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Health care marketing is undergoing dramatic reinvention and change due to emerging trends, reform uncertainties, emergence of social marketing and renewed focus on quality, outcome and prevention. Executives are demanding higher impact and bigger returns from marketing investments; and marketing professionals are closely aligning their efforts with strategic objectives, customer experience and integration of communications across multiple platforms and channels.

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dePARTMENTS

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Seize the Day
Legislation opens up a world of opportunities for marketing professionals
BY RHODA WEISS, PH.D.
Welcome to another issue of Marketing Health Services.

Health care reform presents both great challenges and great opportunities. Providers and payers are scrambling to make sense of evolving legislation while millions await access to insurance. At the same time, marketing professionals are realizing their new responsibilities as strategists, catalysts and communicators of change.

If you ask executives to name visionary health systems most prepared for reform, many point to Geisinger Health System and its leader Glenn Steele Jr., M.D., Ph.D. In one of a series of columns by top CEOs, Steele shares a model for successful health care reform that could be adopted across the land.

Specialty hospitals constantly seek avenues for showcasing capabilities and building market presence. In our cover story, City of Hope’s Brenda Maceo outlines how the nationally recognized cancer center tapped into its network of celebrities, media personalities and corporate sponsors to strengthen its national brand and increase fundraising to support its research mission.

Facing closure from financial challenges, Rancho Los Amigos National Rehabilitation Center fought back with a campaign focusing on patients, education and research, earning its 21 st straight listing in U.S. News & World Report’s annual Best Rehabilitation Hospitals ranking. In another article, Lynn Ricci describes how operational advances and unifying communication under a new strategic brand vision have helped position Hospital for Special Care as a preeminent long-term acute care hospital.

With generational targeting a fast-growing marketing strategy, Marcos Irigaray and Linda MacCracken detail Virginia Commonwealth University Medical Center’s method of using generational branding to build brand awareness.

To learn how health care reform may unfold on a national scale, consider Massachusetts, which in 2006 began enacting its own legislation. Deborah Gordon at Network Health shares how her small health plan succeeded in getting to know and market to the “expansion population.”

Word-of-mouth marketing is often underutilized and misunderstood. Bill Gombeski Jr., and his team explain ways that University of Kentucky HealthCare uses research to turn WOM into a key marketing strategy.

By 2015, it’s estimated that half a billion people will be using mobile health applications on their smartphones. Jen Anderson and Karen Albritton tell how Blue Cross and Blue Shield of North Carolina is leveraging this technology to offer customers cost savings and improved health care.

Mental health patients with limited incomes often avoid health providers, even when services are free. Thomas Tocher, M.D., and Jan Frates, Ph.D., share their successful outreach to patients and community providers that resulted in a replicable collaborative case management model that puts patients first.

The new age of marketing is forcing us to move away from the roulette table into a brave new world where reform reinvents communications, research brings clarity, consumers take charge, relevance reigns supreme and constant change is inevitable. At Marketing Health Services, we continue to help you adapt to evolutions in health care by offering the latest thoughts, advances, innovations and best practices in our journey together through change.
A Recipe for Successful Health Care Reform
Geisinger Health System offers a model for high-quality care

By Glenn Steele Jr., M.D., Ph.D.

Regardless of the political landscape, the fact remains that America’s current spending path for health care is not sustainable, and we must do a better job of providing quality and value to patients. So what is needed for health care reform to truly benefit Americans?

At Geisinger Health System, our integrated model, collaborative culture, advanced technology and stable, largely rural population have enabled us to develop programs that improve care and provide increased value. The question that faces us now is how to take what we have learned at Geisinger and transform it into something real that will benefit patients everywhere. That transformation must focus on the following key elements.

Reform the payment system. In America’s current payment system, health care providers are paid based on the volume of work they do, not the quality. More tests and more visits equal higher costs. The system is deeply flawed, which is reprehensible, and must be fixed. Payment should reward quality and value, not volume.

Use data to improve outcomes. There are organizations, like Geisinger, that have been collecting and using data for some time. The question is how data should be used to improve outcomes, decrease re-admissions and unjustified variation, and put an end to duplicative care. How should it be applied to predictive modeling—researching trends and working to prevent conditions that are likely to arise if specific, detrimental behaviors continue? We’re now in a position, through partnerships with like-minded organizations, to make this data actionable—not just at Geisinger, but at other health care organizations, too.

Share research and innovation. There are efforts underway that have the potential to change how we manage various conditions, both acute and chronic, like diabetes. At Geisinger, our model enables us to bring this kind of innovation to patients on a real-time basis. To truly improve health care, providers and insurers across America must position themselves for rapid innovation. This means taking proven findings to the bedside promptly, in a matter of weeks or months, not years, which is the average time for studies today to begin affecting lives.

Integrate key players. We found years ago that Geisinger has a model that works for us and the people we serve. We recognize this exact model may not be applicable in other settings, but organizations need to figure out how they, too, can bring doctors, hospitals and health insurers together to benefit patients. Knowledge can have transformative qualities, but only if it’s shared. We are now engaged in identifying opportunities to export our know-how and experiences to other parts of the country.

Encourage competition. Health care is a very competitive industry, which is a good thing. Patients deserve choices, which in turn can improve the care available to them.

It is clear that doctors, hospitals and insurance companies working together for patients set the true foundation for redesigning health care. Clinicians must lead the care process for a redesign to succeed. Providing quality and value over time to patients with both acute and chronic care needs will be the key. Primary care doctors must work seamlessly with hospital-based specialists. Physicians and hospitals need to work together. And insurers need to work with providers—not simply to negotiate acceptable piece-rate reimbursement, but rather to focus together on achieving optimal outcomes for patients.

We must continue to encourage our elected officials and health care industry colleagues to work toward providing a context within which all providers and payers will see the provision of efficient, high quality care to all Americans as their primary mission. MHS

© Glenn Steele Jr., M.D., Ph.D., is president and CEO of Danville, Pa.-based Geisinger Health System, an integrated health services organization widely recognized for innovative use of the electronic health record and development and implementation of innovative care models including advanced medical home and the ProvenCare® (“warranty”) program. The system serves more than 2.6 million residents throughout 42 counties in central and northeastern Pennsylvania. For information, visit www.geisinger.org.
Mentally ill people are often identified as “problem patients”—the ones most likely to neglect their health, ignore treatment recommendations and go to hospital emergency departments for minor problems. Even when free medical care is readily available through a Medicaid managed care health plan, the patients routinely encounter perceived barriers to accessing the help they need.

To overcome these roadblocks, Molina Healthcare of Washington established a primary care clinic in a mental health center. However, ensuring that mentally ill plan members receive the comprehensive quality care they deserve requires actively marketing health services to them.

**Break Down Barriers**
Molina’s chronically mentally ill patients didn’t use the plan’s general clinics for a variety of reasons. Some cited child care or transportation problems. Others just weren’t comfortable at a private health clinic—and this feeling was likely reciprocal. Oftentimes, the appearance and behavior of mentally ill patients can be anxiety-provoking for other patients and providers. Due to suspicion, memory problems and distractibility related to mental illness, they often don’t make or keep follow-up and specialty appointments, or even refill prescriptions. However, they account for a disproportionately high number of unnecessary emergency department visits and preventable hospital admissions.

Mentally ill Medicaid patients have serious health problems, both physical and mental. Their life expectancy is 20 percent lower than the general population because they do not receive medical care consistent with their needs. Many psychotropic medications have side effects that contribute to obesity and increase risk factors for diabetes and cardiovascular disease. Common physical health problems include diabetes, chronic pain and substance abuse, and they are
compounded by poor health habits, such as smoking, bad nutrition and lack of exercise. Also, many of these patients are homeless. The most common psychiatric diagnoses given to this population are post-traumatic stress disorder, bipolar disorders, major depression and schizophrenia.

Molina Healthcare was not alone in its concerns over the mentally ill Medicaid population in Snohomish County, Wash. Compass Health, a large non-profit behavioral health agency, serves about 1,400 Molina members at multiservice centers located in Everett and Lynnwood. The Everett facility has a drop-in center that focuses on clients who are homeless. Compass case managers shared Molina clinicians’ concerns about their mutual patients’ difficulties accessing physical health services. To meet these challenges, the teams at Molina and Compass Health proposed a new primary care clinic within the Everett facility that would offer more accessible, better quality and more cost-effective care.

Get the Word Out
The Molina Primary Care Clinic at Compass Everett opened in February 2010 with a care team headed by a primary care physician and supported by a nurse practitioner, a psychologist and a clinic practice manager. Thomas Tocher, M.D., a board-certified internist, is accustomed to working with disadvantaged, homeless and mentally ill patients and is enthusiastic about this innovative practice setting.

Before the primary care clinic opened, the care team met with staff at locations throughout the county, as well as visiting Molina-contracted and other community physicians. Molina assigned Medicaid patients with a mental illness who had not seen a primary care physician in at least one year to Tocher as their primary care provider, and Molina and Compass case managers encouraged them to establish care with him. A large sign on the front of the Compass Everett building and a highlighted notice on the Molina Health Care member website announced the availability of co-located physical and behavioral health services.

Physical proximity, trust and word-of-mouth referrals are key factors in encouraging access. Compass patients use the mental health facility as their social home base: They see their case manager, go to the pharmacy and participate in various therapy sessions, educational programs or social activities. Some stay all day — breakfast is free and coffee is available all day at the Everett facility’s drop-in center. The primary care clinic is down the hall, and they can easily schedule an appointment or be seen within a short time.

as a walk-in. Their case manager or another member of the mental health treatment team they already know recommends a checkup or treatment for a physical health problem, and patients regularly encourage each other to seek out Tocher for their health needs.

Having a primary care clinic within the mental health service center allows the clinic and Compass staff to collaboratively address patients’ physical and mental health care needs, as well as social and financial issues.

The Compass primary care clinic served 1,170 patients in the first 10 months of operation, averaging about 18 patients a day. Most are unemployed, childless adults who are receiving permanent disability benefits. Many of the services provided are for deferred care, screenings and medication management for chronic conditions, including psychotropic medications for patients with less severe mental disorders.

Constant, sustained coordination between medical and mental health staff is essential to keep care plans aligned and ensure follow-through.

Helping Medicaid patients obtain specialty care requires advocacy efforts with patients and providers. The case manager arranges transportation and reminds patients about their appointments, and Tocher steps in as needed. One patient who had lost more than 200 pounds needed surgery to remove folds of excess skin. The rare plastic surgeon who accepted Medicaid insisted on a telephone pre-consultation with Tocher before agreeing to the referral. He was mainly worried about the possibility that the patient could make a scene in his office, startling his other patients.

Meet Significant Goals
The key to retaining this challenging patient population is the same as for all patients: a competent and caring physician. By testing and validating a model of physical health services located within a mental health clinic, Molina Healthcare of Washington hopes to accomplish several goals. One of these is to develop a collaborative care management model that can be replicated in other geographic areas. Another goal is to reduce emergency department and inpatient utilization.

Molina also hopes to learn more about promoting primary care services to patient populations that are difficult to reach and engage, and to further enhance its position as an innovator in health care coordination and delivery.
Impatient Patients
A new mobile app provides health care information on the move

By Jen Anderson and Karen Albritton

In an era of immediately available information, the average consumer doesn’t want to wait for a doctor’s appointment to get answers to pressing health questions. People are turning online and to their mobile devices for instant health information. They are depending on these tools to help them make informed decisions about their health care. Recent research from Harris Interactive shows the ubiquity of online health searches and the frequency with which people are seeking information online:

- Eighty-eight percent of adult users have accessed health information online.
- Eighty-one percent have done so in the last month; 17 percent searched 10 times or more during that period.

At the same time, the market for smartphones has exploded. Global measurement firm Nielsen reports that, by the end of 2011, one in two Americans will have a smartphone, compared to just one in 10 in mid-2008. The result: a burgeoning number of consumers who are primed for faster, easier access to everything, including health information. Studies by mobile research company research2guidance (“Global Mobile Health Market Report 2010-2015”) anticipates the following:

- More than 60 percent of smartphone users will say they are interested in health-based apps.
- Sixty-two percent of consumers who have used health-based apps will call the experience “positive.”
- Forty-four percent of smartphone users will say they will use health-based apps more in the future.

Some observers estimate that half a billion people may be using health applications by 2015. Designers of such tools have responded, with 20,000 mobile health apps currently available, and this number is predicted to grow exponentially.

Mobile apps encourage more widespread and strategic use of a company’s existing web tools. That’s the early experience of Blue Cross and Blue Shield of North Carolina, whose HealthNAV iPhone app launched in mid-October 2010 and was downloaded by more than 5,000 customers by year’s end. The initial strategy of this statewide health insurance plan was to leverage technology to provide mobile access to familiar features of its website, including a Drug Finder and an Urgent Care Finder.

BCBSNC knew that nearly one-quarter of its customers had an opportunity to save money by discussing lower-cost prescription options with their provider. Offering the Drug Finder feature was a convenient way to help customers lower their medical costs and help them make informed decisions about their health care.

BCBSNC is finding these tools much more powerful in a mobile environment. HealthNAV lets users research and save information about cheaper drug choices on their mobile phones, empowering them to be savvier with their money. Customers now have personally relevant information at their fingertips at critical decision points—like when walking into a pharmacy or discussing drug options with their doctors. Linking HealthNAV to a phone’s GPS capabilities allows customers to quickly find an urgent care in North Carolina—even while on vacation or traveling on business. Urgent care can be an alternative to emergency departments, helping to cut costs both for customers and insurers, and likely will lead to significantly shorter wait times for patients.

The mobile app also allows users to keep health notes, which comes pre-populated with questions patients can use when meeting with their doctors. Another app feature allows direct access to the health plan’s customer service for help and support.

The trick was finding the right balance of promotion for HealthNAV. BCBSNC and the communications firm it partnered with, Capstrat, created a collaborative promotional effort combining social media, public relations, earned media, internal promotion and highly targeted advertising. The BCBSNC social media team contacted health care-, technology- and
While the political debate about federal health care reform rages on, the health care industry is preparing for the impending challenges and opportunities posed by the prospect of more than 15 million people gaining Medicaid eligibility. Insurers eye the market as a growth platform, while health care providers brace for the influx of new publicly insured patients accustomed to seeking routine care. And state government officials struggle to interpret what federal regulations mean for their states. All the while, health reform has been unfolding in one corner of the country: Massachusetts. And the experience of one small health plan in getting to know, and market to, the “expansion population” may offer lessons for health care marketers nationwide.

The Massachusetts Experiment

In April 2006, then-Massachusetts Gov. Mitt Romney signed into law landmark health reform legislation. The legislature, health care community and business groups modeled outstanding collaboration to develop and pass the bill, which served as a conceptual foundation for national reform. The law created mandates for individuals to purchase insurance and for employers of a certain size to offer it, with penalties for failure to comply. It also created subsidized insurance, Commonwealth Care, which extended comprehensive, Medicaid-style benefits to adults earning up to 300 percent of the federal poverty level, or approximately $30,000 per year. With large government subsidies, Commonwealth Care placed health insurance within reach for adults who did not qualify for Medicaid, were not offered employersponsored insurance and who could not afford to buy individual coverage. The legislation granted exclusive rights to offer the product to four private, nonprofit health plans then participating in...
Authority, which oversees the Commonwealth Care product, to protect consumers from aggressive or misleading cold-call marketing, challenged the Network Health team to find innovative ways to market the product.

Classically trained marketers are taught to leverage the "four Ps": product, place, promotion and price. In this market, however, these marketing tenets have little, if any, application. For example, companies typically differentiate themselves through the product itself, but here the Connector defined the benefit design for all participating health plans. This approach protected consumers and ensured they received comprehensive coverage no matter what plan they chose. But it eliminated a mechanism for differentiation. Another classic marketing lever is the place, or distribution, of the product. In the subsidized insurance market, the state set eligibility requirements and determined who met them. Consumers could only sign up through the state, so distribution was also not relevant.

Though Network Health was allowed to promote its product, limitations on traditional direct marketing techniques were strict. Under the new legislation, the state mandated review of all marketing materials to protect against potentially coercive or nuisance promotion. All member materials were to be written at a fifth-grade reading level to ensure even the lowest-literacy audience could be informed. All advertising had to explain how consumers could learn about all their health plan options. It is rare for a company to advertise itself while encouraging potential customers to check out the competition!

In terms of price, health plans bid competitively for the price charged to the Connector in exchange for favorable auto-assignment of members who were deemed eligible but failed to choose a plan. Only a fraction of the price differential would be passed along to consumers. More challenging, only a small fraction of members paid any premium at all, making most price-insensitive.

Health care reform, therefore, presented tremendous opportunities for Network Health, while also creating incredible marketing challenges.

**The Expansion Population**

Network Health began its expansion with a traditional marketing technique: getting to know the target audience. Through focus groups with uninsured adults, the team quickly learned the diverse nature of the expansion population, based on income and insurance status eligibility criteria. These focus groups included a comic book shop owner, a contractor and a recent master's degree graduate, just to name a few. Despite demographic diversity, they shared financial concerns and cited cost as the main barrier to insurance coverage. They did not lack health insurance by choice; they simply saw no affordable options. Yet they reflected a collective desire to take responsibility for themselves and to move their lives forward financially. They were not particularly engaged with the health care system, and some admitted that health insurance was not a priority. Contrary to many stereotypes, this group did not expect something for nothing—they expressed a willingness to pay for good coverage. In exchange, they expected value for their hard-earned dollars. They wanted to be in control of their lives with peace of mind about their health.

These insights highlighted nuanced differences between Network Health's new audience and traditional Medicaid members. In previous studies, Medicaid members explained that their motivation to enroll stemmed from the desire to provide for their families—Network Health needed to motivate this population to take that step for themselves.

**Breaking through.** In its quest to differentiate itself in any way possible, Network Health created a new product identity—Network Health Forward—to reflect the focus group members' aspirations to improve their lives. "Get what's coming to you … A great health plan at a great price" resulted. A spirited advertising campaign tapped into the frustration and lack of control uninsured focus group participants shared, and the campaign offered an attainable solution. Network Health attempted to connect with the audience in novel ways, proving that this product was made for them.

Visually, the Network Health team tried to differentiate this campaign from traditional health care marketing to underscore the new program's differences. For example, the advertisements were red—not typical health care blues and greens. The campaign used images of "real people" to reflect diversity of the uninsured population and showed people at work in professions where employer health insurance coverage may not be available. There were no doctors and no patients, just the target audience in their daily lives. While larger health plans can access multimillion-dollar advertising budgets, Network Health allocated only a few hundred thousand dollars to this multipronged campaign—the most the plan had ever spent on advertising.

Low-income audiences are not typically a priority demographic for advertisers, so finding effective vehicles to reach them was a challenge. Network Health sought best-match radio stations, subway and bus lines, multicultural cable TV stations and appropriate websites. Network Health placed cost-effective, posters in neighborhoods with high concentrations of potential members, distributed multiple-language fliers at health fairs and offered information sessions on health reform at employer sites and health care settings. To broaden awareness of the new law and its positive implications for lower-income adults, Network Health co-branded educational materials with health care centers and hospitals and staffed their enrollment events, sometimes standing beside competitors.

**Building trust.** Having doubled its website traffic and call volume, Network Health believed the campaign was successful in improving brand awareness and contributing to public understanding of Massachusetts' health care reform. To transform awareness into membership, the Network Health team needed to build...
trust by introducing its brand and its employees to potential members and the people they turn to when making health care decisions, such as friends, families, doctors and social service agencies. Network Health’s new outreach team reflected its membership’s cultural and linguistic diversity. The team developed relationships with community organizations and target consumers and canvassed the state to discuss health care reform with residents. Although community representatives were not new to Network Health’s efforts, this strategy embraced a sales-style discipline, setting ambitious goals and measuring team results. A rigorous approach to outreach professionalized Network Health’s community presence and improved its reach and visibility in key demographics. Network Health knew potential members were working in temporary or part-time jobs and in industries where many employees did not qualify for company health benefits, so its field-based team partnered with employers, embracing another non-traditional Medicaid marketing technique. Network Health’s efforts truly paid off. In the first 18 months following health care reform, the company doubled its membership. Before reform launched, Network Health had approximately 80,000 Medicaid members; by January 2007, 160,000 Medicaid and Commonwealth Care members; and three years later, 175,000. Though all Medicaid plans grew from the influx of newly eligible members, Network Health’s growth was disproportionate to its Medicaid market share, essentially tying for first place in the first year, despite previously ranking third out of the four Medicaid plans in membership. In the first few months, state auto-assigned membership—consumers who had not chosen a plan—accounted for 70 percent of Network Health’s enrollments, with 30 percent actively choosing to join. By the end of the first year, the cumulative total was reversed—and today there are no auto assignments. Network Health has grown because people know the brand and want to be part of the plan.

The Next Frontier
With the successes that the Massachusetts health reform achieved in insuring nearly 98 percent of the state’s population, the state’s experience clearly shows that covering more people does not reduce ever-rising health care costs. Perhaps the biggest lesson has been that connecting people with coverage is no longer the end of the marketing frontier. Marketing professionals must also engage consumers in how to use the health care system appropriately to get the care they need—not more or less. Not only do health care marketing professionals owe the public continued education and support as health care evolves to more consistently deliver higher-quality care more efficiently, the industry’s success depends in part on how well the marketing function evolves. By heeding Massachusetts’ lessons, health care marketing professionals can play crucial roles in the evolution of the system.

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TO EACH THEIR OWN:
By featuring real patients and their stories of triumph over adversity, like Generation X representative Syl pictured here, VCU Medical Center’s latest marketing campaign was able to reach each intended generation with a different, yet united, message.
Generational targeting has become one of the fastest growing strategies deployed among health care marketing professionals. While health care organizations—especially those in the pharmaceutical industry—have used this tactic for decades, the techniques that target populations by age and lifestyle are growing rapidly.

What is the most effective way to market the same service to different audiences? Marketing joint replacement, for example, to activity-driven Baby Boomers differs from the Greatest/Silent Generation’s chronic pain solution.

Generational targeting provides another level of refinement to marketing efforts, leading to more efficient customer relationship management, improved response rates, better marketing performance and cost reductions achieved by promoting to just the highly likely respondents versus all possible respondents.

Each generation identifies different value and expectations from health care providers, as well as relevant services, messages and media platforms. Generations represent collections of people in demographic age groups who experience comparable events in a similar time interval based on their age. Generations have been marked as cultural lenses through which the same economic values and digital involvement have been experienced.

Generational marketing to four unique adult generations is beginning to take hold as a viable means to reach and engage customers and as a precursor to more detailed segmentation. The first and oldest of these groups is the Greatest/Silent Generation. These adults, who were born before 1942 and rely on their primary care doctor to provide health care direction, are also known as “Direct Me” health care consumers. The Baby Boomer Generation, adults born 1943-1960, value individual engagement in health care and are known as “Engage Me” health care consumers. The Generation X population, with adults born 1961-1981, represents information seekers, known as “Educate Me” health care consumers. And the last adult generation, the Millennials, are adults born since 1982. They represent accessible relevant connectors, known as “Connect With Me” health care consumers.

While other studies and experts may show different age parameters and generational definitions, these findings are based on research from Thomson Reuters entitled “Matching the Market: using Generational Segments to Attract and Retain Customers,” published in 2009.

Each of these generations consumes health care clinical service lines for different solutions, at different rates. Each has different experiences and expectations of health care services and providers. Generations also differ in their criteria for selecting health care providers, drivers of customer satisfaction, content of marketing messages and media outlets they most often turn to for information. According to the Thomson Reuters research mentioned earlier, the Greatest/Silent Generation and Baby Boomers both rely on physicians to direct them to hospitals, although Boomers are more likely to debate and research...
alternatives. Generation Xers and Millennials are more guided by third parties like friends, associates and general word-of-mouth recommendations and cite hospital reputation as another key selection factor.

The Virginia Commonwealth University Medical Center in Richmond has embraced generational marketing in executing its brand campaign, Every Day, A New Discovery® Red Letter Day. The campaign showcases patient stories in the context of their generational lifestyle. The brand campaign’s goals include:

- Building brand awareness and recall;
- Improving perceptions and preference share; and
- Supporting marketing objectives for select products and services.

Because of the generational approach’s initial success in reaching consumers, the brand platform has been extended to recruitment and retention efforts as well as internal employee initiatives.

Brand research about how VCU Medical Center was perceived by consumers, patients and non-patients revealed that VCU’s perceived strengths included excellent physicians, sophisticated technology, skilled nurses and staff and a positive reputation amid perceived weaknesses around location, access and engagement. The research showed that the attributes clearly distinguishing VCU among consumers are clinical trials, research and its status as an academic medical center. The Every Day, A New Discovery® campaign, therefore, was created to showcase both the role of VCU in medical research (“daily discovery”) and the value patients receive from these clinical discoveries.

The brand campaign series shows patient stories that are representative of each generation. Brittany, the young Millennial generational representative, holds up a card with the date (in red letters) that marks when her “cool new procedure” saved her life. She uses a youth slang term to describe hypothermia—whole body cooling—a procedure used to reduce long-term neurological damage following cardiac arrest that was advanced through landmark research at VCU Medical Center. Brittany is surrounded by cheerleaders who depict her peer group, just some of her own personal cheerleaders who came to support her during this advertising shoot.

Tiffany, the Generation Xer representative, holds the date when she learned about the procedure that would allow her to walk again. The actual deep brain stimulation procedure from the VCU Harold F. Young Neurosurgical Center was secondary to her being able to walk again and head into church unaided.

Wendy and David, the Baby Boomer representatives, are lifestyle-driven adventurists who appear astride motorcycles in the campaign. Their red letter date marks the day that Wendy donated part of her liver to her husband in a perfect organ match from the VCU Hume-Lee Transplant Center, so they can keep rewinding and not winding down.

Dianne, the Greatest/Silent Generation representative, holds the date marking both her cancer diagnosis from subtle symptoms and when she found the team to help her beat it. She sought out the true meaning of comprehensive and team care through the Massey Cancer Center. This is the story of her experience to get expert effective treatment, after calling everyone she knew to locate the best resources.

The brand strategy and creative execution was developed with help of advertising agency Neathawk Dubuque & Packett. The brand platform conveyed in this campaign, “Discover what VCU Medical Center has to offer you, your family, your community and the world of medicine,” is shown through a series of ads representing successfully treated patients who were able to return to their lives. The tag line, “Every day, a new discovery,” provides a brand promise for each generation through customized visuals and messaging.

The theme connects patients and prospects around how they could “continually discover new ways to prevent, diagnose and treat illnesses—providing the best chance for health, recovery and life.” The appeal of this campaign lies in its targeted messages, well-aimed at each generation of patients, delivered in the voice of the patient.

The campaign was unveiled internally and externally. Banners in the hospital and throughout the campus showcased the campaign, employees and physicians received brand informational booklets and CDs with the commercials and visuals were distributed to the senior leadership team and board members. Consistent with all generational preferences, the campaign used traditional broadcast and cable TV, print ads and billboards. New media postings included mall posters, airport display boards and wall murals, as well as Generation Xer- and Millennial-favored social media outlets—interactive web banners and posted spots on YouTube and Facebook.

To determine the effectiveness of the generational marketing efforts, research was conducted prior to the start of the campaign and was continued over the next two years. The research revealed brand awareness and more favorable perception and preference share. Quantitative consumer surveys from the start of the campaign and those that were repeated two years later show these community perception changes:

- VCU Medical Center increased its rating as best in the local market for providing expert care for both routine health and medical problems, as well as serious illnesses and injury. There was a 13-point gain in recognition of being “best” in the Richmond market.
- Overall favorability ratings for the perception of VCU
To provide medical care direction, as they are prepared to seek information from and defer to their physicians. Most customer segments in this generation have rigid definitions of good service, protocol and manners. This group also identifies primarily physicians and then nurses as health professionals.

Baby Boomer Generation
A large population group, Baby Boomers typically value individual engagement with health care providers. They tend to seek counsel from and bring information to the physician, research the physician recommendations and then follow their doctors’ guidance. Boomers also identify physicians and nurses as health care professionals. This generation introduced the concept of “body age” versus real age and the redefinition of age as “I’m not winding down, I’m rewinding.” This group is strongly interested in quality, evidenced by use of their third-party ratings as a means of self-direction to specialists and providers.

Generation X Generation
Generation Xers have a strong interest in being educated and involved in health care. Relatively healthy compared to older generations, they are notably curious and actively seek information. They assume physicians and their staff are knowledgeable and define medical professionals as physicians, nurses, extenders, pharmacists and insurance company representatives. This group has more in common with Millennial adults than with Boomers, and they tend to evaluate hospitals on their most recent experience rather than overall past experience.

Millennial Generation
Millennials access the health care system through primary care providers, which could include a traditional family practitioner or internist, as well as an urgent care center or OB/GYN. There is relatively low utilization of inpatient and outpatient services. This group uses and appreciates technology and a positive personal relationship with their physician. They seek information from multiple sources and are more likely to switch physicians or hospitals if they lose confidence based on their most recent experience.

Through the years: Four generations of the VCU advertising campaign

Greatest/ Silent Generation
These older health care consumers characteristically rely on their personal doctors to provide medical care direction, as they are prepared to seek information from and defer to their physicians. Most customer segments in this generation have rigid definitions of good service, protocol and manners. This group also identifies primarily physicians and then nurses as health professionals.

Baby Boomer Generation
A large population group, Baby Boomers typically value individual engagement with health care providers. They tend to seek counsel from and bring information to the physician, research the physician recommendations and then follow their doctors’ guidance. Boomers also identify physicians and nurses as health care professionals. This generation introduced the concept of “body age” versus real age and the redefinition of age as “I’m not winding down, I’m rewinding.” This group is strongly interested in quality, evidenced by use of their third-party ratings as a means of self-direction to specialists and providers.

Generation X Generation
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Medical Center grew. Favorability “based on everything you know about VCU Medical Center …” increased from 68 to 73 percent.

- Thirty percent of consumers in the research study designated VCU Medical Center as the leader in quality care. This percentage is more than double the rating of the next competitor.
- Top ratings for cancer care increased from 60 to 71 percent, with cancer care preference for receiving treatment at VCU moving from 48 to 60 percent.

Generational branding has been extended throughout VCU Medical Center and Virginia Commonwealth University. The human resources team now reaches prospective Gen X employees by touting work-life balance, while Baby Boomers are enticed to pursue second careers in the health care field with offers of training and tuition reimbursement. Additionally, Jerome Strauss, M.D., dean of VCU Medical School, posts regular “discoveries”—related to news and discoveries—online at www.medschool.vcu.edu. “Our key messages about new discoveries and taking critical care to new heights really capture what we’re all about as an academic medical institution and allow us to highlight the superior patient care we deliver every day,” explains Dr. Sheldon Retchin, CEO of VCU Health System and vice president of VCU Health Sciences.

The targeted generational focus in Virginia Commonwealth University Medical Center’s brand campaign is crucial to the campaign’s success. Each compelling patient story shows important clinical expertise and, using the voice of the customer, further drives empathy and identification. The health engagement and priorities of each generation are uniquely influenced by economics, beliefs and technology. Understanding and using these specific generational insights to create focused marketing strategies enhances engagement, lowers marketing costs and better aligns messaging with each unique generation.

MHS
Aging population and the increased need for advanced rehabilitation across the country has created new opportunities for New Britain, Conn.-based Hospital for Special Care. Ranked among the nation’s 10 largest long-term acute care hospitals, it embarked on a journey several years ago to sustain and grow in its role as a national leader.

Hospital ranks second for the size of its ventilator service program and is one of only 35 U.S. centers providing comprehensive care for ALS, better known as Lou Gehrig’s disease. For nearly 70 years, it has been providing rehabilitation for children and adults affected by complex conditions and injuries. During those seven decades, hospital leaders have made decisions true to the hospital’s mission of being responsive and accountable to patients and the community.

Start the Journey

Several strategic initiatives helped HSC gain national prominence, including: approving facility upgrades; hiring superior staff; introducing new programs, clinics and technology; and sharing industry-leading outcomes.

Aiding in this journey has been the hospital’s position as an educational resource for more than 100 colleges and universities in all clinical fields, including affiliations with Columbia University, Dartmouth College, University of Connecticut and Yale University. Further, an ALS
clinical trials unit with a full-time physician researcher began in 2010—the only program of its kind in Connecticut.

While HSC moved ahead with its operational, staffing, programmatic and quality initiatives, two major issues were preventing the hospital from being recognized as the leader it had become: brand confusion (audiences were unclear as to the type of care the hospital provided; many thought it was a nursing home) and brand inconsistency (multiple messages appeared in marketing communications outreach and materials, sometimes contradicting each other).

**Eliminate Distractions** ■ In 2009, HSC was preparing to launch an aggressive capital campaign and it recognized the need to pull the brand together. The hospital began by working with two outside consultants: one specializing in the area of philanthropic development and the other in health care brand development and marketing communications.

The road to recovery began with taking a step back and listening to key stakeholders, including HSC staff, patients and their families and the board of directors (a newly formed advisors group composed of regional business and community leaders, some of whom were aware of the hospital’s mission and programs and some of whom were not).

Marketing consultants interviewed department heads and staff members responsible for communications to identify leading programs and case histories. They also solicited feedback from donors and patient family members to determine how to communicate more effectively with them. In addition, they audited existing communications and competitor communications, including public relations, printed materials, events and other brand contact points.

Although HSC’s services are clustered around five specialty areas (Pulmonary, Acquired Brain Injury, Complex Pediatrics, Spinal Cord and Neuromuscular Care), the newly gathered research indicated that those specialty areas were being overlooked as greater emphasis was being placed on support services and programs (i.e., the aquatic center, rehabilitation facilities, COPD support groups and community sports programs). As a result, industry-leading outcomes and core innovations were not receiving the attention they deserved.

**Create a Plan to Build Recognition** ■ HSC created a list of immediate objectives, including:

- Unifying communications under the new strategic brand vision with consistent messaging, tone and style.
- Creating a communications plan to prioritize key initiatives and audiences.
- Positioning HSC’s services as one of the preeminent long-term acute care hospitals in the nation and a tremendous asset for the region and nation.
- Attracting the most appropriate patients through clearer engagement of referring physicians and hospitals.

- Supporting development and fundraising activities to retain and grow funding from existing and new sources.

The strategic approach that HSC adopted demonstrated the hospital’s leading expertise by framing thought leadership in its five specialty care areas. This was accomplished by defining best practices, sharing superior outcomes and raising HSC’s profile as a research and training institution. As part of the process, a brand guide that unified messages and proof points in support of the specialties was created and distributed.

Next, the hospital created a clear brand communications road map and presented a communication plan, including budget realities, to the board of directors and marketing advisory committee. The marketing advisory committee was a subset of the larger advisors committee, which included members with marketing and communications experience. With their support, HSC then began to implement the plan and launch a long-term brand-awareness campaign.

**Budget Reality and Opportunity** ■ Creating a true partnership with a marketing and communications agency requires full disclosure of financial realities. Therefore, each year, HSC put its cards on the table by sharing budget projections for the upcoming fiscal year and working with the agency to ensure that its limited marketing dollars are spent wisely.

The first step in HSC’s rebranding process was to pull together the multiple communication contact points and expenditures across the organization, including dollars spent in human resources, information technology and through the Hospital for Special Care Foundation.

It quickly became apparent that every goal couldn’t be accomplished within the first year, so prioritizing elements of the rebranding process was essential. HSC also realized that it needed to give up some of the “feel-good” ads and sponsor-ships that did not support the new strategic focus on its five specialty areas of care. In fact, the hospital learned that some marketing activities were actually undermining its goal to be viewed as a leader. For example, expenditures for small directory advertising and special health care supplements were not reaching target audiences.

With an immediate need to begin the hospital’s capital campaign, the foundation required a case statement and DVD of patient case histories that highlighted key specialty areas for use with potential donors. HSC’s marketing and communications agency recommended producing the foundation DVD

**THE STRATEGIC APPROACH THAT HSC ADOPTED DEMONSTRATED THE HOSPITAL’S LEADING EXPERTISE BY FRAMING THOUGHT LEADERSHIP IN ITS FIVE SPECIALTY CARE AREAS.**
with the intention of editing the three patient testimonials into three separate television spots. Since production work consumed a large portion of the budget, HSC moved its media buy into the next fiscal budget year when new funds became available. Because the DVD was shot in high definition, stills from the footage were able to be re-used in several forms—brochures, ads and on the website.

HSC's next project was a high-level, capabilities brochure for use across all audiences, including the media. This brochure was to be the embodiment of the hospital's culture and resources—an anchor for its messages and corporate style. Following the creation of the brochure, HSC developed a style guide that translated the new design platform across multiple marketing and communications vehicles and applications, including social media channels.

**Act Like an Industry Leader** ■ Staying true to its leadership goals and campaign strategy, HSC launched an op-ed adversorial series in a style unique to the hospital's culture to educate key constituents on industry issues, needs and long-term acute care health solutions.

Higher profile efforts like op-ed advertising help HSC attract attention from the media and other informed audiences. In preparation for program inquiries and more aggressive media relations, HSC created consistent press materials including senior management bios, fact sheets, a new boiler plate for press releases and a new online press room.

Media outreach kicked off with a breakfast gathering to provide background on HSC and on long-term acute care. Next, HSC ran a sponsorship announcement on National Public Radio in Connecticut and a series of print ads in newspapers throughout the state.

In terms of additional collateral, an attractive full-color annual report was distributed to the organization’s stakeholders, media and other key audiences. And prepared specialty sell sheets replaced each department's need for its own material. These sell sheets were designed to fit into the new capability brochure to protect brand consistency.

Digital upgrades included a complete redesign of the website to reflect the new brand graphics and messages. Content was reorganized around HSC's five key specialties, with less of an emphasis on the hospital's ancillary array of services. In addition, HSC took an important and bold step into the realm of social media with Facebook and Twitter pages linked to the website and updated daily.

**Focus on the Future** ■ The brand and style guides have been well-received across departments. The new branding messages, leadership tone and style have been consistently implemented and integrated in all communications, and conflicting brand components no longer undermine brand consistency.

The concerted focus on the five specialty practices has brought a clearer sense of direction, better stakeholder understanding and more appropriate patient referrals. The Hospital for Special Care Foundation has successfully launched its first capital campaign in more than a decade, utilizing the same messaging and design elements.

State officials cite HSC as an example of efficient quality care and look to its leaders for white papers and solutions. A multi-year demonstration project initiated by the state’s Office of Health Care Access measured resource use among HSC patients and found that long-term acute care health care was cost-effective compared to longer stays in acute-care hospitals. The hospital provided an in-depth analysis for new Connecticut Gov. Dan Malloy's office on the viability of operating the state's first and only autism center with an inpatient unit.

Media coverage continues to build and raise awareness for HSC. The hospital is securing a near-patient capacity daily. Success is allowing HSC to grow by adding new and advanced services that align with its core specialties and mission.

HSC will again lead the long-term acute care hospital field by opening a cardiac medical unit this year to meet the needs of the increasing number of patients with cardiac diagnoses, including congestive heart failure. Never being content to rest on its laurels or do anything that is less than its reputation deserves has always been at the core of the HSC brand. What’s different today is the ability of the hospital to more clearly communicate this and better engage communities.

**ROAD TO RESEARCH**

HSC is one of just 35 U.S. centers providing comprehensive care for ALS, more commonly known as Lou Gehrig’s disease. The hospital created an ALS clinical trials unit with a full-time physician researcher in 2010—the only program of its kind in Connecticut.

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Media coverage continues to build and raise awareness for each specialty area, and the hospital is securing a near-patient capacity daily. Success is allowing HSC to grow by adding new and advanced services that align with its core specialties and mission.

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BRUSH STROKES: This painting by Zinthia Alvarado, a Rancho Graduate Patient Artist, was chosen to be the cover of “The Art of Rancho” 2010 book. She suffered a major spinal cord injury in a car accident as a child and was diagnosed with paraplegia. She was a Rancho inpatient for two months, and is now an outpatient, participating in many Rancho special programs, including Pediatric Arts.
The outlook in 2003 for the rehab hospital located in Downey, Calif., on a sprawling campus was anything but hopeful. While it was perhaps the world’s best known rehabilitation facility, it would take a federal judge to keep Rancho Los Amigos Hospital open. Part of Los Angeles County’s public health system, it faced large financial challenges, which few believed could be overcome.

It seemed to matter little that over a storied century of care, Rancho had introduced many advances in rehabilitative medicine or that most rehabilitation professionals had trained there at some time during their careers. This was, after all, where Dr. Vernon Nickel introduced the halo, a method of traction and immobilization for the cervical and upper thoracic spine. Where Nickel was joined by Dr. Jacquelin Perry, the famous innovator of polio care at Rancho who triumphed over Parkinson’s Disease, to perform innovative work in the area of spinal fusions on ventilator-dependent patients. Everyone in the rehabilitation world knew about advances, research, clinical education and superior patient care offered on the Rancho campus.

Thanks to tremendous support by patients, physicians, other hospitals, unions, donors and movers and shakers in the local, regional, national and international community, what’s today called Rancho Los Amigos National Rehabilitation Center continues to not only survive, but thrive.

Part of this comeback is attributed to an ongoing marketing program that enhances Rancho’s reputation as one of the world’s premier rehabilitation hospitals, increases inpatient and outpatient census and spotlights programs that help patients reach their potential after their hospital stays have been completed.

In 2010 alone, Rancho served thousands of inpatients and approximately 75,000 outpatients, making it one of the nation’s busiest medical rehabilitation facilities. In addition, Rancho’s patients have the most severe disabling conditions and the lowest socioeconomic status of any major rehabilitation facility in America. The challenge for the marketing team was to overcome a perception that the hospital had closed, which was within weeks of happening in 2003 when a federal judge intervened and issued a permanent injunction prohibiting the closure. As
often happens, there was massive press coverage of the closure order and its impact, but little coverage was given to the injunction and Rancho’s second chance.

**The Task at Hand**

The goals of the marketing campaign were to:

- Raise awareness of Rancho and its outstanding patient care with consumers, health plans and key elected and appointed officials.
- Retain the hospital’s position as one of the top-20 rehabilitation facilities in the nation in the *U.S. News & World Report*’s annual Best Hospitals survey.

The immediate challenge was that Rancho’s marketing budget is miniscule by hospital standards, totaling less than $150,000 per year over the last two years. Virtually all marketing funds have been provided by a grant from L.A. Care Health Plan, the largest public health plan in the nation and a key partner of Rancho. This funding challenge was solved by the Rancho Los Amigos Foundation staff, which provided more than a million dollars of pro bono contributions to the marketing efforts. In addition to the Foundation’s pro bono support and L.A. Care’s funding, the hospital’s three-person public affairs division focused their efforts on media relations and internal communications. Key marketing strategies during 2010 included the following efforts.

**Reaching out to local media.**

The Rancho Los Amigos Foundation successfully placed nearly 20 major articles and dozens of photos in the *Downey Patriot*, the local weekly newspaper—far more than the one or two published in each previous year. Stories covered major events, as well as inspiring and compelling patient stories. This newspaper, with high readership among local residents, is also read by local, state and national elected officials and their staffs. These stories resonated so strongly with the community that the editors reported receiving more positive calls, emails and letters from readers about Rancho stories than all other articles combined. In addition, these stories attracted coverage by other print, television and radio outlets throughout Southern California, most notably the *Los Angeles Times* and *Long Beach Press-Telegram*. Reprints and/or links to the stories were sent to key target audiences by email, improving time to market. This substantial press coverage reached target audiences with compelling stories demonstrating that Rancho was not just open, but providing world-class care to its patients.

For example, a story about Rancho’s junior basketball wheelchair team finishing second in the country out of nearly 70 teams highlighted the exemplary scholarship of these athlete/scholars and how their academic achievements were helping them become successful despite having to overcome catastrophic disabling illnesses and injuries. Rancho’s wheelchair sports teams also play football, hockey, rugby and baseball. After the story appeared, the Los Angeles County Board of Supervisors honored the team with a special ceremony. The team then played during halftime at a University of Southern California basketball game, after which the crowd gave them a standing ovation.

**Creating special publications.** New marketing pieces were targeted to reach a broad spectrum of audiences, including a capabilities brochure and an art book and calendar from the hospital’s highly acclaimed Art of Rancho program. These beautiful and poignant pieces were provided to potential business partners throughout Southern California. The 9-by-12 brochure tells the Rancho story with minimal copy and maximum photographic power, and it includes a 4-inch pocket to place additional material or updates and die cuts for business cards.

This piece strongly positions Rancho as a leader in rehabilitation, provides background information on the hospital’s vital patient programs and tells those patients’ stories. The art book and calendar have become known throughout the rehabilitation community as the voice of Rancho. The book features nearly 50 Rancho artists who overcame their disabilities to participate in the hospital’s art program, and the printing is made possible through a donation from the S.A. Mathis family. The calendar features 14 of these artists who have gone on to be recognized in the art world for their accomplishments.

Both the art book and calendar have won multiple awards in national marketing and communications competitions. In addition, in 2010, artwork from Rancho artists was used on the cover and in the pages of *Physical Therapy*, the Journal of the American Physical Therapy Association—the first time it showcased patient art. These pieces form the backbone of the printed material that Rancho distributes, which also includes article reprints and fact sheets. All marketing materials were developed by staff members of the Rancho Los Amigos Foundation.

**Upgrading the Rancho website.** The marketing team set out to upgrade the Rancho website and provide more information with simpler navigation and enriched graphics content.

The most arresting aspect of the new site is the large video window on the home page that smoothly plays video four times the size of a typical YouTube video. This was achieved after several months of testing scores of combinations of video and sound compression methodologies, as well as different frame rates. More than 30 videos, from technology breakthroughs to programs to patient stories, are slated to appear on the site. One features an interview with Dr. Hermano Igo Krebs of MIT, who invented a new shoulder robot that...
helps Rancho patients significantly improve shoulder flexibility and strength. Images of the robot being used by pediatric patients are also included in the video. The marketing team plans to launch a YouTube video channel later this year to offer easy access to video content.

Launching new major annual conferences.
Rancho’s marketing team worked with hospital clinicians to create new conferences for the medical community that were promoted solely by a series of electronic postcards to potential attendees. The inaugural Rancho Pediatrics Conference featured top Rancho and community clinicians discussing the latest breakthroughs in care of children with disabilities. Rancho in 2010 became the only hospital in Southern California to be accredited for Pediatric Rehabilitation by the Commission on Accreditation of Rehabilitation Facilities.

The first annual International Transformational Technology Summit brought together world leaders in rehabilitation medicine and advanced technologies, including virtual reality, robotics and brain/computer interfaces, to encourage collaboration among research, industrial and clinical leaders in the search for new solutions to improve clinical care for individuals with disabilities. A Women’s Health Conference focused on new programs that Rancho is developing to provide comprehensive patient-centered care for women with disabilities and the mind/body/spirit connections that lead to better health for women.

Maximizing the impact of Rancho’s special events.
Like most hospitals, Rancho conducts a number of special events during the year, including:
- The Annual Patient Fashion Show, where patients who have overcome catastrophic disabling injuries and illnesses demonstrate their skills and share their hard-earned accomplishments with friends, family and loved ones.
- The Annual Spinal Injury Games, which includes disabled athletes (275 participated in the most recent Games) playing a variety of wheelchair sports, such as football, basketball, golf, bowling, hockey, baseball, power soccer and tennis.
- The Annual Performing Arts of Rancho show, which showcases the singing, dancing and music of Rancho patients.
- The Annual “Roll Around the Ranch” Stroke Health & Wellness Fair, which includes a 1K, 5K and Kids Fun walk/run, free blood pressure screenings, health education and musical entertainment for Rancho stroke survivors.
- The Annual Las Floristas Scholarship Dinner, where Rancho patient scholars (there were 59 last year) are awarded scholarships to further their education. The scholars have achieved the same rate of college graduation as the general population, which is three and one-half times higher than the rate of other persons with disabilities throughout the nation.
- The Annual Amistad Gala, which honored five members of the Rancho family last year, including the world-famous Perry, who is still seeing patients and contributing to medical literature at the age of 92. Last year’s Amistad Gala was the most successful one ever, bringing together dozens of elected officials among nearly 600 Rancho supporters.
- The Rancho Los Amigos Foundation’s Annual Rancho Golf Classic has been in full swing for 20 years now. One of the most compelling stories during the most recent tournament came from Rancho patient advocate Gilbert Salinas, who played 18 holes in his wheelchair. Riding in a golf cart with the wheelchair strapped on the side, Gilbert had to unfasten the chair, place it on the ground and transfer to the wheelchair each time he hit a shot. He then had to reverse the process to return to the cart and continue play. “Having Gilbert out on the course reminded us all of how much effort Rancho patients must put forth to fully participate in activities most of us take for granted,” said Los Angeles County Supervisor Don Knabe.

Just the Facts
By all accounts, the marketing efforts are working. Rancho’s inpatient census in 2010 was its highest in nearly a decade, averaging 10 percent higher than the budgeted number of 180 average daily. The outpatient census increased by 15 percent to more than 75,000 outpatient visits, the highest in Rancho’s history. In addition, Rancho was named one of “America’s Best Hospitals” in Rehabilitation Medicine in the U.S. News & World Report rankings for the 21st consecutive year. Rancho was the only rehab facility based in California or any neighboring state to be ranked. 

Jorge Orozco is CEO, Mindy Aisen, M.D., is chief medical officer, Arielle Limbag is chief clinical officer and Diane Waskul is webmaster at Rancho Los Amigos National Rehabilitation Center. Greg Waskul is executive director of Rancho Los Amigos Foundation. He may be reached at gregwaskul@aol.com.
While word-of-mouth marketing has always been available to marketers, it tends to be dismissed and undervalued as a legitimate strategy. Check the index of any marketing or public relations textbook—a description of WOM is usually just a paragraph to a few pages long, if it’s included at all. More often than not, such a mention tends to focus squarely on the consequences of negative WOM without discussing the ramifications of positive WOM. For instance, most marketing professionals have learned that very satisfied consumers will tell an average of three people about their positive encounter while a bad experience will be shared with 10 people. WOM marketing is typically defined as the sharing of information from one person to another person or groups through human communication such as face-to-face contact, telephone, correspondence (letters, e-mail, text messaging) or social media.

Positive WOM, often called buzz, viral marketing or free advertising, occurs when one individual tells another individual(s) about a product or service. Positive WOM is considered to be one of the most powerful forces in the marketplace, especially in health care, where services can be complex and difficult to evaluate. In health care, positive WOM from experienced and trustworthy sources can reduce the discomfort of making a medical decision. In the article, “Loyalty and Positive Word of Mouth: Patients and Hospital Personnel as Advocates of a Customer-Centric Health Care Organization,” Ronald Ferguson and colleagues noted that WOM helps to overcome the following:
• Risks of possible adverse consequences;
• Difficulty of evaluating the technical quality of health care professionals; and
• Sorting through of complex information for decision-making (Health Marketing Quarterly, 2006).

Give Them Something to Talk About
UK HealthCare, the health care arm of the University of Kentucky, recognized the importance of WOM and has made it a key strategy in marketing plans since 2005. (See Figure 1.) UK HealthCare tracks the influence of WOM through semianual surveys of new outpatients. For a six-week period in the spring and in the fall, every new patient is surveyed, resulting in feedback annually from 1,100 to 1,200 patients. Patients are asked how they ended up choosing UK HealthCare, all the sources of information that influenced them and the most influential source.

Figure 2 shows how WOM has grown during the five-year period from 2005 to 2010—from 20 percent to 39 percent, respectively. UK HealthCare wanted to know the detailed forces and tactics fueling the growth of WOM as a major source of influence, as almost four out of every 10 new patients now say information from a family member, friend, relative, neighbor or co-worker is the reason they come.

To better understand what might be contributing to this growth, the team conducted follow-up interviews with a group of the spring 2010 patients who indicated WOM as their most influential reason for choosing UK HealthCare. Of the 582 completed questionnaires, 214 cited WOM as the most influential. Of the 582 respondents, only 0.3 percent mentioned social media having any influence on their decision to choose UK HealthCare. Fifty-nine of the 214 gave permission for a follow-up call. All 59 new patients were contacted within two weeks after their surveys were returned, and 54 agreed to participate in the phone interview to discuss who influenced them and what that individual said.

Figure 3 illustrates that family and friends were the two largest sources of information and that 81 percent of the sources represented a traditional WOM contact. In a few cases, physicians, pharmacists and nurses serving as “friends” provided WOM advice. None of the 54 interviewed respondents marked social media on their returned questionnaire as either a “most” or “somewhat influential” source of information or mentioned it during the telephone interviews.

Figure 4 describes the category of message, with 61 percent falling into the “good experience” category and 39 percent in the “marketing reputation” category. Additional analysis showed that 80 percent of the WOM messages shared with the patient by their friends and family was about quality, 15 percent about service, 2 percent about value, 2 percent was access-related and 1 percent couldn’t remember.

Using the insight and proportions gleaned from interviews, the original WOM data from Figure 2 was propor-
new patient’s decision to choose UK HealthCare. This suggests that organizations could benefit significantly by incorporating WOM into marketing activities.

While a good patient experience stimulates positive WOM data, this study indicates that good marketing does as well. While WOM is assumed to be a byproduct of the patient experience that cannot be influenced, this study suggests the opposite, which is also a channel of communication that can be measured.

Evaluation of a marketing program or marketing activity should incorporate an assessment of marketing-stimulated WOM impact. Tracking of WOM, and specifically marketing-stimulated WOM, are likely among the most important leading indicators for understanding the downstream impact of a marketing program. As WOM, especially marketing-stimulated, goes up or down, it is likely a strong prediction of future patient demand.

Marketers may not be conveying the true impact of their marketing programs if they don’t tease out and report the number of marketing-stimulated patients. In this study, the impact of marketing jumped from 6 percent to 24 percent when marketing-stimulated WOM was included.

**Take the Next Step**

More research into this topic is warranted.

For instance:

- Was the patient seeking advice or did a very satisfied previous patient begin the dialogue?
- Did it start with a very knowledgeable and favorably inclined consumer?
- Which is more powerful, patient-experience WOM or marketing-stimulated WOM?
- Can marketers influence patient-experience WOM?
- How specifically can more WOM be generated by marketing professionals?
- Are there tools to help the public, prospects and current patients pass along useful WOM to potential new customers?

WOM marketing can be a powerful tool. If your mar-

![Figure 2: Most Influential Reason for Choosing UK HealthCare](image1)

![Figure 3: Source of Word-of-Mouth Information](image2)

![Figure 4: Word-of-Mouth Message](image3)

![Figure 5: New Patient Decision Making Most Influential Source](image4)

keting efforts have not incorporated it, you may be missing a significant channel for acquiring new business. And, while only a small percentage of the respondents in this study referenced the use of social media, understanding how to capitalize on its tremendous growth and maximize its WOM potential may provide the greatest opportunities for marketing professionals going forward.

**MHS**

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Every health care organization has access to a variety of connections and assets that can feed its marketing strategy. The key is to pinpoint these overlooked resources and use them to energize and expand the brand without significant added cost. With this in mind, City of Hope, a nationally recognized cancer center near Los Angeles, tapped into its hidden resources to strengthen its national brand and increase awareness and fundraising to support its mission.

SHINE ON: Celebrities lend star power to City of Hope’s branding efforts, participating in everything from ad campaigns to softball tournaments. Photo spread, clockwise: Kiefer Sutherland, Miley Cyrus, Carrie Underwood, Vince Gill, Olivia Newton-John and the Jonas Brothers. Pictured above: The City of Hope-branded cover of the 2010 U.S. News and World Report’s “best hospital” rankings issue, in which City of Hope ranked among the top 20.
Five years ago, City of Hope leadership created ambitious goals for raising national awareness. Instead of merely satisfying institutional ego, it set out to achieve its mission by raising more funds to fuel a prolific research enterprise and serve more patients from across the country. Simultaneously, City of Hope leaders looked to expand service regionally and become the No. 1 provider of cancer care in Southern California. The challenge for the marketing and communications team was to achieve these dual and resource-competing goals through a cohesive approach, with limited funds, in a relatively short period of time. Ultimately, the limitations proved beneficial. They helped the organization look more critically at available resources, make better use of contacts and connections and identify ways to use the assets of partners to help build a national brand on a local budget.

City of Hope’s national and local ambitions are a world away from its founding in 1913 as a refuge for tuberculosis patients. Struck by the tragedy of a young man collapsing and dying on a Los Angeles sidewalk, a group of Jewish volunteers raised funds to build a hospital for tuberculosis patients who could not afford care. They purchased 10 acres in Duarte, a small suburb northeast of Los Angeles. The Los Angeles Sanatorium began with two tents, one for patients and the other for a nurse. Over time, a reputation for humanitarian care attracted support from thousands of philanthropists from around the country, including Hollywood elite such as Al Jolson and the Warner brothers. The tents gave way to a campus of buildings with hundreds of patients and teams of doctors and caregivers. By the 1940s, with tuberculosis controlled by drugs and vaccines, the organization broadened into a full medical and research center. The name City of Hope was adopted to reflect its reputation as a place of compassion with a wider scope and determination to face down another dreaded disease: cancer.

Today, City of Hope, which is one of the largest providers of cancer care in California, is a National Cancer Institute-designated comprehensive cancer center. It treats more patients in hematology and prostate cancer than any other center in the state and is the second largest provider of breast cancer treatment. One of a few freestanding academic medical centers not part of a university system, the organization is home to an accredited graduate school, fellowship and residencies programs and one of the original Beckman Research Institutes established to expand the world’s understanding of how biology affects diseases. With more than 200 patents and on-site drug manufacturing facilities, City of Hope is one of the most successful institutions in developing new technologies and treatments for cancer, HIV/AIDS and diabetes. Its research has led to breakthrough cancer drugs such as Herceptin, Rituxan and Avastin, as well as synthetic human insulin, the drug that helped launch the biotech industry. A 140-acre park-like campus and robust programs in supportive care reflect its culture of compassion.

Generations after its founding, the institution maintains its unique national philanthropic web of volunteers, donors and industry supporters. Guild or “chapter” members who come together locally to raise funds help City of Hope maintain roots of volunteerism in cities throughout the country. Industry-specific councils of professionals in the real estate, home furnishings, office products, construction, insurance, food, music, entertainment and other sectors bring together corporate leaders from otherwise competing organizations in annual multi-million-dollar fundraising efforts. These activities provide an “alumni” network and financial backing for the independent nonprofit in a way that a university affiliation supports academic medical centers. Traditionally,
City of Hope relied on hundreds of local events, from golf tournaments to black-tie dinners, to raise awareness and funds. It also benefits from fundraising walk events that galvanize supporters and generate funds for cancer research. Connections in the food and office products industries helped City of Hope build broader awareness through cause-related marketing, with the City of Hope logo appearing on major national brands and a portion of sales supporting research and treatment.

City of Hope has sought to grow patient volumes to, in turn, generate revenue and support its goals of becoming the No. 1 provider of cancer care in Southern California. With several nationally known universities and three other comprehensive cancer centers in the area, it was no easy feat to create awareness and preference in the local market.

City of Hope worked with its advertising agency, the Phelps Group, to develop a unique market position—including the straightforward campaign, Canswer. The campaign aimed to break through the clutter of traditional patient-doctor ads to reach the heart of what people need and want most at the time of cancer diagnosis: answers. Delivered primarily through radio, billboards and print ads, the campaign resonated with staff members, patients and survivors. For more than four years, with only slight changes, the campaign has delivered strong response in measured recall, new patient calls and appointment requests. The marketing team demonstrated equally high returns on investment from marketing buys using call and billing data along with market research. City of Hope achieved its ambitious five-year patient volume goals in less than three years. With those results, leadership grew to view marketing as an important investment to City of Hope’s future.

Building Blocks
The biggest challenge was building a national brand out of a 185-bed facility in the little known city of Duarte. Most marketing funds remained devoted to attracting patients, leaving few dollars earmarked for national spend. The solution was multifold—an incremental marketing investment, City of Hope’s network of national supporters and a variety of connections and resources. While the national goal was a stretch, it was not beyond reach.

The first step was integrating national awareness goals into City of Hope’s institutional strategic planning process. Not only were measurable goals for national awareness defined in the five-year plan, one of the eight pillars outlined to support the plan was an investment in marketing. Market research and a competitive analysis defined the benchmarks. The challenge was to identify creative ways to achieve national goals with a local, nonprofit budget.

To achieve results, staff responsibilities needed reconfiguring. The cause-related marketing team added business development to its role. Staff providing marketing support for events broadened into targeted marketing outreach, approaching relationships with celebrities more strategically. The web team moved into social media and marketing analytics,
focusing on attracting and engaging a younger national audience. Media relations professionals stretched beyond traditional medical and science stories, tapping City of Hope’s many corporate connections and maximizing publicity for events like the Music and Entertainment Industry’s Nashville Celebrity Softball tournament. To complete the picture, the entire marketing team collaborated more closely with City of Hope’s fundraisers and philanthropic efforts.

This new approach to national outreach demanded a clear and consistent message. After much study, the focus for marketing efforts became evident—the national campaign should center on where City of Hope continues to affect the most people: research.

**Tried and True**

For decades, City of Hope’s fundraising efforts culminated in black-tie dinners feting industry-based philanthropic leaders, or honorees, who would be motivated to continue their support after witnessing City of Hope’s work firsthand. Increasingly, these year-long campaigns offered opportunities for boosting City of Hope’s visibility. Through its Music and Entertainment Industry, board connections and patient relationships, City of Hope began to tap into the power of potential media partners. After coming to know City of Hope through an industry campaign, one national media company agreed to donate airtime, while another offered production resources for public service announcements. A major music industry star recorded a public service announcement and other A-list celebrities followed. City of Hope’s first national media campaign was underway without moving any financial resources away from research, charity care or other mission-based needs.

The marketing team realized that City of Hope’s decades-long tradition of celebrity support required greater emphasis and cultivation. A more formalized program outlined opportunities and benefits of celebrity involvement and provided case studies of successful celebrity partnerships. Like donor relations, the program added components of cultivation and stewardship to build on the relationships.

As celebrity involvement grew, City of Hope turned to the sports industry for additional support. A local partnership, ThinkCure, became a vehicle for cancer education, research funding and City of Hope’s deepening relationship with the Los Angeles Dodgers baseball team. Major League Soccer team Chivas USA teamed with City of Hope in “Celebrate Hope,” aimed at diabetes education, prevention and fundraising. In 2009-2010, City of Hope was named a beneficiary of FOX Sports Supports and became the official NFL charity on FOX. Other local sports partnerships followed.

Long-standing industry backers stepped up their support, increasingly recognizing the benefits of ties to City of Hope. When the economic downturn limited traditional corporate support, cause-related marketing maintained philanthropic relationships. The office products industry reached new levels of support by increasing its number of promotions with City of Hope. Manufacturers, retailers and suppliers began offering new office products bearing the City of Hope logo with a portion of each purchase donated to the institution. Hundreds of thousands of dollars in support grew to millions. The marketing and fundraising teams found new ways to partner across unrelated industries. An office products supporter became the sponsor of a music industry-led celebrity concert with proceeds benefiting City of Hope. A new cross-industry council further...
increased opportunities for combined fundraising efforts and promotions.

Building on these “wins,” the new business development team began approaching major advertising and public relations agencies, media companies and major brands to pave a path to brands seeking philanthropic partnerships. The goals were to cultivate additional media partnerships and cause-related partnerships and forge new brand alliances. These outreach efforts continue today.

Mission Accomplished
Based on 2010 research commissioned in eight major national markets, City of Hope’s intensified efforts to build a national brand produced measurable results. Overall awareness in these markets reached 74 percent—up three percent from two years earlier. Responders most frequently heard about City of Hope through television, attributable to large audiences reached through its association with NFL on FOX and public service announcements airing free in markets nationwide. Knowledge of City of Hope as a cancer research organization placed it fourth among national competitors. In Los Angeles, awareness was an unheard-of 100 percent among those surveyed, and City of Hope received the highest responses among competitors in areas such as best doctors, cancer research and treatment expertise. City of Hope also achieved its highest ranking ever in U.S. News and World Report’s 2010 “best hospital” rankings, placing in the top 20, a significant improvement from its benchmark ranking of 43rd in 2005.

A major component of City of Hope’s success has been its ability to re-engineer and maximize available resources—a practice available to every health care organization. If there are relationships with industry leaders or celebrities, how can they be used more strategically? If there is donor support in a particular market, how can that be expanded to achieve more results-oriented outreach goals? Beyond financial gifts, do donors, board members, volunteers or grateful patients have personal or professional leads that can be pursued? How can connections and relationships be tapped to open new doors? The ability to inventory all available assets and identify new and more productive paths to success is a worthy exercise for all entities.

For nearly a century, City of Hope has stayed true to its humanitarian mission of providing exceptional, compassionate care to Southern California and helping patients globally through biomedical research. It continues to achieve its strategic objectives for increasing patient volumes and exceptional care. Goals for building a national brand are increasing awareness and fundraising to support the research mission. These ambitious goals not only bolster the mission, they have helped the marketing and communications team evolve into a more relevant and efficient operation.

City of Hope also achieved its highest ranking ever in U.S. News and World Report’s 2010 “best hospital” rankings, placing in the top 20, a significant improvement from its benchmark ranking of 43rd in 2005.

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Seize the Day
Landmark legislation opens up a world of opportunities for marketing professionals
By Rhoda Weiss, Ph.D.

Health care marketing is in the midst of a dramatic reinvention. Uncertainties of reform, a renewed focus on outcomes and an explosion of social media are among the factors forcing us to reevaluate the skills and capabilities critical for marketing success. As executives demand bigger returns on marketing investments, we are more closely aligning our efforts with strategic objectives, customer experiences and the integration of communications across multiple platforms. Here are some avenues to capitalize on as we journey through change:

Revere reform. No matter how much politicians and pundits protest reform legislation, there’s no returning to business as usual. So much of what reform embraces—providing health care for more people, dismissing discrimination based on prior conditions few can control, forcing former adversaries like hospitals and health plans into partnerships that work toward achieving accountable care and involving consumers more directly in all aspects of care—are noble causes on the road to better health for all Americans. While the bill is complicated and ripe for criticism, it presents marketing professionals with unprecedented opportunities for leadership in improving how care is delivered. With accountable care organizations (ACOs), pay-for-performance, shared financial risk and expanded consumer choice, how we structure marketing strategies and communicate with stakeholders is rapidly changing. We have a responsibility to position our organizations as leaders by promoting reform and aligning ourselves with the issues people can agree upon.

Appreciate analytics. The gold mine of data, analytical tools and rigorous research moves us from gut instincts to solid information, getting us closer to our customers and their wants and needs. Daring dashboards, compelling statistics and quantifiable research help improve decision-making, offer valuable customer and competitive insight, enhance efficiency and increase understanding of market dynamics. But decisions based solely on statistics, ignoring psychosocial, spiritual, economic and family-related elements of caring and caregiving, are meaningless numbers. If algorithms are not your thing, update your analytical knowledge with “Marketing Metrics” by Paul Farris or “Web Analytics” by Avinash Kaushik.

Pursue partnerships. Real relationships move us from monologues to dialogues. They transform patients from passive observers of their care to equal members of their health care team. Partnerships transition the “us” and “them” of physician-provider relations into how “we” collaborate in “our” quest for continuing excellence. Collaboration breaks down walls of contempt among insurers, providers and physicians into a new attitude of, ‘We better get along because we’re sharing financial risks and rewards and our viability depends upon our ability to truly collaborate.’ Partnerships lack power unless relationships are based on trust, shared values and compassion. Start by facilitating a physician/administrative/marketing council on reform that crosses all health sectors.

Maximize multiple media. Social media redefines how we communicate. It also presents enormous challenges and makes compliance officers cringe. Privacy concerns blur personal and professional boundaries of shared content, leaving us open to criticism forever present on search engines. How do we optimize the proliferation of online and mobile tools and convince executives of their necessity? Technology may be disruptive, but it allows us to quickly deliver and receive messages, captivate customers and improve wellness of multiple population segments by delivering messages through vehicles they embrace. Mobile applications, online videos, social networking, websites and widgets—when combined with traditional media and in-person interactions—offer marketing power. Develop a social media plan that reaches customers in new ways. Remember, social media is best when it creates connections and communities otherwise unavailable.

Reform is making us think outside our own settings. With ACOs, we share in the health of our communities. As reform evolves, we’ll be serving markets we’ve not addressed before. Do we really understand concerns of the newly insured? Shouldn’t we be forming community groups to learn how to best reach them? Soon it will be 2014—when integration becomes law—so let’s start thinking about reinventing marketing now.

Rhoda Weiss, Ph.D. (rweiss@memnet.org), speaker, consultant and columnist, is past president of AHA Society for Healthcare Strategy and Market Development, receiving its inaugural Award for Individual Professional Excellence, and chair and CEO of the 32,000-member Public Relations Society of America, receiving the Health Academy’s Lifetime Achievement Award. A Kellogg Foundation Fellow, she was named UCLA Extension Distinguished Instructor and she is the author of “Managing Health Care Reform: Ideas for Leaders.”
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