

Healthcare Roundtable: Moving forward

[Rose Gordon](#)

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Healthcare PR professionals joined Rose Gordon at this Revive Public Relations-sponsored roundtable in Nashville, TN, to discuss how they are advancing their communications strategies following reform.

The participants

Mike Amburgey, CMO, Healthways

Andrea Cotter, SVP and CCO, UPMC

Brandon Edwards, president, Revive Public Relations

Carmin Gade, chief marketing communications officer, Battelle

John Howser, assistant vice chancellor of news and communications, Vanderbilt University

Osei Mevs, senior associate VP, external affairs, Meharry Medical College

Debbie Myers, EVP, director of healthcare practice, CRT/tanaka

Kimberly Ovitt, SVP of PR, St. Jude Children's Research Hospital

Jeffrey Tieman, senior director, health reform initiatives, Catholic Health Association of US

Roy Vaughn, VP, corporate communications, BlueCross BlueShield of Tennessee

Adapting for change

Rose Gordon (PRWeek): *What are some of the biggest changes in healthcare marketing that you have seen over the last few years or over your careers?*

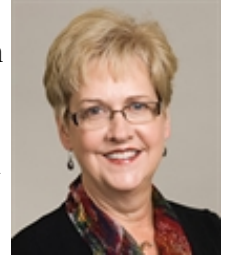


Kimberly Ovitt (St. Jude Children's Research Hospital): When I began my career in the '80s, a lot of hospitals were moving from a very reputation-based strategy – community relations were really big strategies then – and moving away from that in the face of competition and in growth of the big healthcare systems to marketing. In the '90s, we began to see service-line marketing, physician relations, peer relations. Now, interestingly enough, because of new media, we are seeing a return to that focus on reputation due to the Web.



Osei Mevs (Meharry Medical College): The really big change I have seen is the sophistication of the patient in terms of their knowledge level. Patients are coming into a primary care office with almost a diagnosis of themselves. They know what medication they want to be on. They know what procedure they should be having, or think they should be having.

Debbie Myers (CRT/tanaka): The other big change is the speed of communications. It is such a rapid pace, we must be prepared to get information out and to respond to that. Combined with that is the shift from being a paternalistic kind of industry to one that needs to be transparent and engaged with the patients because they are more informed. We are no longer as in control as we used to be. That is a good thing, but it really provides some big challenges in communications.



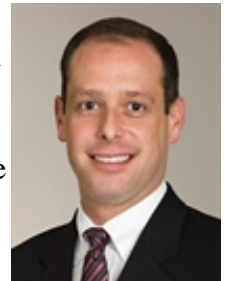
Roy Vaughn (BlueCross BlueShield of Tennessee): For probably the first time in our careers there is even more focus on cost. The elasticity is gone for employers, for payers, for consumers. Reputation is going to be very important when they are making the decision with their own resources, their own money.

There is a real detachment right now created in part by the insurance companies and other payers about what something actually costs. There has to be an adjustment there. It may take several years to actually see that take place. Certainly, that is part of what will happen with healthcare reform. More people are going to be making those decisions on their own choice with their own values in their own set of filters.



Brandon Edwards (Revive PR): The sophistication that we have seen as an industry in patient awareness on the clinical side is not matched by the same sophistication on the financial side of healthcare. Forty percent of people don't know what insurance company card they have in their wallet. There is this sense that a doctor visit actually costs \$10, which it doesn't.

Jeff Tieman (Catholic Health Association of US): Social media has given us all a new challenge, especially to figure out whether there is actually a return on what you are doing. At CHA, we have cautiously waded into it because we are not sure what the return is. We are also not clear on some of the risks. Social media is something that has tremendous opportunity. We are starting to dabble in it, but it is changing the way we communicate and how we reach people.



Andrea Cotter (UPMC): Social media is our ticket because it is the way to know what people value and then be able to respond to it. It is very challenging because you get a lot of things you don't want to hear. Sometimes those are opportunities, too. If somebody is willing to complain, there is an opportunity to change it.

Carmin Gade (Battelle): It is more important now than ever that we are listening more than we are pushing out information. With social media, we have to listen. You have to be able to resource your team appropriately to monitor all of the social media traffic and be prepared to respond, be proactive, and communicate well.



Social media initiatives

Gordon (PRWeek): *What types of digital or social media efforts are you all engaged in?*

John Howser (Vanderbilt University): There was a recent film called Contagion. We were very concerned about this movie. We were able to wrangle some advanced screening passes on the Wednesday night before it came out on a Friday. We sent a team of our infectious diseases doctors to the movie. They watched it and we interviewed them afterward. We put the video up on the Web, which resulted in the national news media contacting Vanderbilt and getting these doctors to do interviews about their thoughts on the movie.



Ovitt (St. Jude): I would like to hear what the group's thinking is on patient, peer-to-peer portals and overcoming concerns about privacy rules?

Cotter (UPMC): Patients who have similar issues, such as serious chronic disease issues, want to talk to other people who are going through the same thing they are. If we, as the provider of the service, could foster that community, rather than have them floundering out there on their own, we could actually weigh in. It gives us a bit of brand recognition and, at the same time, helps the dialogue. The challenge we have is getting our experts to come in to be part of that.

Gade (Battelle): Another challenge is the huge generation gap. There is the younger generation, who all use is LinkedIn and Facebook, but you still have the aging population that might not be so technically savvy. They might not trust that digital media yet, so you still must be able to balance and offer the digital media, but then also the snail mail, e-mail, phone calls. It is a challenge.



Mike Amburgey (Healthways): One of the things we have been doing with social media is redesigning that experience, both in mobile and with portals. We have been redesigning our platform so it feels more like those things people do in their spare time, such as Facebook. When they are engaging with us in terms of their healthcare solution, it is actually something they want to do and not view it as something they have to do. That is at the core of the difference between social media and everything else. It is something they desire to do. It is not something they have to do. The more we make it feel like something you have to do, e-mail or something such as that, the less people are going to do it.

Mevs (Meharry): We have an OB program with a group of about 10 young women who are in the same period of pregnancy. They are young enough where when we did a survey, they said the thing missing from this program was there is no way to communicate outside of our in-person meeting. Our IT department had to put together some type of platform to give them communications with each other, their phones, their Facebook accounts. It has brought their little group a whole lot closer together, rather than sitting in a room for two hours and just listening to the doctor speak. They are sharing ideas, things like menus and parenting secrets.

Tieman (CHA): A couple of years ago, in trying to encourage lawmakers to pass health reform, we asked people to send us pictures of them and their families holding signs that said, "I can't wait for my child to be covered;" "I can't wait for healthcare to be more affordable," whatever. We got 1,200 photographs and put them together in a video that we then put on YouTube. It was not long after YouTube interviewed President Obama in the White House. It was the first time YouTube did an interview with the President. They showed a clip from our "I Can't Wait" video to get his reaction. It was one of those accidental PR home runs.

Building on that this year, we are finding stories of people who have benefited from the law already. We have done four mini-documentaries. They are about four minutes long, and we put them on YouTube to try to tell the story of how health reform is working.

HEALTH PERSPECTIVE



Andrea Cotter, SVP and CCO for UPMC, an integrated \$9 billion healthcare enterprise, spoke to a group of local healthcare communicators at a breakfast session prior to the Revive Public Relations-

sponsored roundtable.

Cotter joined UPMC in January after 30 years with IBM in various sales and marketing roles, including director of global healthcare marketing. She discussed the organization's role in its local community and how it balances that with a national and even global reputation. The UPMC Community Benefits campaign leverages UPMC customers by sharing their stories on Facebook, in advertising, and elsewhere.

“These are real people, not actors,” she said. “It's our feet-on-the-street campaign.”

keeping people from getting sick in the first place.

Amburgey (Healthways): One way we can do that is to start using other more advanced tools in predictive modeling to identify those people who will be ill before they have an event. Healthways has moved toward using predictive modeling for our customers to help say, “Look, these are people who, based on a number of risk factors, are likely to have expensive events.” And asking, how can we now engage them before they have that event with behavioral change to prevent that event from ever happening? Regardless of who is paying at the end of the day – whether it is the government, the health plan, or the employer – that should be something we are moving toward.

Gade (Battelle): On the R&D side, we are working with a lot of different healthcare organizations, agencies in developing the therapeutics or the medical devices. We are having a lot more discussions with them about embracing some human factors in design and engineering to ensure that whatever is being developed is going to result in greater patient compliance. We spend a lot of time doing on-site observations with the end-user patient to see what is their reaction going to be, how will they use this, whether it be wellness related or a treatment for a chronic disease. We have seen that dramatic shift, and more and more projects that come in are leveraging that expertise.

Myers (CRT/tanaka): Another thing we are seeing with all of our healthcare clients across the board is greater collaboration. It might not look pretty all of the time. They are going in kind of kicking and fighting, but just the

Responding to reform

Gordon (PRWeek): *How have the rest of you moved your communications forward since healthcare reform passed?*

Vaughn (BlueCross): A lot of people, based on the run-up to passing the legislation, perceived our industry as being absolutely opposed to healthcare reform. A lot of the major provisions we, in fact, first offered. There is still some of that lingering perception that perhaps we are not for reform. We have just tried to be an honest broker in the entire conversation. In fact, we have a lot of work to do to make sure we are compliant and that we do what the law intended. We are trying to make sure we provide as accurate information as possible to our members, to our customers, to those brokers that we work with to help them understand and answer their questions.

Edwards (Revive): For our clients, the discussion on what to do about clinical health reform is sort of over. It doesn't matter what the Supreme Court does. It matters a lot to individual businesses, but the fundamental underlying economics of the system are forcing a level of change we haven't seen maybe ever, probably since the shift from a cost-plus environment into the modern financial environment.

It seems like what everyone is looking for is how do you actually affect behavioral change in people's lives? We are pretty good at fixing sick people, but do a really lousy job at

dynamics and economics has forced more collaboration. We can't blame everything on healthcare reform anymore. This is really about a better way of delivering healthcare, a better way of patient care, and healthcare providers working together. We are working with our clients to create a more relevant message that all people can really understand and get their arms around.

Cotter (UPMC): The best thing we can do is talk to consumers, help them with these issues, and make it simpler and value based.

Vaughn (BlueCross): The winners post-reform, whether it is providers, payers, whatever, will be those the easiest to deal with and the easiest to understand.

Gordon (PRWeek): *That has always been a challenge in healthcare, right? It is sometimes a complicated message you are trying to get across. Can you share some examples of when you have faced that challenge, ways you have simplified it, made it easier to understand, and had some success with it?*

Tieman (CHA): In DC you have two problems. You have healthcare language and then you have the language of politics and Congress. You put those two together and now it is not understandable at all. What we have tried to do with these videos is say, for example, this was a sick child. She had severe cancer and her parents were worried that for the rest of her life she wouldn't get coverage. That is a pre-existing condition. Let's make it very clear and clean to people.

Mevs (Meharry): When we start moving further in, it starts impacting businesses. That is when you will get some of the discomfort with the bill. Some of the small providers with electronic medical records – are their practices able to adjust and able to afford implementation of that technology? Are their staffs ready? That will be the difficulty. That is when you are going to hear some of the groaning.

Earning trust

Gordon (PRWeek): *How are your organizations working to build trust with stakeholders?*

Cotter (UPMC): The doctor is the most trusted person in the industry. As communications professionals, we must think about how we make that the communication because that will build the trust.

We have to do what we say. We can't just have these glossy ads that say we have the best healthcare in the world. We must have the voice of the doctor in there. Social media gives us the opportunity to do that. I am hoping we can get more of our doctors to participate in it.

Ovitt (St. Jude): St. Jude is a well-trusted organization and hospital, so we start from a good platform. However, we have that same struggle of attempting to have the experience that people seeing via our online presence replicated in what they feel in the institution. They have this very close relationship with their physician and with staff in our case because this is largely cancer care for an extended period of time. How do you replicate that? It is our goal to make the experience virtually feel more like the experience when you walk through the doors.

Edwards (Revive): The healthcare industry has a language problem. We talk in healthcare speak to each other. We talk to patients about things such as expected mortality, average length of stay, and utilization rates. It is not how normal people talk.

We are all struggling with this because we are used to talking to each other. All of a sudden we have new

customers. The new customer is very much the individual, which traditionally has been communicated through in a delegated way. They are communicated through their insurance company, their employer, or their doctor.

Vaughn (BlueCross): There has to be more collaboration than there has been before. The truth is we all own the pie. We have different slices of it, but the problem is the pie. It is not working really well right now for everyone. We have to understand that and that we can't have healthcare be 20% of GDP. We can't. We have to find different ways to have conversations, different ways to measure quality and outcomes, different ways to share savings.

One of the things we have done is with a very large patient center medical home for those patients with chronic diseases. We actually embed a nurse manager in the practice. It has proven to be really successful. We have 121 sites across the state already. The practices love it. The patients love it because they are getting more intensive care and more information as they need it. There is shared savings. We share that with providers. It takes just a different set of conversations.

Myers (CRT/tanaka): There is a real blurring of the lines of who is the healthcare provider. People now go to the drugstore to get their flu shot, not their primary care doctor. Wal-Mart is setting up clinics. Large employers are providing primary care on-site. Other industries are making it easier for the consumer than we are doing in the healthcare industry. Social media is our opportunity to connect on a real one-on-one basis with consumers in a relevant way.

Ovitt (St. Jude): Patients are talking to patients online. People are having these conversations. We can either be part of it and contribute to that or we can stand back and let others do a good job and we will be left out.

Edwards (Revive): The central issue between providers and the financing mechanism is trust. There is the perception, right or wrong, that it isn't one pie. It is that the people with the money have the pie and the people delivering the care will be told how big their slice will be next year.

Vaughn (BlueCross): We try to work with providers and actually have them talk to our customers, because our customers are saying to us, "We can't afford any more." You need to help us rein in these costs. There is a dynamic there that is very difficult. As much as we talk about collaboration, there will be some very difficult conversations in the next few years along markets just because of that dynamic.

Mevs (Meharry): As a representative from a medical school, we are training doctors. It is tough to tell an individual who has been in school for 12 years that you are getting a pay cut every year. They are looking at it and saying managed care is doing better than me. Pharma is doing better than me. There is no change in how much they charge for their product, why am I experiencing the cut? Why is it always on the doctor?

Vaughn (BlueCross): I know we made 2.5% last year on that income. When you look at all of the players and the healthcare industry, it seems to be that for some segments it is OK to make 20% and not for others to make 2.5%. There needs to be a good honest conversation about what it takes to work in the business and what the expectations are for earnings in the industry. We are a not-for-profit plan, so we can actually make less, but we actually pay all of the taxes that a for-profit pays. We also reinvest in the community to the tune of several million dollars a year across the state. **The super committee**

Gordon (PRWeek): *In Washington, they are having a conversation about costs – the super committee in particular. Is anyone doing communications around that?*

[Editor's note: At press time, the super committee's decision on costs had not yet been delivered.]

Mevs (Meharry): There is such a downward pressure to reduce costs that we are working with that butcher knife rather than that scalpel. That is the concern. We are very nervous. The four medical schools here in Tennessee have collaborated in ways we have never done before to reach out to congressional senate leaders and even the super committee to voice some of these concerns. It really is high on the radar.



Tieman (CHA): We are representing hospitals very concerned about what the super committee could do to Medicare and Medicaid payments. In terms of communications, at this point it is an advocacy press. It is talking to the super committee. It is talking to our members and having our hospitals chime in. We try to get them ready-made letters so that they can be sure to raise their voice.

One other thing. The jobs argument is driving our country's conversation right now. There is only one sector of the economy that is consistently hiring – healthcare. The American Hospital Association, some of its ads are starting to say don't cut hospitals at a time when we are the only ones hiring. That is pretty smart messaging. Maybe Congress will pick up on the fact that there is a connection between the two.

Cotter (UPMC): We are constantly focused on the jobs that we add to the community. In our quarterly reports to the press, we are always saying what that number is to keep the focus on the fact that we are the second largest employer in Pennsylvania, the largest employer in western Pennsylvania. We employ 54,000 people.

Howser (Vanderbilt): We are looking at potential calamity on every front, but trying to remain optimistic. Here in Tennessee, we use a process, as do 46 other states, called Hospital Assessment Coverage. Everybody in Tennessee that is in healthcare is aware of this. It is a matching process where we put in money, all of the hospitals in the state, everybody is in, everybody has got skin in the game. We all put money into a pool. That is matched at the federal level \$2 to \$1. That is what mostly made whole our state's Medicaid program for the last several years. Otherwise, we would have already been way under water on the Medicaid part of things. That is one of the things up for discussion, potentially doing away with the Hospital Assessment Coverage process.

Of course, we are looking at graduate medical education funding and also indirect medical education funding, which goes along with residency training. We are not talking about insignificant sums of money. If the Hospital Assessment Coverage went away for Vanderbilt, if it all went away overnight, it would be \$85 million overnight to bottom line. When you add the graduate medical education component and the IME component, it is about another \$80 or \$85 million. It would be devastating. We are optimistic that if there are changes, they are phased in, spread out over time, and it would allow us to adjust.

Gordon (PRWeek): *So what is your communications team doing to ensure the organization is heard?*

Howser (Vanderbilt): We have been working very hard. Right before the Affordable Care Act passed, we came out in support of it. We had remained silent for a year and a half because there were so many pieces in play. We endured some political criticism – we are in a Republican state – for supporting the Affordable Care Act. The reason that we came out in support of it is because hopefully it gets more people access to insurance. We did close to \$400 million in uncompensated care in this last year. Anything that we can do to help ourselves with that and help everybody else at the same time, we ultimately decided was a good thing.

For the communications part of it, more than constantly being out in the media to talk about this, we are pursuing the direct path with our legislators. All of our legislators are aware of this issue. Even the ones who we

newly elected in the last year or so who had no idea about Hospital Assessment Coverage or that it costs money to train residents and all of these things. It has been more of a grassroots effort to try and affect the overall legislature and the super committee.

Mevs (Meharry): Communication strategy on this is a little bit different, because everyone is on-stage. You are either Republican or Democrat, but this isn't that type of issue. In a state in which we have two Democrats in the US House, you have to communicate in a way that is not an affront to your Republican colleagues, but doing it through media such as a newspaper or TV interview is difficult. It is a quiet line of communication.

Cotter (UPMC): Internal communications is really important in having a strategy for helping your own employees understand how to talk about this. We are doing that through really ramping up our efforts on the internal website and pushing out as much information we can. If we have testimony, for example, we give them copies of it, talking points that are simplified. I am not saying it is 100% working yet. It must be something you are committed to over time, but they can be the best advocates for your brand in helping you in the community.

Edwards (Revive): We are hearing concerns from our clients that everyone knows there are going to be cuts. The concern is that the super committee cuts the right things, or maybe better said, doesn't cut the wrong things. That they are targeting home health, as an example. It is pretty clearly demonstrated that if you cut home health or require additional out-of-pocket costs, people are going to end up in nursing homes, which is a higher cost setting. There is this temptation to cut across the board.

Gauging impact of comms efforts

Gordon (PRWeek): *How are you all measuring the effectiveness of your efforts?*

Cotter (UPMC): We are using as many tools as we can get our hands on. It seems like we are driving toward a dashboard of all of these software tools put together to really say what the value is. Some of the things we are looking at right now are tonality, negative and positive; the number of times we are mentioned in the press – the number of times our name is mentioned correctly and incorrectly and attributed appropriately. We are doing baseline surveys of consumers. We will be committed to that over time. What are they understanding of what we are communicating? Have we changed perception?

Howser (Vanderbilt): We started tracking and measuring news coverage at the medical center about 12 years ago. We have a relatively simple, but labor-intensive process for measuring the external media coverage, dimensions, and what they mean and that sort of thing. For the advertising and marketing side of it, the consumer side of it, we do a very specific market focus group survey research. We do it not only right here in Nashville, but then go out into the region and into the adjoining states to see what the awareness and the perception is.

Edwards (Revive): We talked a lot about social media and the Web along the way. Those things are making it so much easier to measure. If you are looking at unique URLs or call volume on particular services or support for particular issues or whatever it is, [clients] seem much more concerned about how it is moving their bottom line and not just reputation, although reputation is clearly a part of it.



Ovitt (St. Jude): We have a lot of sophistication around measuring our social media trending and how that leads to donations. I think we do a fabulous job of doing that. An area on which we are spending a little more time now is shared voice studies via the media. It is one thing to say we have all of this great media, but is that a lot? Is it a little for us? What does that mean? One that I am looking at most is to see how we do in terms of use of our experts in the press. It is really important that we make sure we are that national resource and authority. If you have a clear goal, it is easier to measure something against it and to

choose a tool that actually matches. The other area is simply brand awareness, which is still critically important for everyone.

Vaughn (BlueCross): Internally, we look at reach for strategic messaging, so how many employees do we reach over a period of time and measuring down to the article level on the Internet. We also do an engagement survey every 18 months.

In terms of some of the community investment we have made, we realized we weren't telling the story consistently. It was episodic. It was geographically focused. It was not consistent by any stretch. We actually created a statewide ad campaign to talk about some of those unique partnerships that we do, such as the Tennessee Center for Patient Safety with the Tennessee Hospital Association. We track those three measures, leadership, as a leader in the healthcare industry, as a name you can trust, as a positive impact on the local community.

Gade (Battelle): We do the engagement survey, the digital metrics, but we also have a customer loyalty formal survey process in place with our clients. We have actually been able to work with that team to incorporate some of the marketing communication metrics that we want to pool into that normal process, so that we are not hitting clients multiple times. They are guaranteed to be hit only once a year. We have streamlined that whole process.

Looking ahead

Gordon (PRWeek): *In the next six months or year, what are you focused on? What has the C-suite made a priority for you?*

Amburgey (Healthways): We are trying to look at the different customer groups or channels in which we provide our services and find the ways to provide them the most complete solution that adds value and demonstrates that. It is difficult because we are trying to prevent illness before it happens. You are selling the absence of a negative instead of the existence of a positive. That is challenging.

Gade (Battelle): My team is working on a high-impact strategy, fully integrated for Battelle. We are relatively young in terms of focusing outwardly in marketing and communications. Getting back to our core mission and vision, we are focused on delivering the innovative solutions that benefit humankind. We really want to be that partner with our clients and help them advance their goals that ultimately reside with the patients receiving tremendous healthcare, the tools and therapies that they need.

Myers (CRT/tanaka): The area over the next six months we are focusing on most with our clients is around community benefit. One thing we haven't talked about too much here is the consolidation going on in healthcare and how that too is impacting reputation and the ability to show your community benefit. Healthcare systems have become very large. They are now crossing over multiple geographic areas. They are moving into markets in which the system isn't as well-known. How do we bring that back to the community in showing the value that healthcare brings?

The other area is just trying to create a relevant conversation with key stakeholders, whether it is on a b-to-b or the consumer side, cutting through the BS and getting down to messages of information and content that is relevant to the people and being there when they want it there.

Tieman (CHA): Our tagline is a passionate voice for compassionate care. We'll be applying that to the super committee work, making sure that Medicare and Medicaid are protected, especially relative to hospitals and beneficiaries, defending the Affordable Care Act, improving it, and explaining it. We will do that to the extent that we can through social media and try to take advantage of that platform even more.

Howser (Vanderbilt): We will continue our message about our capability and what we bring to the table in terms of biomedical research. We will also communicate about the different pieces of healthcare reform as they come into place. We will have to learn a lot about medical homes and accountable care organizations and all of these different terms and how to communicate about these effectively, not only with our internal audience, which is very important for us with a workforce of 18,000, but also to our customers about how these changes might or might not affect things related to their care at Vanderbilt.