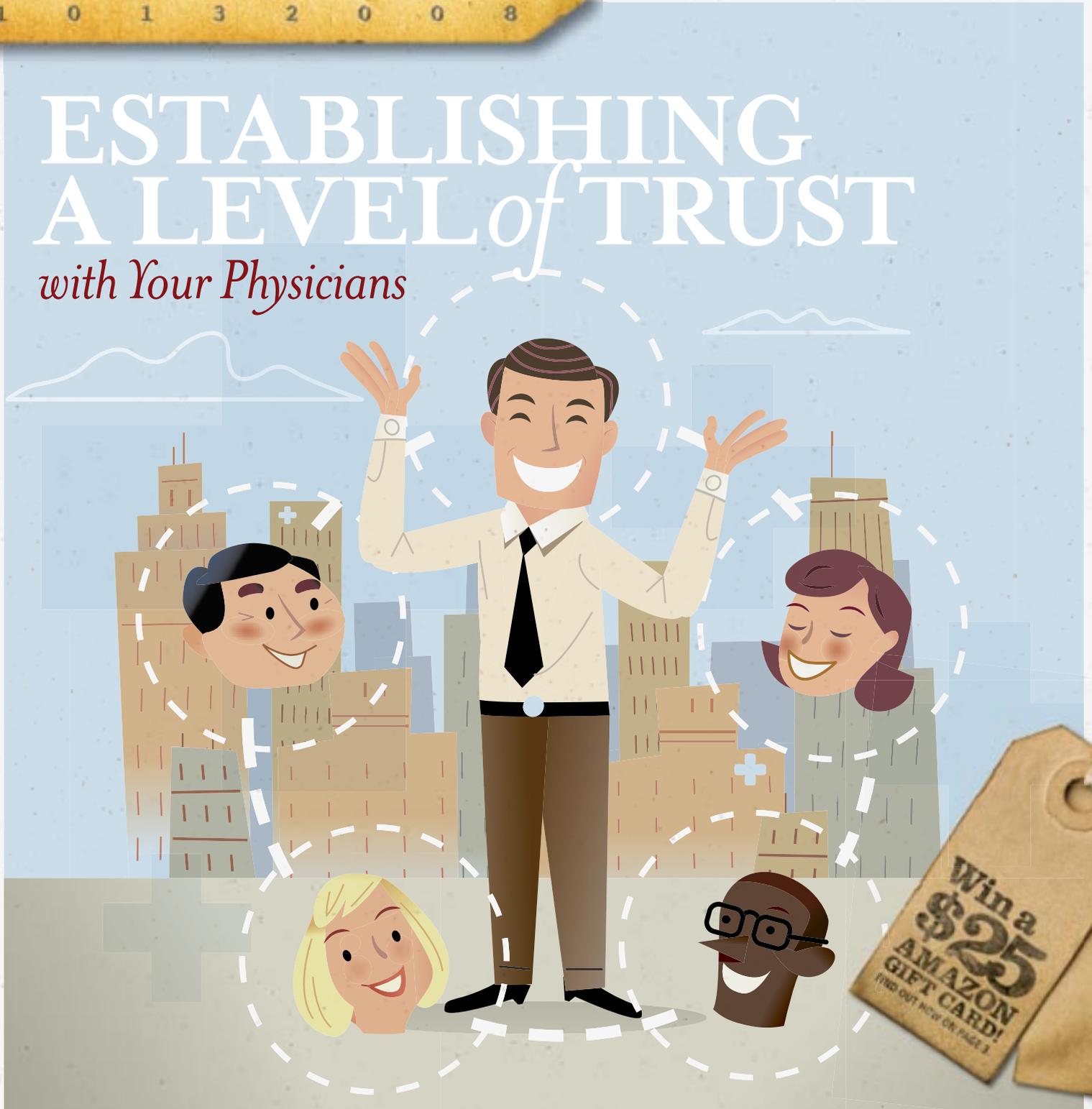


| volume 4 | number 5

**BREATHING NEW LIFE
INTO YOUR HEALTHCARE
MARKETING STRATEGY**

ESTABLISHING A LEVEL *of* TRUST

with Your Physicians



Want More Patients?



Promote your healthcare services and facilities to local physicians and specialists in the pages of M.D. News. Published since 1993 in over 60 major markets throughout the United States, M.D. News delivers the most relevant healthcare news and professional profiles through a network of magazines published exclusively for each local market.

Contact us today and let us show you how M.D. News can help generate patient referrals and create working relationships with some of the most important healthcare professionals in your region.

Contact an M.D. News Publisher Today!

800.545.2362 | Visit us at mdnews.com

FEATURE»»



COVER
»»6
Establishing a
Level of **Trust**



Be sure to check out the next edition—
our special **Accountability Issue**.



4	» It's Not Easy Being Green—or Is It?
5	» Letters to the Editor
6	» Establishing a Level of Trust
8	» An Insider's View
12	» Service Line Series Part 1: Cardiac Services
18	» Passport to Care
21	» New Media
23	» Health Observances Calendar

breathing new life into your healthcare marketing strategy



It's Not Easy Being Green —or Is It?

Consider the average environmentally conscious consumer: they search the Internet, scour stores, and read every magazine out there to ensure the products they use are of the greenest quality. When it comes to their health care, you can bet they will do the same thing. Going green is now a way of life for many consumers, and marketers need to be more cognizant as the trend moves into the healthcare field.

“One thing healthcare marketers need to note about the green audience is they are extremely conscientious about discovering whether or not the company is actually living up to a green lifestyle, making it particularly important to remain honest in your marketing messages.”

—Bibber McCurdy, vice president of publishing at True North Custom Publishing

TODAY, ON AVERAGE, green boomers are more involved and proactive when it comes to product choices than other target audiences. They are not a sit-and-wait crowd. Green boomers are movers and shakers who don't mind researching and learning new ways to be more environmentally friendly. Green consumers talk with others about their lifestyle and the products they see and buy, which makes them a great demographic target for word-of-mouth/grassroots campaigns.

According to a survey from AARP Services and Focalyst, 40 million green boomers use their purchasing power to buy environmentally safe brands each year. Other key findings from the Focalyst report include:

- ▶ **GREEN BOOMERS** watch less television, but spend more time with print media, such as newspapers, magazines, and books.
- ▶ **GREEN BOOMERS** exhibit higher brand loyalty.
- ▶ **GREEN BOOMERS** with an annual income of less than \$50,000 are more “green” than boomers with an income of more than \$150,000.

“Living a green lifestyle is continuing to evolve and become of more interest to people,” says Luke Garro, director of Network Development, partner of Street Attack in Boston, Massachusetts. “Marketers can keep their fingers on the pulse of what these consumers want by constantly researching and gaining knowledge of what is expected by this ever-growing demographic.”

BE KEEN ON GREEN, WITHIN REASON

Marketers must strike a delicate balance when it comes to appealing to green consumers: attract them while not alienating mainstream consumers. The majority of consumers seek to satisfy their own needs

before making concessions for Mother Nature. Instead of marketing to the specific needs of the green crowd, focus on the green trends that everyone can be inspired by, including implementing green products that promote health and safety.

Green Seal, a Washington D.C.-based non-profit organization, provides environmental certification standards for cleaning products that are formulated to contain less harmful chemicals and minimize odors. Many hospitals are switching to glass and multipurpose cleaners, floor strippers, wax, mopping solutions, and air fresheners that are Green Seal-approved. Hospitals also are implementing the use of a new microfiber mop that has a removable, replaceable head, instead of continually dipping the same mop into a bucket of water and potentially contaminating other areas.

“Most consumers, both green and not-so-green, would be impressed to hear of these implementations, not just because they are green, but because of the increased health benefits,” says Garro. “You can tout the health benefits to the mainstream consumer and the green consumer, as well as the environmental benefits to the green consumer. It's a win-win situation.”

Beebe Medical Center in Lewes, Delaware, recently joined the green movement by serving locally grown fruits and vegetables to patients, visitors, employees, and medical staff. The partnership with local farmers isn't breaking the bank, either—the prices are competitive with commercial food vendors.



A new report in the American Journal of Kidney Diseases estimates that non-polluted pre-dialysis water can be recycled for agricultural purposes. The United States is likely to be discarding approximately 7.13 billion gallons of potable water from the dialysis process.

CUSTOM PUBLISHING REVIEW

JASON SKINNER
PUBLISHER

DAVID MCDONALD
EXECUTIVE EDITOR

JIM CASEY
MANAGING EDITOR

ERIC SILBERMAN
CONTRIBUTING EDITOR

J. KEVIN TUGMAN
CREATIVE DIRECTOR / DESIGNER

MITZI BROCK
CIRCULATION MANAGER

MEGAN BRAUNER, JENNIFER CATHEY, BILL COLRUS, HEATHER CRONIN, JESSICA CYPHERS, GABRIELLE FERNANDEZ, MARY ANNE FLOWERS, JENNY POOLE HAVRON, MATTYE LA SUER, DOROTHY PIATT, ELIZABETH HIXSON, ANGELA WILLIAMS
CONTRIBUTING WRITERS

EDDY ANTHONY, MICHAEL SIMMONS
PRODUCTION SPECIALISTS

TRUE NORTH CUSTOM PUBLISHING

DAVID MCDONALD
PRESIDENT AND CEO

ANN PENNINGTON FARMER
CHIEF OPERATING OFFICER

JASON PROVONSHA
VICE-PRESIDENT, BUSINESS DEVELOPMENT

BIBBER MCCURDY
VICE-PRESIDENT, PUBLISHING

ARCIA GALLAHER
VICE-PRESIDENT, OPERATIONS

J. KEVIN TUGMAN
CREATIVE DIRECTOR

TOBY PENDERGRASS
GROUP EDITOR

CPR: HEALTH CARE
EDITORIAL ADVISORY BOARD

SUSAN M. ALCORN
CHIEF COMMUNICATIONS OFFICER
GEISINGER HEALTH SYSTEM

IAN Z. CHUANG, MD, MS, FCFP
VICE-PRESIDENT, CERNER CORPORATION
ADJUNCT ASSISTANT PROFESSOR, UNIVERSITY OF
KANSAS MEDICAL CENTER, SCHOOL OF NURSING

CHRIS EFAW
DIRECTOR OF OUTREACH AND DEVELOPMENT
TIFT REGIONAL MEDICAL CENTER

VICTORIA A. EMMONS, MPA, CFRE
CEO, COMMUNITY HEALTH PARTNERSHIP

JAMES M. GOSS
VICE-PRESIDENT, PUBLIC RELATIONS & MARKETING
CENTRASTATE HEALTHCARE SYSTEM

DAVID JARRARD
JARRARD PHILLIPS CATE & HANCOCK, INC.

MICHELLE SCHAPER
SENIOR PUBLIC RELATIONS & MARKETING
ASSOCIATE, PROVENA HEALTH



True North Custom Publishing, LLC is a member of Sunshine Media Group.

LETTERS TO THE EDITOR

Dear Readers,

WE'D LIKE TO share some of the feedback we've received recently. We love to hear from you, so please continue sending us your success stories, challenges, and any other information you'd like to see included in *CPR*—the magazine for healthcare marketers.



Dear *INCP*,

I just wanted to let you know that I pulled out my old CPR magazines today to help refresh my mind on Web strategy and branding, etc. As usual, it was a very useful tool for me. No other publication provides as much useful healthcare marketing information as CPR! I just wanted to let you know that I appreciate having CPR as a resource. Great job!

*Jessica M. Ulbrich
Marketing and Public Relations Coordinator
Madison County Hospital, London, Ohio.*

Dear *True North*,

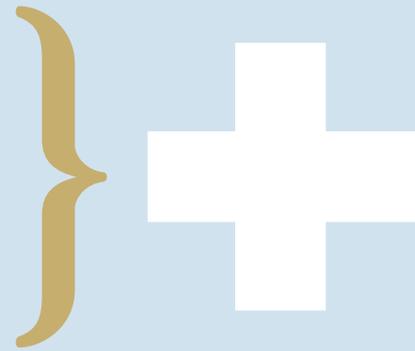
Thank you for providing the latest industry news and strategic marketing solutions through CPR. With engaging content that covers everything from brand identity to strategic planning to customer service, CPR offers innovative ideas and ways to implement new marketing initiatives at my hospital. It is a huge asset in an ever-changing marketing environment.

*Nicole Baxter
Director of Marketing
JFK Medical Center, Atlantis, Florida ★*

COPYRIGHT ©2008 TRUE NORTH CUSTOM PUBLISHING, LLC. ALL RIGHTS RESERVED. *CUSTOM PUBLISHING REVIEW* IS PUBLISHED BIMONTHLY BY TRUE NORTH CUSTOM PUBLISHING, LLC, 735 BROAD STREET, SUITE 708, CHATTANOOGA, TN 37402. POSTMASTER: SEND CHANGES OF ADDRESS TO *CUSTOM PUBLISHING REVIEW*, P.O. BOX 4449, CHATTANOOGA, TN 37402.

TRUE NORTH CUSTOM PUBLISHING IS NOT RESPONSIBLE FOR ANY CLAIMS MADE BY ANY ADVERTISING APPEARING IN *CUSTOM PUBLISHING REVIEW*. DIRECT EDITORIAL CORRESPONDENCE TO EDITOR: *CUSTOM PUBLISHING REVIEW*, 735 BROAD STREET, SUITE 708, CHATTANOOGA, TN 37402; FOR RETURN, ENCLOSE A STAMPED, SELF-ADDRESSED ENVELOPE. ALL MATERIAL SUBMITTED TO *CUSTOM PUBLISHING REVIEW* BECOMES THE PROPERTY OF *CUSTOM PUBLISHING REVIEW* MAGAZINE. NO PORTION OF THIS MAGAZINE MAY BE REPRODUCED IN WHOLE OR IN PART WITHOUT WRITTEN CONSENT OF TRUE NORTH CUSTOM PUBLISHING, LLC. CALL (800) 624-7496 FOR MORE INFORMATION.

ESTABLISHING A LEVEL of TRUST



Follow one hospital's successful journey, rising in the community's perception as it increased market share through strong physician relations.

PHYSICIAN SALES ARE an important aspect of extending hospital branding and increasing community awareness, and proactive marketers can reap long-term rewards for their hospitals. Physician liaisons have been joined by focused physician sales teams who operate as a critical arm in carrying out an administration's coordinated goals, promoting the hospital and its services as well as identifying areas for improvement.

FACILITY RESUSCITATION

Healthcare marketers should not underestimate the impact that strong relationships with area physicians can have on their facilities. A decade ago, Harbor Hospital in Baltimore, Maryland, was in a downward spiral—the number of affiliated physicians was declining, and rumors were circulating in the employee ranks and throughout the community that the hospital would be closing.

Today, Harbor Hospital is a thriving facility known for its commitment to excellence. The hospital has been recognized an unprecedented three consecutive years by the Delmarva Foundation, which bestowed its Excellence Award for Quality Improvement in 2006, 2007, and 2008. Harbor Hospital achieved this honor by measuring 90 percent or above on 11 key measures and maintaining those scores for three consecutive quarters.

"Other hospitals in Maryland are asking us how we were able to achieve such a drastic turnaround," says Robert M. Bunker, assistant vice president of planning and business development at Harbor Hospital. "We are now a destination hospital for cancer care and orthopedics due to the change in how our physicians view us. How did we do that? Sales."

A UNITED FRONT

During the last seven years, Bunker has been knocking down the "silos" that used to be marketing, strategic planning, business development, and physician relations at Harbor Hospital. He began with strategic planning, creating a clear vision of where the hospital wanted to be. Next, he brought in a marketing team to make sure the message to hospital staff, affiliated physicians, and the community was unified. Coordinating with business development, this budding coalition made sure investments were in support of the strategic plan. Finally, the administration worked to ensure physician relations were in line with the strategic plan by listening to feedback, working to break down obstacles, and promoting mutually beneficial service lines.

"With open communication and a coordinated approach to physician relations, the hospital wins, the physician wins, and ultimately the patient wins," says Bunker. "This process allowed us to increase revenue, improve the quality of patient care, and meet the needs of patients in the community we serve."

RECRUITING THE BEST

One of the key drivers in the turnaround at Harbor Hospital has been the recruitment of "marquis" physicians. Focusing on improving orthopedics, the organization wooed John J. Carbone, MD, board-certified orthopedic surgeon and the director of orthopedic spine services from Johns Hopkins Hospital, and recruited top sports medicine specialist Leigh Ann Curl, MD, board-certified orthopedic surgeon. Add to that roster James E. Wood, Jr., MD, FAAOS, board-certified orthopedic surgeon and division chief of orthopedic surgery, who has performed more joint replacement surgeries than anyone in the area, and Harbor Hospital has created a very compelling reason for orthopedic patients to come to them.

Dr. Wood worked with Bunker to identify offices in the area that were sending referrals for surgery but were not yet part of the network. Joining the physician sales team for a visit, Dr. Wood met referring physicians face-to-face as a "thank you." Physicians loved meeting with Dr. Wood, and the visits strengthened the bond with the office and made it more personal.

In another instance, a family member of a patient recommended Dr. Wood, and the referring physician honored the request. Once surgery was complete, the referring physician was so impressed by the clinical expertise evident post-surgery and the ease of interaction between offices, she began referring other patients to Dr. Wood as well.

"All of the sudden, we have an increase in referrals from a new physician," says Bunker. "We follow up with a face-to-face visit with Dr. Wood, and now she is telling her peers. Our attentiveness to referrals has increased knee surgery volume from a number of referring physicians outside our immediate area."

"Physicians have to view the hospital as a partner in their success. Strengthening this relationship with physicians is where many facilities miss out."—Robert M. Bunker, assistant vice president of planning and business development at Harbor Hospital

What Marketers Can Do

As consumers become increasingly savvy about choosing health-care options, healthcare organizations need the strong support of physician sales to drive business and revenue to the hospital.

During the last few decades, the need to foster the symbiotic relationship between healthcare organizations and affiliated physicians has become increasingly clear. Keep in mind up to 80 percent of patients reach facilities' doors through physician referral.

To maximize the benefits of this trend, coordinated marketing to physicians is an important part of any healthcare marketer's toolkit. Keeping your organization's individual strengths in mind, here are some established strategies to consider when accomplishing your physician sales aims.

SUPPORT PHYSICIAN SALES TEAMS—Trained professionals with clear objectives and focus can reach out to affiliated and unaffiliated physicians, keeping lines of communication open, solving problems, and promoting the healthcare organization's most impressive service lines.

GET MANAGEMENT INVOLVED—Consider the impact of an administrator who can manage operations, human resources, and financial issues while addressing weaker referral sources and strengthening the active ones.

RECRUIT AND RETAIN PHYSICIANS—Embrace aggressive recruitment campaigns as part of your role and respond quickly to inquiries. Place compelling recruiting messages on your Web site and have scripted tours for site visits at the ready.

SHOWCASE YOUR PHYSICIANS—Physician-centered marketing and communications campaigns can be approached a number of ways:

- ▶ Highlight your physicians in custom community magazines, newsletters, and mailers.
- ▶ Provide online directories and referral services for physicians.
- ▶ Include physician-centered articles online.
- ▶ Pursue physician interviews in other media, such as radio and television.
- ▶ Feature physicians in educational seminars and workshops.
- ▶ Use physicians in advertising campaigns.
- ▶ Promote physician-driven service lines.

TALK TO YOUR DOCTORS

When Bunker arrived at Harbor Hospital, he found four separate groups—attending physicians, administration, nursing staff, and residents—with limited effective communication. One of his first goals was to engage physicians, asking them three things that would make Harbor Hospital a better place to practice. Listening to physicians, working to fulfill their requests, and letting them know the reason if a change could not be made built trust and laid the groundwork for greater cooperation.

“A physician responded to my question by stating that the physician's lounge did not have paper toilet seat covers while the women's room did,” says Bunker. “The next time he checked, the physician's lounge was stocked. He treated me like I walked on water after that and began bringing me real issues to solve.”

BECOMING A HEALTHCARE PROVIDER OF CHOICE

As with any sales venture, it can be a challenge to get your foot in the door. Physician offices are bombarded daily with sales teams representing a number of related industries, so creativity is helpful when structuring an approach. Knowing the specific needs of an office is a particularly good starting point.

For example, if rheumatologists are in high demand, office managers will listen to a proposal that reduces their difficulties in that area. If your organization can offer rapid scheduling or a complete package of coordinated care that includes rheumatology, you have their ear if not their future referrals.

“Above all, don't promote what you can't deliver,” says Bunker. “The most successful physician sales teams know the healthcare organizations' strengths and services inside and out. Responding to physicians' concerns with quality services builds trust and revenue for the organization and the physician.”

For more information about how True North's services can supplement your successful physician relations efforts, call Bibber McCurdy, vice president of publishing at True North at (800) 624-7496.





An Insider's View

WITH SPEAKERS

INCLUDING Sen. Orrin Hatch (R-Utah), Rep. Dave Camp (R-Michigan), Sen. John D. Rockefeller IV, (D-West Virginia), and Rep. Diana DeGette (D-Colorado), the two-day conference was packed full of information about the intersection between public policy and health care—and how that intersection can impact every healthcare worker, including hospital marketers.

Working in the healthcare field, I understand that most marketers are already familiar with the politics of health care. However, it may be fruitful to consider the commonalities that all the speakers, regardless of their political affiliation, touched on during the conference. According to presenters, the fundamental challenges to our system include:

- ▶ getting uninsured Americans covered

- ▶ the rising costs of care
- ▶ the quality improvement of available health care.

WHAT ARE WE MISSING?

With an issue as broad and all encompassing as the intersection between politics and health care, it's no wonder that members of the conference audience felt some issues have been falling through the proverbial cracks.

- ▶ To hear candidates tell it, a brave new era is afoot. On one side: a surrogate government system attempting to stem the crevasses of a fragmented private market. On the other side: a strengthened private marketplace and incentive-driven consumer—self-reliant, informed, and insured.
- ▶ To hear legislative committees of congress tell it (albeit in very different ways depending on the speaker), you hear reform

built on more incremental change with very different solutions for what everyone sees as common causes.

A GREATER NEED FOR PREVENTIVE CARE

Considering that as much as 70 to 85 percent of the current Medicare bill is for chronic disease management, as part of any reform agenda, healthcare marketers will be tasked with carrying the message of preventative wellness.

This opens the door for hospitals—and those marketing their message of healing—to begin examining the availability of community wellness programs. Teaching people to take care of their bodies can decrease the risk of heart disease, diabetes, and stroke. It can also position your hospital as a leader in the move against costly chronic health issues.

PUTTING IT TOGETHER

In listening to audience members at the conference, you hear a very common refrain: heedy congressional rhetoric ignores fundamental challenges to reform. Outside of what is evident on the surface, there are the considerations of the pharmaceutical, health insurance, and American Medical Association lobbies and their interest in driving the agenda.

Despite the fragmentation of opinion, all of healthcare's stakeholders see common challenges—the uninsured, rising costs, and quality. How will congress, think tanks, industry associations, and candidates respond to these issues? Only time will tell.



Presidential Health 101

As we look forward to the elections in November, *CPR* is offering you a refresher course in Candidates and Healthcare 101.

Eric Silberman, contributing editor for *CPR*, attended Health Reform & the 2008 Elections: What's Ahead for Health Care, Access, Delivery and Finance? in Washington, D.C. on July 10 and 11. Here's his recap of the conference and a review of the issues that could impact healthcare marketers.

In previous issues of *CPR*, we've taken an in-depth look at each presidential candidate's plans for health care. While it's not likely that either John McCain or Barack Obama's healthcare plans will be realized in full during the average length of a stay in the Oval Office, it's important to understand the details of both plans.

BARACK OBAMA'S BIG PLANS

If you're looking for a traditional universal healthcare plan, you won't find it here. Instead, Obama wants to offer complete coverage for America's children, and an option for America's adults to receive affordable healthcare coverage through Medicare, Medicaid, or a National Health Insurance Exchange.

Regardless of how much of Obama's healthcare plan actually comes to pass if he is elected, most experts agree he would bring some form of increased regulation to health care, including reimbursement packages for healthcare professionals willing to practice in underserved areas. Community education initiatives will also take center stage at your hospital.

JOHN MCCAIN'S REFORMS

Transparency will become a must if John McCain wins office. Because McCain's plan places a very high emphasis on the value of healthcare procedures, insurers and the insured will want to know as much information as possible about the procedure itself, the quality of the procedure, and the value of the procedure as it relates to the patient's overall health. The portability of insurance across state lines and its transparency will, in theory, increase competition and drive the cost down, which will allow more people to be covered. In this situation, healthcare marketers will need to begin thinking like more traditional marketers.

Instead of marketing your products and service lines with your usual techniques, you might want to begin thinking like a marketer selling luxury goods or services.



What Do People Want to Hear?

Considering all the conflicting opinions popping up in the media nowadays, it's difficult to decipher exactly *which* issues the average American would like to see addressed in the election and beyond.

A recent poll appearing in the July issue of *Modern Healthcare* may shed some light on the subject. The Henry J. Kaiser Family Foundation conducted a survey and asked participants what healthcare issues they would most like to hear the presidential candidates discuss. The results showed:

- ▶ 51 percent wanted to hear more dialogue about making health care and insurance more affordable.
- ▶ 22 percent want to hear solutions for expanding coverage for the uninsured.
- ▶ 7 percent want to reduce the total amount of money spent on health care.
- ▶ 4 percent want to reduce spending on government programs.



ROI: Answering the Call

Thanks to the rise of call centers, healthcare marketers' return-on-investment nightmares are a thing of the past. The only thing left now? To decide whether to field your calls in-house or send them outside.

SINCE THE BEGINNING of time, or at least since the concept of consumerism first rooted itself in modern health care, one of the greatest challenges hospitals have faced is how to measure the return on investment (ROI) of their marketing measures. Unlike other consumer goods, the "sale" of patient care services can be difficult to quantify—after all, no one wants to get sick, and selecting a hospital is somewhat different from choosing a brand of toothpaste or deciding where to go for lunch. Yet, due to tightened hospital budgets and a need for accountability of community resources, ROI measurement has become an increasingly important aspect of the healthcare marketing discipline.

A HOSPITAL'S VOICE

Fortunately, in today's business-savvy and consumer-driven world, numerous tools are available to healthcare marketers to evaluate the ROI of their marketing endeavors, and the greatest of these is an instrument many healthcare marketers already have at their disposal—the call center.

"Just as the emergency room has often been called a hospital's 'face,' the call center is now its 'voice,'" says Deborah Kenemer, interactive marketing director of Community Health Network in Central Indiana. "Call centers can be a valuable source of medical information for communities and often serve as a hospital's first touch point with consumers. In this way, call centers often help form a patient's first impression of a hospital—which may impact the patient's decision to use the hospital's services in the future—as well as help marketers measure ROI by tracking patient data."

THE EVOLUTION OF THE CALL CENTER

From its beginnings as a basic phone-answering operation, today's well-designed call center has evolved into a customer interaction center that has accountability built into its very core. Sophisticated software allows call center operators to gather important demographics on each caller, which enables hospitals to trace consumers' reasons for calling and match callers' needs to the institution's programs. In this way, the results of hospitals' marketing campaigns are apparent, and the income generated from these endeavors can easily be compared to related marketing expenses.

**New Proof-of-Performance
System Now Available!**



TRUERESPONSE

True North now offers TrueResponse, a robust call-tracking and data-reporting solution. For more information, call Director of Marketing and Product Development Jason Skinner at (800) 624-7496, ext. 136 or e-mail jason.skinner@truenorthcustom.com.

“For the smoothest ride when you’re starting a call center, the best thing to do is to find someone who has successfully started a call center in the past and go over standard operating procedures with them. Starting a call center isn’t always simple, but it will be well worth your time. I have talked with numerous healthcare organizations that consider the call center to be one of the most cost-effective ways to get new patients into the hospital, as well as to measure ROI.”

—Peter DeHaan, editor and publisher of *AnswerStat* magazine

“Whether in-house or outsourced, call centers have proven themselves time and time again to help both large and small hospitals improve patient satisfaction and measure ROI,” says Marti S. Van Veen, vice president of Call Centers Operations for HCA Florida. “The only debate, then, is which set-up will work best for you.”

THE IN-HOUSE VS. OUTSOURCE DEBATE

HCA Florida is group of more than 40 hospitals located throughout the state of Florida that established their first in-house call center in 1989. Initially designed as a marketing outreach for a few HCA hospitals in Southwest Florida, the ‘Consult-A-Nurse’ program and Health Care Referral Call Center has since grown to providing physician referral, event registration, and health information services for more than 50 HCA-affiliated hospitals throughout the country.

“The goal of our call center is to provide information and assistance to callers, which in turn can help increase patient volume at our hospitals,” says Van Veen. “Due to the economies of scale of working with a large organization like HCA, it makes sense for HCA to run an in-house call center, but there are advantages and drawbacks to both in-housing and outsourcing, and what has worked for us may not work for everyone.”

THINGS TO CONSIDER

So what factors should a healthcare marketer consider when thinking about ROI measurement and whether to in-house or outsource their call center? Here are just a few things to keep in mind.

- › **Control.** How much control do you want to maintain over your call center? If keeping a tight rein on your call center’s staffing and operations is high on your priority list, an in-house call center may be the way to go.
- › **Overhead.** A clear advantage to in-house call centers is that overhead for the center is often already provided for by the hospital.
- › **Staffing.** Most call centers are staffed 24/7, and due to the unpredictability of calls, it can be difficult to know how many customer service representatives an in-house call center will need at any given time. In addition, in-house call centers often experience high turnover and hospital representatives may provide only basic service, whereas outsource call center

representatives are specially trained to offer the epitome of customer service in an environment that is continually being monitored and critiqued.

- › **Supporting Structure.** Whether in-house or outsourced, a call center needs to be closely connected to a healthcare organization’s marketing department to be effective—a call center is only as good as the information it is provided by its healthcare marketers. In addition, every marketing campaign needs to be directly tied to the call center for accurate ROI measurement.
- › **Technical Support.** To track patient data for ROI measurement and ensure equal representation in physician referrals, in-house call centers must purchase specific call center software. It’s also important to locate a phone vendor in your area that can support the technology and telephone services you will be using in your call center.

“Before you decide which set-up will work best for you, it’s a really good idea to visit other call centers to see what they’ve done,” says Kenemer. “Especially if you’re considering outsourcing your calls, watching the operation’s day-to-day activities will show you how your calls will be handled and help you make the best decision about whether or not the call center is a good fit for you and your organization.”

For more information on ROI tools, trends, and techniques, don’t miss the upcoming issue of *CPR*—our annual **Accountability Issue**.

Determining ROI

In determining ROI, a hospital takes the average dollars per call received (income) and subtracts:

- › The cost to reach the patient—how much was spent on the marketing/advertising effort that generated the call into the center.
 - › An allocated cost for operating the call center.
 - › The costs of providing care to patients once they are hospitalized. Typically this ranges from 35 to 80 percent of gross charges.
 - › A predetermined percentage of new patients who would have to come to the hospital without any driving marketing efforts. This number is often determined by using the hospital’s share of market according to the most recent marketing studies available.
- Once these numbers are calculated, the hospital can determine if a specific marketing campaign attracted enough profitable business to make the campaign worthwhile and where to best spend their dollars next time.

Cardiac Services

FOR THE NEXT SEVERAL ISSUES OF CPR, WE WILL TAKE AN INSIDE GLANCE AT THE BENEFITS OF VARIOUS SERVICE LINE MARKETING PUBLICATIONS. IN THIS FIRST ARTICLE IN THE SERIES, MARKETING DIRECTORS FROM THREE HOSPITALS DISCUSS THEIR EXPERIENCE WITH PRODUCING CARDIOVASCULAR-SPECIFIC MARKETING PUBLICATIONS.

FOR PINNACLEHEALTH, a healthcare system in Central Pennsylvania, a service line publication was a perfect fit. After beginning with a community publication, *Peak of Health*, the marketing department at PinnacleHealth responded to reader feedback by expanding their marketing strategy to include multiple service line-specific publications.

“We started with a general community newsletter that featured our array of services, like most marketing departments probably do,” says Lisa Henry, director of marketing for PinnacleHealth. “With that newsletter, we were hearing from people within the community who were interested in reading more about cardiac issues, so we decided to take the next step and promote that product line. By adding service line publications, we weren’t taking attention away from our community newsletter but were instead reaching a number of different audiences with our message.”

PinnacleHealth began publishing *Straight from the Heart* in the summer of 2005 and has since added two more service line publications—*Prime*, for women ages 18 to 45, and *Empower*, for patients with diagnosed neurological conditions.

“These publications seem to benefit our community almost more than they do for PinnacleHealth itself,” says Henry. “Not only are we able to inform the community about our services and facilities, but we also are helping people within our community become truly informed consumers. These publications are a win for both the hospital and the community.”

PROMOTING EXPERT CARDIOVASCULAR CARE

Highlighting the hospital’s expertise to referring physicians is an important facet of cardiovascular service line publications. Such is the case with Valley Health’s *All Heart*, an eight-page, physician-gear magazine that is mailed to more than 2,000 area physicians on a quarterly basis.

“Cardiovascular diseases are some of the leading medical concerns of many Americans,” says Carrie B. Brooks, marketing manager for the Heart & Vascular Center at Winchester Medical Center and editor of *All Heart*. “Therefore, it is very important to our physicians that Winchester Medical Center produce a magazine to educate referring physicians on the services provided by the Heart & Vascular Center. Referring physicians look to the magazine to find out about new services and technologies and are more likely to refer their patients to our facility.”

HCA’s East Florida division chose to spread the word about expertise in cardiovascular services to a physician audience as well. HCA East Florida produces a cardiovascular journal that is “versioned”—or customized for each facility—for five affiliate hospitals and sent out to more than 20,000 targeted physicians in the East Florida region. These physicians encompass not just cardiologists but also specialists in internal medicine, family practice, and pulmonology.

“The publication was developed at two HCA cardiac hospitals—Westside Regional Medical Center and JFK Medical Center,” says Michelle F. Marsh, MHSA, director of marketing and business development at Westside Regional Medical Center and Plantation General Hospital. “The publication became so popular that all five of our cardiac hospitals decided to join together to create a multi-version journal. This journal highlights some of the new and exciting medical and surgical techniques and technologies offered at our facilities to create awareness among our medical community.”

Alternately, some marketers choose to promote their cardiovascular services to a broader community audience. PinnacleHealth’s *Straight from the Heart*, for instance, garners community attention to a variety of subjects from preventive strategies to patient success stories.

V2N2



Advances in the Treatment of Heart Failure

Recognized as one of the 2007 Thomson 100 Top Hospitals® in the nation for cardiovascular care, JFK Medical Center is also a Certified Chest Pain Center, Comprehensive Stroke Center, and Cardiac Alert Receiving Facility—all part of being the largest and most experienced emergency care facility in Palm Beach County.

The Thomson criteria included analyzing patient outcomes for treatment of congestive heart failure, heart attacks, bypass surgery, angioplasties, and other coronary interventions. The 100 Top Hospitals selected delivered high-quality, highly efficient, and cost-effective heart care, while also managing a far greater volume of cardiac patients than their peers. The greater volume extended to an average of nearly 60 percent more coronary artery bypass graft (CABG) procedures and percutaneous coronary interventions (PCIs).

The recent major expansion of JFK's 24-hour Emergency Department and recognition as the county's first facility to be fully accredited by the Society of Chest Pain Centers indicate the medical center's continual commitment to improving response to acute coronary syndrome.

"Our objective is to improve the treatment of an ever-increasing population of patients presenting with congestive heart failure," says Robert Chait, M.D., F.A.C.C., Medical Director of Cardiovascular Services and Associate Director of the Internal Medicine Residency Program at JFK. "We set out to do this by constantly enhancing our technological capabilities and by bringing together the best medical team possible to

provide both acute and chronic cardiac care in accordance with established professional guidelines and best practices."

"TandemHeart® can be used both to support patients in cardiogenic shock or as a treatment during high-risk coronary interventions."
— Robert Chait, M.D., F.A.C.C.

TandemHeart® Assist Device

The advanced treatment approaches offered at JFK now include the use of a new percutaneous ventricular assist device, the TandemHeart®. This implantable mechanical circulatory support is a left atrial-to-femoral artery bypass system with a pump capable of delivering flow rates up to 4.0 liters per minute. "This high-tech device is an improvement over the previous ventricular devices," says Dr. Chait. "It should enable our surgeons and cardiologists to salvage and treat our sickest patients and, hopefully, will even support them until a cardiac transplant can be arranged!"

For more information about The Heart and Vascular Institute, call (800) 848-9809.

Robert Chait, M.D., F.A.C.C.

Robert Chait, M.D., F.A.C.C., Medical Director of Cardiovascular Services and Associate Director of the Internal Medicine Residency Program, is an attending cardiologist on staff at JFK Medical Center. Additionally, he is Assistant Clinical Professor of Medicine at Florida Atlantic University School of Medicine and the University of Miami.

In This Issue

- 1 Heart Failure Treatment
- 2 Unstable Angina
- 3 Data Transparency
- 4 Vascular Disease
- 6 Women and Heart Disease
- 8 Cardiac Catheterization



"Our cardiac publication has been well received by the public," says Henry. "We rarely get calls from people in the community to be taken off our mailing list. Instead, we often have people who have picked up the publication in one of our offices and want to start receiving it at their homes."

THE INFORMATION IS ALL INSIDE

Depending on the target audience, topics featured in cardiovascular journals will vary. What doesn't vary, however, is the ability to delve more in-depth into topics than a standard community publication would generally allow.

"The size and specialization of a cardiac publication allow us to round out the information we provide the public," says Henry. "We try and do at least one new technology or service story per issue and marry that with information about wellness and prevention. You can throw in a nice healthy recipe as well for readers to try. No matter what you feature, a cardiac service line publication allows you to focus more on cardiovascular care than a community publication ever could. That's a service we can provide for the community."

Interested in starting a service line publication for your hospital? To learn how True North can be instrumental in the success of your publication, e-mail info@truenorthcustom.com

ENJOYING THE BENEFITS

ESTABLISHING A SERVICE line publication can provide your hospital with a number of tangible benefits, according to Misa Ankar, publisher at True North Custom Publishing. These benefits can vary depending on the service line being highlighted, but in general, here are some of the ways to take full advantage of a service line publication:

ENCOURAGE PHYSICIAN INVOLVEMENT—Everyone wants to be appreciated, and physicians are no exception. Service-line publications allow a hospital or healthcare system to highlight the strengths and specialties of physicians on staff.

"Service line publications serve as a tool to get physicians and other medical staff more directly involved in meeting marketing objectives for the hospital," says Ankar, whose role includes managing production for HCA East Florida's cardiovascular journal, with versions tailored to five hospitals. "One of the biggest tips I can give to hospitals looking into producing a service line piece is to involve the physicians from the start, so they feel they have a hands-on role in the publication."

ESTABLISH YOUR PHYSICIANS AS THE EXPERTS—By focusing a publication on a single service line at a hospital, the message of the publication highlights the hospital as the expert location for that particular service.

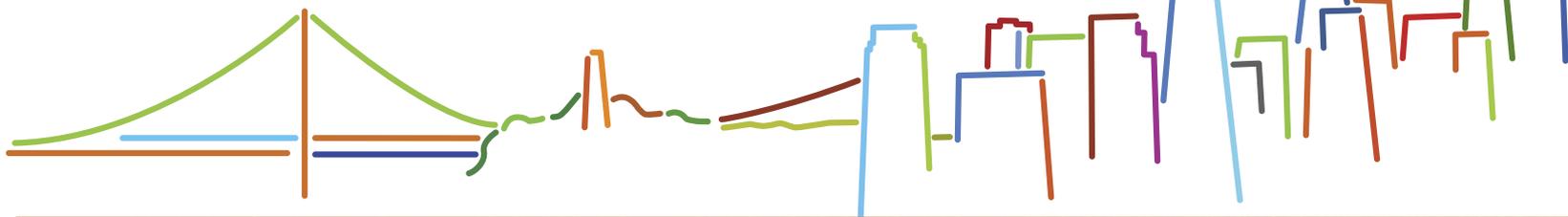
"When a physician or a member of the community looks at a service line publication, what that publication says is 'We are the specialists,'" says Ankar. "The publication establishes that the hospital is going to be the best in the area at a specific type of medical care."

GO TO GREATER DEPTHS—In a standard community or physician-specific publication, space is limited. Articles often can barely scratch the surface of a topic in the small amount of allocated words. With a service line publication, you have an entire magazine devoted to the specific subject, so probing the topic more in-depth is possible.

"With a service line piece, you have the ability to focus on nearly every aspect of the service provided by the hospital," says Ankar. "Rather than having to quickly explain a procedure in a few words, physicians can explain a particular technique or the reasoning behind the need for screenings, for example, in greater detail."



SOCIETY FOR
Healthcare Strategy & Market Development™
of the American Hospital Association



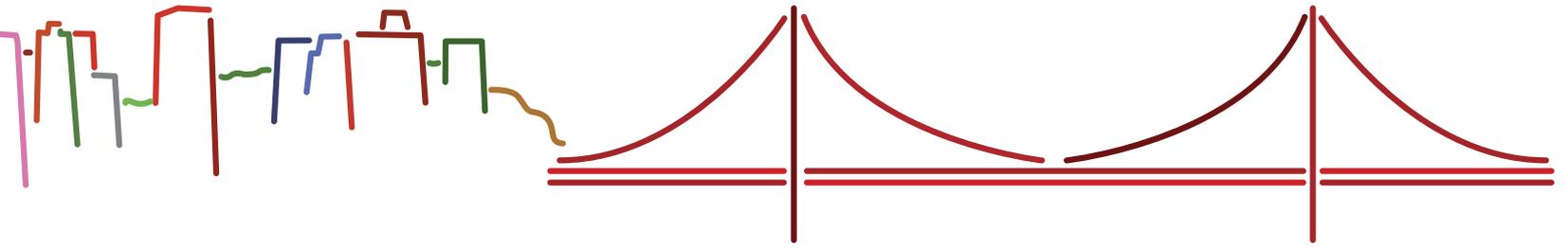
SHSMD²⁰⁰⁸ Snapshot



SAN FRANCISCO, CALIFORNIA, was the site for the Society for Healthcare Strategy and Market Development's Annual Educational Conference and Exhibits on September 17-20, 2008. The city known for its diverse cultures and a high-tech industry was a fitting backdrop for the annual gathering, which offered healthcare marketers insights on an array of hot-button topics—including how to use the Internet to communicate with changing demographics.

Crittenton Hospital Medical Center Chief Strategy Officer Michelle L. Hornberger and Marketing Director Mark McDowell with True North Managing Director of Business Development Eric Silberman

“I VALUE AND APPRECIATE THE SOCIETY FOR HEALTHCARE STRATEGY AND MARKET DEVELOPMENT FOR ITS EFFORTS TO ELEVATE MARKETING'S POSITION WITHIN THE ORGANIZATION. AT MANY HOSPITALS, MARKETERS ARE THE ONES WHO ARE FREQUENTLY TOLD TO JUST ‘GIVE ME SOMETHING GOOD.’ IN HEALTH CARE, THERE ISN'T ALWAYS THE SENSE THAT MARKETING IS A TOP-LINE DISCIPLINE THAT FEEDS REVENUE LIKE IT DOES IN OTHER INDUSTRIES.” — Bill Sonn, Director of Marketing and PR, University of Colorado Hospital

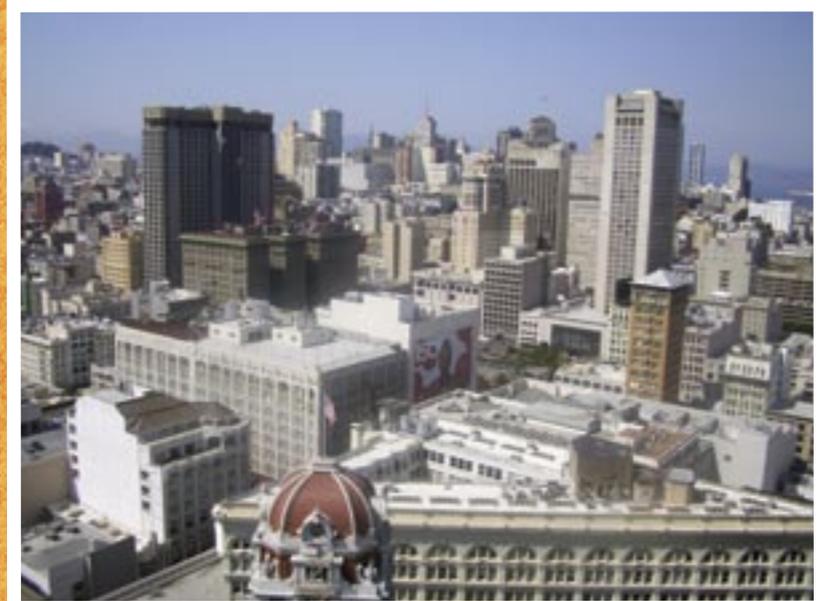
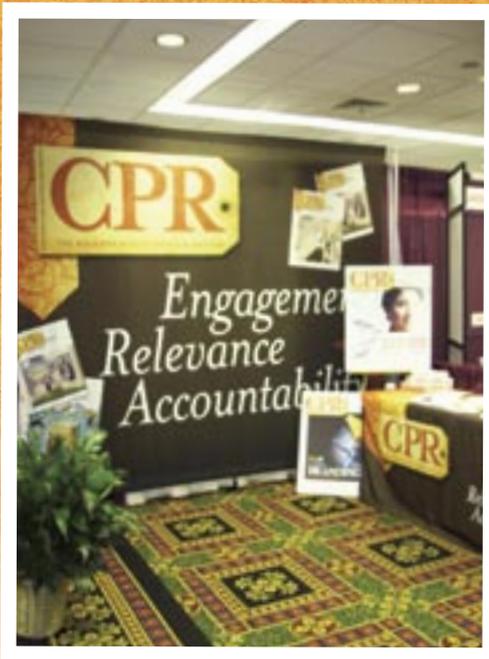


SHSMD Stat:

The average ED patient experience lasts 4 hours (an increase of 18 minutes from 2006). The average time spent in the ED increases by 30 minutes for every additional 10,000 patients seen annually.

SESSION: "STRATEGIES TO REDUCE ER OVERUTILIZATION"

Above:
2008 SHSMD
President David
L. Marlowe and
University of
Kentucky Service Line
Marketing Director
Tanya J. Wray



Sights and Sounds

from SHSMD



SHSMD Stat:

66 percent of women feel that healthcare marketers don't understand them.

SESSION: "A FRESH OUTLOOK ON MARKETING TO WOMEN"

COULDN'T MAKE IT to San Francisco? Let *CPR* bring you up to speed. Here are just a few of the intriguing insights, ideas, and commentary shared by speakers during the 2008 Society for Healthcare Strategy and Market Development Annual Conference.

"To be successful, healthcare marketers must start getting inside the skins of those people who will actually be reading our messages. We're in the midst of a healthcare revolution. It's no longer good enough to simply throw out a few ads and hope women respond. They want to have an ongoing conversation with your hospital—and it's up to us as marketers to create and continue that conversation."

Lisa McCluskey, MBA,
Vice President, Marketing Communications
MEMORIAL HEALTH CARE SYSTEM, CHATTANOOGA, TN

other words, be in the present. Also, when attending a business meeting keep in mind that the positions of least influence at a table are the four corners; by sitting there, you are in essence putting yourself out of sight and out of mind. All of these nuances have a composite effect on positioning ourselves for success."

Geri Evans, President
EVANS PR GROUP

"You always know about two years before the Republican primary who will be the party's nominee. It's always the oldest white guy in line."

Paul Begala, political consultant, CNN commentator, and former advisor to President Clinton

"No matter how busy you are, always give yourself and others the gift of your presence. In

"When it comes to the Gen Ys, it's basically the have and have-nots. Some are barely eking out a living; some are experiencing a transference of wealth. You have to learn how to market to both by communicating with them in ways that are completely different—including the use of Web tools like Facebook, Twitter, and others. If you're not on Facebook, then you're not marketing to Gen Ys—or even to Generation X."

Greta Sherman, Senior VP,
Healthcare Strategy
TMP WORLDWIDE
ADVERTISING &
COMMUNICATIONS, LLC



"Technological advancements haven't just impacted the way we treat and heal patients, they have radically changed how we must market to them. Customers are shopping and engaging companies via multiple channels and developing more control over receiving messages. A single touch point no longer motivates them. Digital media is mainstream. Effective marketing strategies today mandate an integrated approach that addresses the ever-increasing importance of the digital world and the power of the new consumer at all points of brand contact."

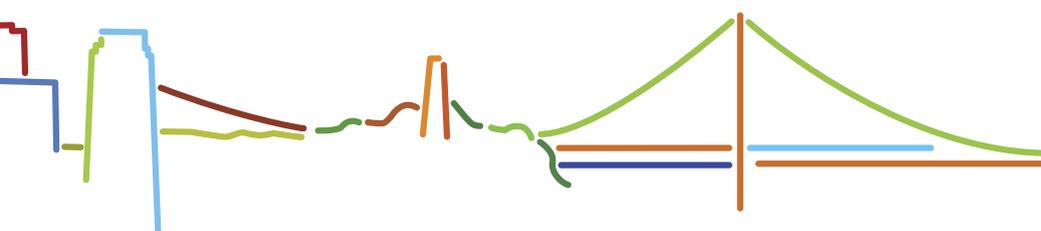
Pamela Henderson, Chief Marketing Officer
ST. JOSEPH MERCY OAKLAND HOSPITAL, PONTIAC, MI



SHSMD Stat:

For most women (76.3%), the selection of a provider for pre-natal care is more important than the selection of a hospital for delivery. Most women (76.3%) also have an ob/gyn they use for routine gynecological care, and the majority (58.5%) stay with that provider when they become pregnant.

SESSION: "WHAT WOMEN WANT: HOW TO FILL YOUR OB BEDS"



True North Business Development Executive Jeff Craig and Barton HealthCare System (South Lake Tahoe, CA) Marketing Specialist Angela Moniot



QA

The View from the Top

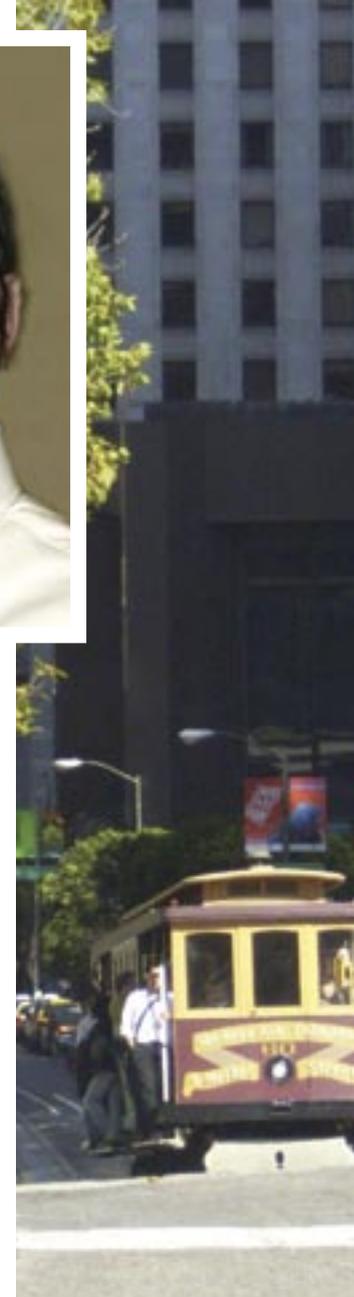
2008 SOCIETY FOR Healthcare Strategy and Market Development President David L. Marlowe, principal, Strategic Marketing Concepts in Ellicott City, Maryland (right), took a few minutes during the annual conference to share his views on the challenges facing healthcare marketers—and how SHSMD is equipping members with the resources to successfully overcome them. Marlowe also spoke candidly on the U.S. political climate and how the 2008 election could impact the healthcare industry.



- ▶ **CPR:** *What are your goals as SHSMD president?*
- ▶ **DM:** My goals are to continue our strategy of expanding member benefits and ultimately making the organization more valuable to those we serve. The recent increase in membership rates reflects the fact that we're accomplishing those goals, as we're now up to 4,800 members. Our goal is to reach 5,000 members by the end of 2009.
- ▶ **CPR:** *What is one of the major challenges facing today's healthcare marketers?*
- ▶ **DM:** One of the primary challenges is that marketers are being asked to produce more return on investment for their efforts. There's also the issue of expanding the concepts of marketing, because it's no longer just about communication; today's marketers are beholden to the global strategies of their organizations and therefore need to be well versed in planning issues, legal implications, HIPAA, reimbursement, and other relevant issues to be successful.
- ▶ **CPR:** *How is SHSMD helping its members meet those needs?*
- ▶ **DM:** Our goal is to provide the information, resources, and specialized services to make members successful in what they're doing. That's our mission—and judging by the increase in membership, we're achieving that goal.
- ▶ **CPR:** *How has healthcare marketing changed since you got involved?*
- ▶ **DM:** In some ways it hasn't changed. We're still dealing with many of the same issues we were 30 years ago—like patient satisfaction, Medicare reimbursement, and physician relations—there's just different terminology used to describe them. The key difference is that now these issues are much more acute. Today you've got hospital administrators worried about going out of business, which means marketers have to play a role in facilitating the overall business strategies of an organization.

- ▶ **CPR:** *In your perspective, how do you see the election shaping up in regards to health care?*
- ▶ **DM:** In light of the current economic crisis, I'm afraid that the overall healthcare issue has perhaps dropped a notch or two on the current political horizon. That will change, however, and whichever party wins the White House will have to deal with the ongoing challenge of the uninsured and funding the healthcare system. At the end of the day, neither party lacks ideas to solve the issues—whether its distributing vouchers, expanding Medicare, or other proposed solutions. The primary challenge remains the lack of clear consensus on how to pay for it all.

In my honest opinion, if the Democrats get elected we are more likely to see more significant changes to the healthcare system, but my gut tells me that there won't, in the end, be any radical changes in what we are doing right now. No matter who gets elected, I'm optimistic for the future because while the healthcare system is certainly impacted strongly by economic issues, it is an essential part of our society.



SHSMD Stat:

Primary Source of Information On the Quality of Hospitals

- Personal Experience 42%
- Word of Mouth 27%
- Family or Friends 21%
- Doctor's Offices 20%

SESSION: "MARKETING QUALITY: STRATEGIC IMPLICATIONS AND OPTIONS FOR PROVIDER ORGANIZATIONS"

PASSPORT to CARE

Though it's no longer considered news when patients travel to India for their hip replacements or Thailand for their triple bypass surgeries, the way they're paying for the procedures is: Today, some health insurance plans are either picking up the tab for medical tourism or considering pilot programs that would make this an option for consumers.

ACCORDING TO THE American Medical Association (AMA), at least 150,000 Americans traveled internationally in 2006 for their medical care, and experts estimate that between 350,000 and 550,000 more would consider making the journey if their insurance providers would cover the costs. With international medical procedures costing just a fraction of what procedures in America cost, a growing number of insurance companies are agreeing to pay part—if not all—of the bill for medical care abroad.

“Global health care itself isn't new, because uninsured and underinsured people have been crossing borders for decades to receive more affordable and more accessible health care,” says Renee-Marie Stephano, chief operating officer for the Medical Tourism Association, an international non-profit organization designed to promote high-quality international care. “What we're seeing now, however, is that employers are demanding more affordable healthcare options through their insurance plans for their employees, and major insurance companies—including some divisions of Blue Cross Blue Shield, Assurant, and United Healthcare—are listening.”

MAKING IT VIABLE

In 2007, BlueCross BlueShield of South Carolina launched Companion Global Healthcare, Inc., a BCBS subsidiary established to address the needs of employers wanting to offer medical tourism options as part of their health insurance coverage. Since that time, Companion Global Healthcare has seen an exponential increase in the number of employer groups contacting the company to learn more about changing their benefits to make it financially viable to travel abroad for care. By offering lower-cost options, the employer will benefit from lower-cost health care, and patients will save money on their co-payments.

“Why would a member with a \$250 deductible get a passport, buy a plane ticket, and travel 24 hours from South Carolina to Thailand for surgery? They wouldn't, and global health care or medical tourism really isn't for that patient,” says David Boucher, president and COO of Companion Global Healthcare. “However, when you look at a member whose employer will pay 80 percent of an in-network procedure, 60 percent of an out-of-network procedure, or 100 percent of a procedure at a Companion Global Healthcare-affiliated

hospital, then that's where healthcare globalization really becomes a viable option.”

STAYING SAFE

However, the difference between viable and safe can be a huge concern for patients, insurers, and American healthcare providers. American medicine has long been considered the “gold standard” of medical care, and physicians and hospitals in this country worry that those who seek discounted medical services elsewhere may just end up with care that doesn't meet the same safety or quality standards that have been established in the United States. As a result, many feel that it will be the responsibility of American physicians to “clean up the mess.”

In June of 2008, the AMA issued its first guidelines for both American residents who participate in medical tourism and the employers who are willing to cover this type of care through insurance programs. The AMA recommended these steps for insurers to make medical tourism as safe as possible:

- insurers and employers shouldn't limit referrals for treatment or diagnostic tests
- insurers and employers should consider the necessary follow-up care patients will receive when they return home.

“Medical tourism is a small but growing trend among American patients, and it's unclear at this time whether the risks outweigh the benefits,” says J. James Rohack, MD, president-elect of the AMA. “Since this is uncharted water, it is our hope that the AMA's new guidance on medical tourism will benefit patients considering traveling abroad for health care.”

MEETING STANDARDS

The safety of medical tourism is three-fold: Patients have to be careful about the hospital and physician they select for their care; patients have to be aware of the risks they're assessing when they travel with a medical condition or when they travel home following surgery; and they have to have adequate follow-up care in place for when they return home. Companion Global Healthcare, Inc., has attempted to address these concerns by creating affiliations solely with hospitals that are certified by Joint Commission International and by contracting with Doctor's Care—39 South Carolina-based urgent care providers staffed by physicians. Doctor's Care can provide any follow-up care for medical tourism patients—including orthopedic surgeons and cardiologists.

“We encourage patients to have discussions with their local physicians before traveling internationally for their care, because it’s important for all patients to engage their provider in their continuing care,” Boucher says. “So far, we haven’t seen any real recoil from providers.”

Though Stephano says that some physicians may believe medical tourism is taking food off of their tables, it’s important that physicians realize that the vast majority of patients currently seeking international care are turning to physicians in foreign countries because the medically necessary procedures are financially unobtainable

to them here. Once the patient returns to the United States, they’re still going to need local aftercare and ongoing general health care, and physicians should be willing to provide that.

“The quality of care patients receive overseas—when it’s arranged by a reputable company and at an internationally accredited hospital—meets similar and sometimes better standards as the care found in the United States,” Stephano says. “Patients deserve to have physicians respect their decision to seek their medical care elsewhere, and who are willing to provide follow-up care.”

The Demise of American Medical Care?

Should American healthcare providers be afraid of global health care—particularly if more insurance companies begin encouraging these options to patients? Absolutely not.

“While I think the whole globalization process is part of the solution to the increasing cost of health care and the shortage of healthcare providers we’ll be seeing as the Baby Boomers age, I don’t think it’s the entire solution,” says David Boucher, president and COO of Companion Global Healthcare, Inc. “At the end of the day, even if 5 or 10 percent of Americans went out of the country for care, it’s not going to put a dent in the number of Americans seeking care at home. The goal of this is to make great health care accessible to all Americans—whether it’s here or in another country.”





Picking the Perfect Project

So you think you're ready to implement Six Sigma at your hospital. Where should you start?

According to Sigma Breakthrough Technologies, Inc., (SBTI), an internationally recognized consulting firm for enterprise-wide business process solutions, it takes approximately two years to implement Six Sigma into a healthcare facility.

During that time, you'll have a lot of opportunity to learn about Six Sigma and how it can help with your processes. In the initial stages—when you're just learning about how Six Sigma can influence your performance improvement—it's important that you don't try to take on a project that's too large.

Take this advice from Six Sigma Healthcare when you're choosing your first project:

- ▶ Address a controllable problem where the solution will provide tangible benefits for your hospital.
- ▶ Don't select a controversial project that will result in the elimination of jobs.
- ▶ Make your first project a simple one that will produce immediate benefits and get the momentum and excitement building with staff.
- ▶ Rather than selecting an ongoing project that may take years to complete, create a first project with specific time and effort requirements.

Navigating the Course for Quality Health Care

There are a variety of management programs for healthcare organizations to choose from when deciding which options best meet their needs. Six Sigma—one of the hottest trends in healthcare management systems—is leading the way. Can it be beneficial to your organization?

SIX SIGMA—A SYSTEMATIC approach used to improve process-intensive industries—provides businesses with a quality and management methodology program that helps eliminate waste and reduce quality problems. While this program was initially designed to focus on lean manufacturing, Six Sigma's adaptation and subsequent adoption by customer service industries has helped make it a natural fit for the healthcare industry, as well.

"The goal of our hospital is to drive sustained performance improvement and support our strategic objectives while developing an army of critical thinkers and problem solvers," says Matt Krathwohl, executive director of performance excellence at Memorial Hospital and Health System in South Bend, Indiana. "We wanted to establish a new cultural mindset that allowed us to constantly strive to add value to our facility, and Six Sigma provided us with the tools we needed to accomplish those goals."

EFFICIENT PROBLEM SOLVING

Six Sigma solves quality-control problems and launches projects that rely on complex processes, such as a patient admissions protocol in the emergency room. Systems are evaluated by definition, measurement, analysis, improvement, and process control, while new processes are developed through definition, measurement, analysis, design, and verification.

By using Six Sigma, which reduces error rates to

three standard deviations (sigmas) at both sides of the mean error rate, healthcare administrators are able to make changes within their organization that can help accomplish some of these goals:

- ▶ eliminate waste and redundancies
- ▶ improve employee satisfaction and retention
- ▶ improve patient satisfaction and patient care
- ▶ increase financial performance
- ▶ reduce costs and optimize cost savings

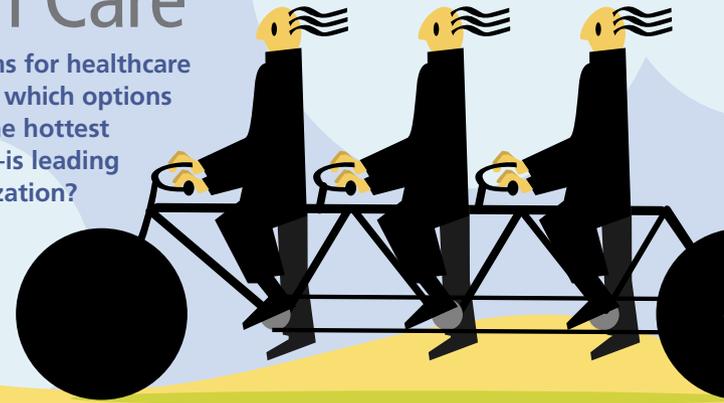
At his 526-bed facility, Krathwohl has been able to implement Six Sigma to improve processes with help from a team of problem-solvers. The hard work of both Krathwohl's and Memorial's research team and the new skills the group learned from Six Sigma led to improvement in emergency room waiting times and the launch of bed-management programs. This year, Memorial is working on a project to more appropriately match staffing to inpatient and outpatient volume.

"While Six Sigma is still new to health care, you only have to look at other industries to see there is nothing in the marketplace that can increase quality better or faster than it can," says Krathwohl, whose facility adopted Six Sigma in late 2006. "It's still very new in the healthcare industry, but it lives up to its hype."

Six Sigma Solves Medication Errors

Froedtert Memorial Lutheran Hospital in Milwaukee, Wisconsin, used Six Sigma data to reduce intravenous (IV) medication drip errors. Its analysis showed the greatest chance of IV infusion errors involved physician ordering practices, IV drip preparation, and nurse labeling and documentation of IV concentration.

A task force developed standardized physician order sheets, prepared IV medications in standard concentrations, and used color-coded labels on nonstandard concentrations. Medication error rates were lowered in just 30 days.



The Power of the Podcast

by Erich Gausch



It is estimated that as many as 90 percent of Internet users regularly watch videos online. Modern marketers are in a unique position to use the power of the Internet—including podcasts—to take their marketing messages to the next level.

PODCASTS, WHICH CAN be either audio or video messages, have several distinct technological advantages that I think make them effective marketing tools. Podcasts can be downloaded and placed on an iPod; the podcast link can be included on e-mails; and most computers have the capability to download and access these audio and video messages

I have found that using podcasts is a burgeoning tool that marketers are only now beginning to harness. If you opt to create your podcasts in-house, it can be an inexpensive way to bring a unique message to your audience. If you want a sleeker podcast with all the bells and whistles, you may want to consider consulting with marketing experts to create your message.

GET CREATIVE

While integrated media companies like True North can partner with you to provide podcasts and other Web tools, creating a podcast within your department—is not as difficult as you may think. With a few basic tools, I feel that you can create custom communications to enhance your Web presence. To create audio content, you will need a microphone, headphones, and a program such as Audacity 1.2.3., which is compatible with both Macs and PCs. You also may need a converter to export your files in MP3 format. Many of these can be found online.

As a marketer, it is important to strategically craft your podcast to complement your marketing message. Choosing the topics to cover on your

podcast may also take careful thought and planning. Creating new and exciting topics based on available hospital service lines can be a rewarding marketing tool, especially if you opt to put new podcasts on your Web site on a weekly or bi-weekly basis. You also may opt to speak with physicians or patients, and place those interviews on your Web site.

SMALL TOWN, BIG MESSAGE

Ste. Genevieve County Memorial Hospital in Ste. Genevieve, Missouri, is a small community hospital that has served area residents for decades. Because community members have always felt a sense of ownership of the hospital, marketers knew they would be interested in keeping up with the latest developments

in the construction of their new emergency room.

Accessed through a link on the hospital's Web site, Ste. Genevieve County Memorial Hospital offered local residents the opportunity to view a series of podcasts, including video footage of the construction. From the first stages of construction through the completion of the project, Ste. Genevieve County Memorial Hospital kept residents in the loop through the use of podcasts. The result allowed community members to continue feeling their deep connection to the hospital.

Whatever the marketing challenge, the New Media Division of True North—can partner to provide a solution perfect for your needs. ★



For more information on podcasting or other Web 2.0 tools, contact Erich Gausch at (800) 624-7496 or erich.gausch@truenorthcustom.com.

AHA Updates

Here are the latest healthcare news, trends, and industry developments from the American Hospital Association (AHA).

Looking to the Future of Financing Health Care

AS THE COST of health care in the United States continues to increase, it has become necessary to plan to meet that challenge in the coming years. With that in mind, the Leaders Project on the State of American Health Care has issued a report that examines recent proposals for changing how the healthcare system is financed. Options examined include keeping the current mix of revenue but redirecting the funds to more effective uses; paying for new healthcare subsidies or system investments by allowing certain tax cuts to expire; limiting or ending the exclusion of employer premium contributions from employees' taxable income; requiring employers to offer insurance to employees or pay a tax to support alternative coverage; and using a value-added tax to supplement or replace certain financing. They plan to release a final report and recommendations early next year.

Increase in Americans with Diabetes

DIABETES, THE FIFTH-DEADLIEST disease in the United States, has been a growing concern as the number of people with the disease continues to increase. An estimated 24 million Americans had diabetes in 2007, an increase of more than 3 million in about two years, according to data released by the Centers for Disease Control and Prevention (CDC). Another 57 million people are estimated to have pre-diabetes, a condition that puts people at increased risk for diabetes.

Among adults, diabetes increased in both men and women and in all age groups. Almost one-quarter of Americans ages 60 and older had diabetes in 2007. The rate of diagnosed diabetes was highest among Native Americans and Alaska Natives, followed by African Americans and Hispanics. The CDC also released estimates of people diagnosed with diabetes by county, which states can use to help target prevention efforts.



SOCIETY FOR
Healthcare Strategy & Market DevelopmentSM
of the American Hospital Association

Decrease in Uninsured Americans

INSURANCE ISSUES CONTINUE to be a rising problem in the healthcare industry, but there have been some signs of progress. An estimated 43.1 million Americans, 14.5 percent of the population, lacked health insurance when surveyed by the CDC in 2007. That's down from 43.6 million, or 14.8 percent, in 2006, based on 2007 data released from the CDC's latest National Health Interview Survey. However, there was no significant change in the percentage of people younger than 65 who were uninsured at the time of the interview. An estimated 53.9 million Americans had been uninsured for at least part of the prior year, and 30.6 million had been uninsured for more than a year.

Increasing Nursing Students

AS THE U.S. healthcare system continues to cope with a shortage of nurses, part of the problem lies in the inability to accept students into nursing school due to a shortage of faculty. A report released by the AARP, Robert Wood Johnson Foundation, and U.S. Department of Labor highlights new approaches to increasing capacity at the nation's nursing schools, which annually turn away thousands of qualified candidates. The report was released as part of a two-day summit, where stakeholder groups shared best practices to expand nursing education and foster action in four key areas:

- › strategic partnerships
- › policy and regulation
- › faculty capacity and diversity
- › education redesign ★

For more information on these or other news items from the American Hospital Association, call (312) 422-3000 or visit www.aha.org.

'Tis the Season to Be Fit and Healthy

With the help of your hospital, your community can get a jumpstart on its health this fall. Use these national observances to spread health awareness within your community.



November

» AMERICAN DIABETES MONTH

One in every four people will develop diabetes within their lifetime, according to the American Diabetes Association. Experts say that exercise and eating right can help prevent this disease. Post flyers about proper nutrition and help those in your community shape up by offering free exercise classes.

» PREMATURE AWARENESS MONTH

» LUNG CANCER AWARENESS MONTH

» GREAT AMERICAN SMOKEOUT

It can be difficult to quit smoking, but you can help others fight the battle by encouraging them to enroll in the Great American Smokeout. Host a smokeout event at your hospital and offer incentives for those who remain smoke-free for 30 days. Visit www.cancer.org to learn more and download helpful materials.

December

» SAFE TOYS AND GIFTS MONTH

Safe Toys and Gifts Month is designed to ensure that children have a safe and happy holiday season. Create brochures describing what classifies an unsafe toy. Visit the National Safe Kids Campaign Web site—www.safekids.org—for a report of recent toy recalls that you can provide to community members. You can also create a Web page that serves as a guide for holiday shoppers.

» NATIONAL HAND WASHING AWARENESS WEEK

Hand washing is the easiest way to avoid the spreading of infectious diseases. Post information on the importance of hand washing

and place hand sanitizer throughout the hospital so that visitors, patients, and employees have the opportunity to clean their hands.

» NATIONAL APLASTIC ANEMIA + MDS AWARENESS WEEK

» WORLD AIDS DAY

The World AIDS Day campaign began in 1988 with a goal to raise awareness and prevent the spread of the AIDS virus. Join the fight, and educate your community by offering a free seminar on AIDS prevention.

January

» CERVICAL HEALTH AWARENESS MONTH

Inform women about the importance of early detection. Create a newsletter with personal accounts from women with cervical cancer/HPV. Also, highlight your hospital's own personal success stories while stressing the importance of yearly screenings.

» THYROID AWARENESS MONTH

» NATIONAL BIRTH DEFECTS PREVENTION MONTH

FOR MORE INFORMATION about these or other national health observances, visit www.healthfinder.gov/library/nho.asp. For American Hospital Association events, visit www.hospitalconnect.com and click on "Calendar."



735 Broad Street, Suite 708
Chattanooga, TN 37402

PRSRT STD
U.S. Postage
PAID
Lynchburg, VA
Permit No. 830



Looking for an *Easy Way to Promote* Your Hospital Year Round?

“The custom community calendar is a marketing piece that has a 12-month shelf life; customers can literally use it 365 days each year. We have had a custom calendar for three years, and people have already come to expect their hospital calendar toward the end of the year—and we always get positive feedback from recipients who enjoy the calendar. Plus TENCIP takes care of all the heavy lifting, and you end up with another great marketing tool to share your hospital’s story.”

—Jessica Ulbrich, Marketing and Public Relations Coordinator, Madison County Hospital

Along with placing your hospital events within the calendar itself, the Live Well Community Calendar can feature:

- ▶ Your hospital’s name and logo on the front and back covers
- ▶ Calls to action at the end of each month’s article directing readers to schedule an appointment or visit your Web site

For more information, e-mail info@truenorthcustom.com.