, cut, cut, and advertising is one of the first things to go.” But, as companies slash advertising, “they leave empty space in consumers’ minds for aggressive marketers to make strong inroads. Today’s economy provides an unusual opportunity to differentiate yourself and stand out in a crowd.”

Demand LLC, a Grosse Pointe Park, Mich.-based marketing firm, compiled similar studies from the recession years of 1970, 1974-75, 1981-82 and 1990-91. The studies were all over the place—some about advertising, some about all kinds of marketing—but the results were the same: Companies that increased their transaction-generating activities during downturns increased their market share. They also achieved the same profit margins on new business they had before the recessions.

I’m honestly unsure how many healthcare leaders actually see marketing as a business generator. One reason to doubt many do is that their hospitals have always valued marketing less than other kinds of enterprises.

One series of surveys by Go To Market Strategies, a Seattle-based brand researcher, found that 30 percent of American companies spend 3 percent to 5 percent of revenue on marketing, with 45 percent spending more than 6 percent (most of those between 6 percent and 10 percent). When launching a new product, or entering a new market or territory, they tend to budget marketing at as much as 20 percent of the revenue they expect to produce during the launch.

By contrast, in 2005-2007 American hospitals spent less than one-third of 1 percent—an average 0.63 percent—of net patient revenue on marketing, according to the most recent By the Numbers study by the American Hospital Association’s Society for Healthcare Strategy & Market Development.

Maybe it’s because they are so different from similarly sized service businesses, but hospitals often seem to focus their revenue-producing efforts elsewhere. They invest in lobbying to win grants, fund projects and sustain public insurance pay rates. They court bond buyers to loan them money. They try to maximize investment income. They build up development offices to bring donors in the door.

All are obviously essential money-raising activities. But they hardly are the stuff of profitable, sustainable volume. Successful enterprises (including hospitals) are almost always built on something more basic than unique acts of generosity or the vagaries of stock yields. They are instead built on ongoing, profitable interactions with customers. In hospitals, we’re talking about customers like patients, referring physicians and payors. Without them, even bond ratings suffer.

In that light, cutting marketing is hardly cutting the soft stuff. It is threatening demand, payor mixes, referral networks and all the other underpinnings—policymakers’ perceptions, donor awareness, etc.—of hospital transactions. It is choosing to look away from the profound upheavals in their customers’ needs, tastes, capabilities and locations and hoping that they

Some Strategies for the Downturn

- Brand advertising is fantastically helpful in building transactions, but it is also the most expensive, hardest to measure and least controllable form of marketing.
- Depending on the hospital’s strategic needs, direct marketing techniques – everything from pay per click advertising to direct mail – may be a more advisable, cost-efficient refuge for advertising dollars during a recession. It can be very effective in building volume for specific service lines and increasing the odds of building volume with an advantageous payor mix.
- Promote internally. Eighty percent of most organizations’ business comes from current customers. Building internal referrals tends to let you work within a smaller, easier-to-reach market at a lower cost.
- Promote marketing internally. This is a good time to do little road shows within the organization to describe and illustrate marketing’s real *raison d’être*: to build and help control the volume of transactions for the hospital. This is a moment in the business cycle when many hospitals are worried about volume and payor mix. It’s also an opportunity to tell the organization how marketing can, and should, help.

play themselves out before too much damage is done. Cutting marketing, in other words, tends to let volume float on economic tides. Cutting *effective* marketing tends to cut profitable volume.

Change—even frightening economic change—also means opportunity. Other providers in your primary service area, for example, are subject to the same abrupt changes as you are. They mean opportunity to lose or gain share in specific service lines from hospitals or clinics that, in turn, may weaken or become relatively strong.

Seizing the opportunity may mean anything from awareness advertising to direct marketing to expanded physician outreach. But all of it starts with a hospital marketer’s understanding of what marketing really is supposed to do for the organization and the ability to communicate it to the hospital at large. **MHS**

About the Author

Bill Sonn is director of marketing, communications and public relations at the University of Colorado Hospital and author of *Paradigms Lost: The Life and Deaths of the Printed Word* (The Scarecrow Press, 2006). He may be reached at William.sonn@uch.edu.



Business development in healthcare is much more difficult than in the consumer goods industry. While production of a 'widget' is more easily definable, there are many moving parts in a healthcare product. Occasionally, a hospital must take a hard look at the entire product to make sure it is meeting the needs of its consumers. Often-times this requires a wholesale look and modification from the ground up.

CentraState Healthcare System learned this firsthand as it tried to revitalize a slumping Obstetrics program. Located in central Monmouth County, N. J., CentraState Healthcare System is in the growing community of Freehold. Within close proximity to New York City and Philadelphia, CentraState has seen its service area population grow from a rural farming community to a full-fledged suburban community over the past two decades.

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Marketing Rebirth

How one hospital brought new life to its stagnant obstetrics program.

By Richard Mackesy



Established in 1971, CentraState Healthcare System is comprised of several entities:

- CentraState Medical Center—a 263-bed, full-service community medical center that includes a recently opened campus ambulatory center and a medical arts building with a new radiation therapy center, ambulatory surgery center, diagnostic radiology suite and physician offices
- Applewood Estates—a continuing care retirement community with independent living, residential healthcare and skilled nursing care
- Monmouth Crossing—an assisted living community
- The Manor Care Center—a 24-hour skilled nursing care center providing subacute rehabilitation and specialized Alzheimer's/dementia care.

In 2001, new management was challenged to grow an organization that heretofore had not been overly aggressive. A thorough strategic planning process was undertaken revealing a growing local market that had gone untapped. The strategic plan included several aggressive growth initiatives to meet the challenges and demands of the service area.

Management noted that many bread and butter services had languished at the hospital even though the local market population had grown rapidly. One such service was the obstetrics program. Management felt that winning the hearts and minds of new moms in the service area was critical for further hospital growth and development activities.

The Obstetrics Program

One of the goals of the strategic planning process conducted in 2001 led administration to focus organizational growth on a few key services lines that serve as the backbone of a community hospital. At this time, CentraState found itself below the desired market share for obstetric services. The number of obstetric patients had remained flat for the prior 10 years although the surrounding market population grew by an average of 2 percent per year over the prior decade (although this was tempered somewhat by a stagnant birthrate). Of the 14 towns considered to comprise the hospital's primary service area, most of CentraState's OB volume was strongly concentrated in just four municipalities. The warning lights went off when it was revealed that CentraState had experienced market share declines in three of these four towns during the two years prior to the 2001 planning process. Further, a preference rating of only 21 percent for these services told CSMC management that something had to be done.

One of the major challenges associated with the overall program was a lack of operational efficiency.

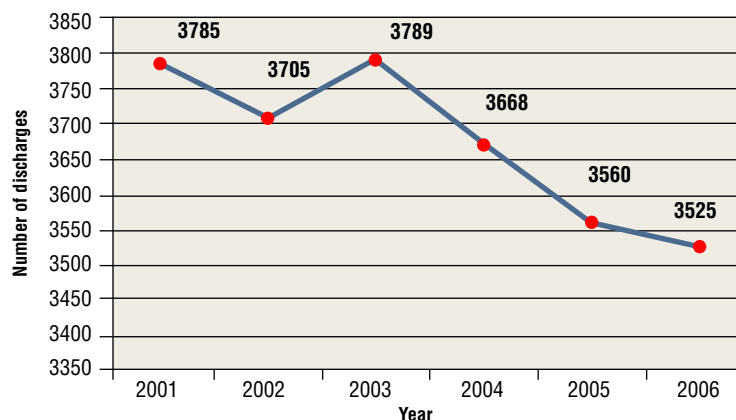
The then existing OB unit (16 combined LDRP beds) continued to operate at levels in excess of capacity. Maternity patients go through a very discreet four-stage process in birthing—the labor process, the actual delivery, recovery and postpartum (the portion of the hospital stay associated with the time after the baby is born, usually lasting two days or so). CentraState's program included all phases in just one room—a vestige of the 1990s where efforts to keep moms in the same room was perceived to be of high importance. Patient would labor for 12 to 24 hours, deliver and recover and then remain in the same room postpartum.

The growing negative impact of this operational practice on what was until then a fiscally efficient service line was significant. On any given day, three quarters of the beds in the unit could be occupied for postpartum, thereby reducing available beds for new moms to be admitted and deliver. This continued for years and led to not only reduced operating margins and volumes, but also a negative image in the medical community. This image directly led physician members of the local medical community to redirect care to competitors.

This was further compounded by a stale image regarding the actual physical environment. The only way for the hospital to regain its competitive position in the market was through a physical plant and capital equipment upgrade of the obstetric unit that met the needs of the community and physicians.

While operational challenges contributed greatly to flat growth in OB at CentraState, the most significant factor contributing to its lackluster performance was a shrinking OB referral base. In 2001, the OB department at CentraState was comprised of 11 active and full-time obstetric physicians. All 11 were male with an average age in excess of 45. There was a general belief that the lack of female OB physicians and the age of the existing medical staff limited the growth of the program overall.

Exhibit 1
Marketwide OB discharges



CentraState decision makers faced two tough questions: (1) how to rebuild the loyalty of existing physicians and at the same time attract new ones and (2) how to redesign the actual program to meet the needs of consumers.

Through the use of local market data analysis, CentraState was able to build a strong case for the amount of volume (and corresponding market share) that could be recaptured if the investment in the new unit was made. They were also able to package this information to demonstrate to physicians the local opportunities that existed for them—in terms of both delivery volumes and office visit volumes. This helped build confidence among existing physicians and helped in the recruitment of new physicians looking to establish practices in the local community.

CentraState commissioned a study of females in childbearing years under the care of a physician within the primary service area. The results revealed the following:

Sex of current physician

- 34 percent respondents had a female OB
- 66 percent respondents had a male OB

Preferred sex of physician

- 11 percent preferred a male OB
- 33 percent preferred a female OB
- 56 percent had no preference

Also, 32 percent of those females who preferred a female OB above currently had a male OB. It was obvious that the lack of female OBs on staff was having a direct impact on preference and utilization of services. It could lead to a erosion in future market share, especially by those using a male OB when a female alternative would have been preferred.

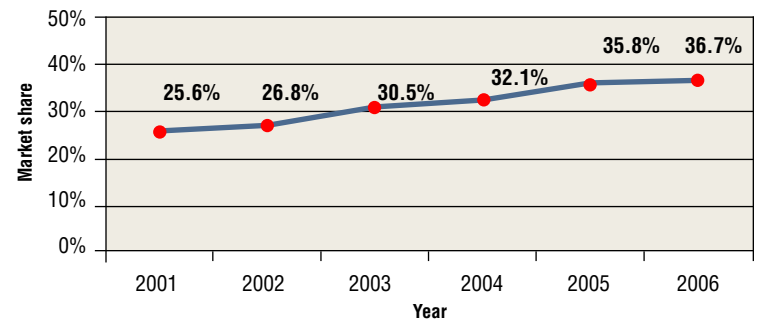
Implementation

In 2002, a major \$2.9 million renovation was undertaken. The LDRPs in use became LDRs, and a separate 20-bed postpartum unit was developed. Somewhat surprisingly, new moms appreciated the separation as the hustle and bustle (not to forget the noise) of the LDR was removed from their postpartum stay. A new young OB/GYN group was recruited to the hospital that consisted of two females and one male (later to grow to five females and one male by 2007). An aggressive marketing program was developed highlighting the variety of new physicians on staff, improvements to the physical facility and other related program enhancements. Community education programs, health fairs and tours were established. Direct mail brochures highlighting the diversity of physicians and amenities of the remodeled birthing areas of the hospital were sent to specific segments within the PSA.

CentraState moved forward with its investment based on the opportunities identified as well as the positive feedback of physicians. The result has been a strong recommitment by ex-

Exhibit 2

CentraState gains market



isting physicians and the successful recruitment of new groups. In addition, the expansion of offices of existing groups has led to significant growth in obstetric volume.

In fact, the immediate impact of the successful strategy was apparent. In 2003, CentraState saw obstetric volumes increase by 23 percent over 2002 levels. And by 2007 obstetrical volumes had increased by nearly 70 percent over historical levels. Average annual growth amounted to in excess of 9 percent during this period—a period in which the birthrate in the service area declined and the resulting number of births dropped in excess of 1 percent per year.

As obstetric volumes grew, so did the number of babies requiring care in an intermediate nursery setting. CentraState quickly ran into capacity issues as a result of the increased volume. As a result, CentraState capitalized on a Certificate of Need call (which is still required in the state of New Jersey) that was issued in 2003 for intermediate care nursery bassinets, and it expanded the intermediate care nursery from four to eight bassinets. Other related programs, such as the establishment of a comprehensive perinatology program, also were established due in large part to the success of the obstetrical program.

Challenges

One of the most challenging aspects of this program was working with the existing physicians in the department. Documenting and sharing the consumer survey with these doctors helped change these perceptions. Even with the research, however, there was a certain degree of dissonance as the OB/GYNs believed these efforts by the hospital could be detrimental to their own livelihood. Constant reinforcement by administration, board and medical staff leadership of the strategic need for the hospital to respond to the needs of the community and maximize the hospital's market share in obstetrics helped work through these rough spots.

The hospital also created comarketing opportunities for all physician practices that provided the physicians an opportunity to promote themselves in conjunction with the hospital. In addition, as the program rolled out, administration was diligent in watching the corresponding impact on the remainder of the department and shared this information with these doctors.



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Competitive responses were varied during the course of this program. Neighboring hospitals attempted to recruit the new physicians in the department (which was largely unsuccessful) and also responded through a variety of print, billboard and radio advertising. Although these responses appear to have been moderately effective, CentraState's word-of-mouth marketing was even more effective as moms who delivered at the hospital in the new environment became the leading marketing agents for the organization. Continued efforts at bringing in potential new mothers and fathers to tour the new facility, meeting the physicians face to face during health fairs and lectures and similar personal efforts seemed to effectively overcome the marketing advances made by the competition and continued to support the program's position in the community.

Results

Today, the OB medical staff is comprised of 21 physicians, of which nine are female. Average age has been reduced to 42 with a variety (young and older, male and female) to meet the preferences of most of the community. The groups have each expanded locations and now have multiple offices strategically distributed throughout the service area.

Preference for CentraState OB services by the community grew by more than one-third, from the 21 percent in 1999 to more than 28 percent by 2007. Newborns increased at CentraState from a flat volume of 1,200 births during the 1990s to 2,026 babies in 2007.

Exhibit 1 shows the total number of OB discharges from the primary service area from 2001 to 2006. As mentioned earlier, volumes increased at CentraState despite a declining birthrate. As captured on Exhibit 2, CentraState's market share for OB increased by 11.1 market share points during the period from 2001 to 2006. Market share leadership in the 14-town service area increased from only four towns in 2001 to 12 (of the 14) towns by 2007.

Patient satisfaction likewise increased significantly. Prior to the improvements with the program, the Press Ganey Patient Satisfaction scores for the unit were in the 40 and 50th percent-

Exhibit 3

Patient satisfaction-OB 2001-2003

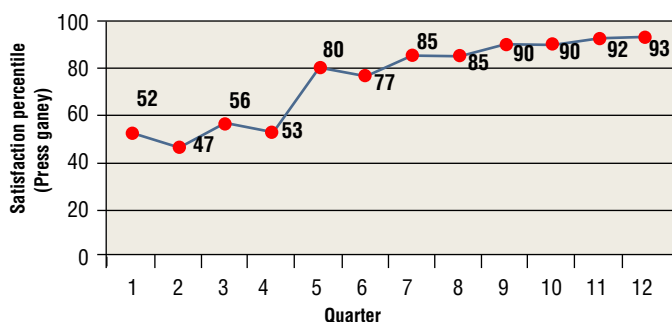
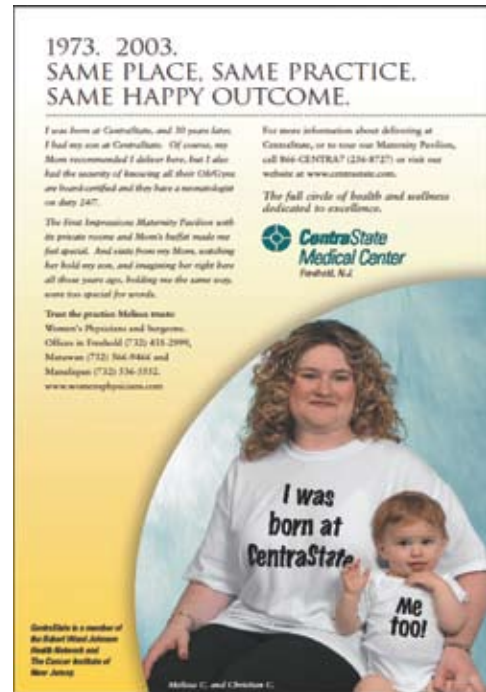


Exhibit 4

Sample advertisement



tile nationwide. Immediately after the improvements, scores rocketed to the 90th percentile and have been there ever since.

Business development in healthcare requires a comprehensive analysis and approach to service design and delivery. This case illustrates effective business development and suggests that marketers must partner with operations in aligning the service more with the expectations of the general public and referring physicians. Understanding and being responsive to the changes in consumer preferences is also crucial. As demonstrated here, a well-balanced business development culture can lead to significant improvements in overall volume and profitability. Understanding and building a market driven product is the key to such successful business development. **MHS**

About the Author

Richard Mackesy is vice president of strategic planning and business development with CentraState Healthcare System in Freehold, N.J. Prior to joining CentraState, Rich was vice president for strategic planning and marketing with a national health system and prior to that in a similar role with a multi-specialty group practice. He is a frequent author and lecturer on healthcare marketing and strategic planning and has served in a variety of leadership roles with many national and regional professional marketing organizations and associations. He may be reached at rmackesy@CentraState.com.

A Star Is Born

An in-house media training program produces stellar results.

By James H. Walter



The voice on the other end of the telephone sounded excited but a bit nervous. The caller was one of our physicians, an expert in osteoporosis. A producer from “Good Morning America” had done a Web search and came across references to the physician’s interesting research on osteoporosis in men. The question posed by the producer had the doctor in a tizzy: “Would you be interested in coming to New York later this week (a two-hour trip by car) to tape an interview?”

The doctor explained to us that she was clearly interested but concerned that she would be stepping way out of her comfort zone. She had never done an interview for national television and felt unprepared for the experience. She called us because a colleague told her we could help.

Our office of communications had started a media training program a few years earlier for faculty and staff, and the frantic physician was hoping we could get together on short notice to help her prepare. Hearing the magic words *network television*, we quickly agreed to meet later that same day.

Having designed our media training program with these opportunities in mind, it was easy for us to help the doctor. We applied techniques that calmed her down, boosted her confidence and focused her attention. In less than 90 minutes she was good to go.

The big day arrived, and her taped interview went without a hitch. She was ecstatic when it aired a few days later, and so were we. The editors even used her “home run” talking point—a comment we coached her to deliver after hearing her say it during the training session. Another satisfied customer!

Getting Started

Our department began offering a media training workshop about 10 years ago. The motivations were simple. We wanted to show our value to the rest of the organization by helping our faculty and staff improve their performance during interviews. We knew that if our experts performed better, they would feel good about the experience and be more likely to agree to future interviews. By helping them, we would be helping ourselves.

After designing a straightforward curriculum that incorporated video clips and PowerPoint slides, we did some basic internal promotion that attracted a room full of interested students. The response to our first workshop was so encouraging

that we ran the program again about six months later.

All told, we have now trained more than 350 faculty and staff. Word of mouth has been a good friend of the program. We often get calls from interested employees who want to know when the next workshop is scheduled, many being referred by alumni of the program. It has led us to run the workshop, when time permits, for outside groups, enabling us to foster some wonderful relationships and build good will with community and professional organizations in the area.

Two-Part Workshop

While we privately train individuals when circumstances dictate, most of our training is delivered in the form of a two-part workshop that we limit to a maximum of 15 participants.

We knew that if our experts performed better, they would feel good about the experience and be more likely to agree to future interviews.

In our experience, groups of 15 or fewer are more engaging. The more questions and anecdotes we receive from our students, the better. The workshop is offered once or twice a year, depending on demand.

We take a tag-team approach in running the program. The author, with a corporate communications background, shares the teaching duties with one of our communications officers, a longtime television health reporter for a local network affiliate before joining us at the UConn Health Center. The combination of experiences and perspectives goes a long way to establishing credibility with our students.

Classroom instruction. Part one is classroom instruction where, over the course of two hours, we cover the following:

- understanding the interview process
- effectively preparing for an interview
- controlling the interview through tactics and response
- delivering key messages

- speaking to reporters with less apprehension and more confidence

We start by stating our dual themes of comfort and control and liberally repeat them throughout the program. Experience has shown us that outcomes improve when interviewees are both comfortable in their roles and in good control of the process. The two go hand in hand; the interviewee cannot truly attain one without the other. Much of the classroom content is therefore geared toward improving comfort and control.

Throughout the classroom session we show clips of recent television interviews that feature our faculty and staff. We attempt to show a range of settings, including live broadcast, in-studio interview and typical local news story. Because the students strongly identify with seeing their peers on screen, showing a few of these clips is well worth the effort.

We have found over the years that most students come to our workshop assuming that all they need to do during an interview is answer the reporter's questions. We dismiss this notion quickly and with a touch of attitude! We emphasize the need to (1) identify two or three key messages prior to the start of the interview and (2) deliver them during the interview, ideally more than once. It may be simple to state, but our

experience has shown that novice interviewees need to practice this before it begins to sink in. In our view, getting workshop participants to understand and apply this one concept is perhaps the cornerstone to improving their performance with the news media.

Individual studio sessions. The group instruction is followed by a one-hour TV studio session with each participant. We attempt to schedule all the studio sessions within two weeks of the classroom portion while the information is still somewhat fresh. The studio session is where the students get to experience the lessons learned in class. We insist that all students must complete the classroom portion in order to get the practical training—no exceptions.

The individual sessions take place in the Health Center's television production studio where each student performs a series of three mock, on-camera interviews tailored to their field of expertise. Following each interview we play back the tape and observe the performance, pointing out the good, the bad and the ugly.

While we are fortunate to have a full-fledged TV production studio at our disposal, it certainly isn't a requirement. The practical sessions can be easily accomplished with a camcorder and portable playback equipment. In fact, the latter approach

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more closely resembles what the student will likely encounter when the television interview is for real.

Each mock interview is designed to be more challenging than the previous one. The questions become increasingly difficult and we step up the off-camera noise and motion to give interviewees a sense of the distractions they might encounter. We never go over the top regarding the questions or distractions. The experience we create is designed to be realistic.

Much to the chagrin of some students, we continue to drive home the strategy of identifying and delivering key messages during the mock interviews. If necessary, we help them craft their points before the interview. We write them down and keep score to see how many the student actually delivers. It may seem a bit sophomoric, but it is an effective discipline.

Special Considerations

Training the top. Though some top executives may express interest in being media trained, don't expect most to sign up for a workshop that has other participants in the room. Pride and ego likely prevent them from doing so. Some executives may think to themselves that attending a class will be perceived as an acknowledgement of weakness or a lack of experience. Whatever the reason, consider offering them a one-on-one session in the privacy of their office.

Do I get to approve the interview? This question was popping up every time we did the workshop—so we finally added it to the curriculum. After all, most of our students are clinicians or research scientists who live in a professional world of peer-reviewed journals and other similar publications. It's worth the time to explain how and why it's different in the world of consumer journalism.

Media training students with English as a second language. Many of our faculty and staff are foreign born and speak with a heavy accent and a limited English vocabulary. These challenges require some special consideration during media training. Rather than ignore the obvious, we have found that it is best to acknowledge these issues right at the start of the studio training. Speaking at a slow pace, using short sentences and avoiding certain words are just some of the techniques that we recommend to these students to improve clarity and performance.

Three Lessons

Don't preach to the choir. The first few times we offered the workshop we included some material about the benefits of doing media interviews. Seeing it was a waste of everyone's time we decided not to bother. People sign up for media training because they believe in the value of being interviewed and getting exposure in the media. The motivation, of course, usually has to do with the desire for self-promotion, and that is fine with

us. If the institution or humankind benefits along the way, then the day just got better. We focus our instruction on improving the skills of our students.

Keep it positive. Every so often a participant will ask a question about how to handle a negative, or even crisis, interview. We've learned not to brush off these questions, but to keep the tone of the training on the positive side. Spending too much training time discussing negative interviews will scare some of the students and possibly discourage them from participating in real opportunities with the media. We emphasize that, far and away, the interviews the participants are likely to encounter will be positive ones where the interviewer seeks expert opinion and straightforward information about a particular field or subject. We also discuss our department's long-held philosophy of stepping in as spokespeople whenever media requests involve negative subject matter. This approach usually puts to rest any concerns our students have about being trapped in difficult or ambush interviews.

Make 'em, don't break 'em. We take a soft, encouraging approach during the studio sessions. While it would be easy to throw the kitchen sink at some of the students, doing so would not serve any useful purpose. We want our students to improve their interview skills and be motivated to the point that they will agree to an interview the next time we call with an opportunity. Giving them a hard time in the name of learning is simply counterproductive.

Why It Works for Us

Something unexpected happened once we began to media train our faculty and staff. We saw that the program was becoming more beneficial for us than it was for our students. How?

Quite simply, the practical sessions allowed us to assess which students had natural interview talent and which ones did not. We also learned of some outstanding story opportunities that we subsequently pitched and turned into media placements. In short, our media training workshops became a great way for us to discover talent and stories that otherwise we may have never known.

Another pleasant phenomenon emerged as the workshops continued. We began to notice that, in an organization populated with experts in clinical care, research and health education, we were being perceived by our program alumni as experts in our own right. As a result, our department's credibility, value and reputation were strengthened. **MHS**

About the Author

James H. Walter is the associate vice president of communications at the University of Connecticut Health Center. He may be reached at walter@nso.uhc.edu.

When a Big Name Isn't Enough

By Rhoda Weiss



Hopkins, Mayo, Mass General, Cleveland Clinic, MD Anderson and Sloan-Kettering. Some entities are so well-known that abbreviated versions of their names are enough to evoke instant recognition. Like Harvard, Yale, Princeton, UCLA and Stanford universities, national healthcare reputations can translate into scores of patients lining up for appointments. At least that's the perception.

The reality is sometimes different.

On paper, Mayo Clinic Florida in Jacksonville appears to have it all. After 20 years in the market, community image studies demonstrate strong name recognition and reputation as a premier, world class medical center. The area's population continues to grow as insurance plan participation expands. Jacksonville, Florida's most populous city and the 12th most populated in the nation, is also the biggest city in land area in the contiguous United States.

Much of Mayo's marketing centered on word-of-mouth with little spent on advertising and other more expensive methods. Yet, despite the internationally known brand, patients were not breaking down doors to access care delivered by Mayo's physicians and outpatient services. The reputation was instead juxtaposed by a widespread perception

that Mayo Clinic was not accessible to the average local resident. In addition, the regional provider market had been competitive for years, even before Mayo's arrival.

"Preliminary qualitative research showed local residents believed Mayo Clinic Florida catered primarily to out-of-town patients with serious illnesses that other hospitals could not diagnose or treat," explains Kevin Punskey, Mayo Clinic Florida's external communications manager. "To learn more, a phone survey of 700 households helped us

Potential patients were identified through research as people who do their homework on medical services providers and want the best care available to them. Existing patients, the general public and news media were also included. Here are the results:

- **Research news.** Increased local visibility of Mayo's research and clinic trials was accomplished through 22 news releases on research studies, unique surgical procedures and scientific breakthroughs.

The reputation was instead juxtaposed by a widespread perception that Mayo Clinic was not accessible to the average local resident.

establish a baseline of the community's image, preferences and factors that influence the likelihood of local consumers to use Mayo Clinic."

With Mayo's new Florida hospital opening in the spring of 2008 on the same campus as its clinic and research facility in Jacksonville, the need for action was evident.

A New Course

A campaign called "Charting a New Course" was implemented throughout 2008 to reposition Mayo Clinic Florida in the market, build local preference and increase appointments with physicians.

Using proactive media relations, major strategies were addressed. These included conducting at least five local editorial board meetings and increasing earned media coverage by 10 percent over the previous year. It also called for an increase in the number of survey respondents that said they had "read, seen or heard things about Mayo Clinic from news stories" and increase appointment requests by 10 percent over 2007.

- **Feature news.** Ongoing clinical feature stories targeted areas of excellence like cancer, cardiovascular, neurology and transplant services.
- **Television.** An ongoing relationship with local news stations offered Mayo physicians an opportunity to share their expertise during bi-monthly consumer health segments.
- **Community news.** Mayo tapped the media to heighten awareness of its expertise in breast cancer research and efforts to reduce health disparities for cancer care among diverse populations.
- **Editorial.** A dozen editorial briefings with editors and reporters focused on strengthening relationships with these influencers.
- **Hospital promotion.** The opening of Mayo's new hospital on its Florida campus resulted in extensive local print and broadcast coverage.

Punsky calls the campaign a “tremendous success, far exceeding our objectives.” In 2008, Mayo generated 1,050 news stories, nearly doubling coverage from the previous year and tripling media hits from 2006. This was reflected in nine front-page print stories, 162 broadcast segments and 19 editorials.

A follow-up survey showed respondents indicating that they had “read, seen or heard things about Mayo Clinic from news stories” increasing to 67 percent in 2008 from 35 percent in 2007—12 percent over the goal. Most important, the campaign contributed to a 26 percent growth in appointment requests in 2008 compared with 2007—16 percent more than its goal.

Impressive results required minimal expenditures. While many marketing and communications professionals continue to spend heavily on advertising

and other marketing techniques, Mayo Clinic Florida did it the old-fashioned and new-fashioned way. With the campaign conducted by an internal staff of two, the only expenditure was \$2,000 for the media research component. For this small investment, Mayo secured \$13 million in publicity value of its media stories; demonstrated substantial increases in community knowledge about the clinic, hospital and research; and welcomed scores of new patients to its clinic and new hospital. Mayo also leveraged social media with a YouTube Channel, Facebook page, LinkedIn, Twitter and the new patient blog, Sharing MayoClinic.

While competition remains fierce, Mayo and other local health providers are working together to convert Jacksonville into a medical destination through a campaign dubbed “America’s

Health Center.” Providers have joined with Jacksonville Visitors and Convention Bureau to build national and international awareness of the seaside city as an ideal location for health- and medical-related services, meetings and business opportunities. [MHS](#)



About the Author

Rhoda Weiss, an international healthcare consultant, speaker and author, is past national chair and

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