

Healthcare Strategy

# Alert!

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on new markets, new opportunities

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forum FOR HEALTHCARE STRATEGISTS

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# Marketing an ACO

# Lessons From

By **Debbie Reczynski**

## An End to Business as Usual

This is a time of great change for healthcare marketers. As implementation of the Affordable Care Act (ACA) proceeds and healthcare organizations shift their focus from volume to value and from sickness care to population health management, new responsibilities are emerging, as well as new challenges.

For instance, how can marketers optimally position and promote ACOs and other population health ventures? What's the best way to grow the network and to communicate the benefits both to physicians and to consumers? And what can marketers do to encourage broader interest in preventive health and wellness, particularly among groups that may not yet have strong connections with the healthcare system, including men of all ages and Millennials, who represent a key audience for health insurance exchanges? The ultimate goal ... building and maintaining a strong, differentiated brand.

Read on for expert insights, data, and case studies on those challenges and more. And mark your calendars for the **19th National Healthcare Marketing Strategies Summit** and the **11th National Physician Strategies Summit**, being held concurrently April 30–May 2, 2014, at the Omni Orlando. For information, visit [healthcarestrategy.com](http://healthcarestrategy.com).



Judy Neiman, President  
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As more healthcare organizations form ACOs, marketers face new responsibilities—and some difficult new challenges. Because the effort is so new, everyone is finding their way.

What's more, marketers often aren't included in the planning and development phase; instead, they're brought in to market and "grow" a fully formed product. It's a complex, intensive, and time-consuming effort that involves educating both providers and patients at the same time, but it is also an opportunity for marketers to step up and lead their organizations.

"We in marketing, communications, and business development are perfectly positioned for this work," says **Paul A. Szablowski**, Vice President, Marketing, Communications, & Public Relations for Dignity Health in Arizona, Chandler, AZ. In partnership with Vanguard Health's Phoenix-based Abrazo Health Care, Dignity Health in Arizona has formed the Arizona Care Network, an ACO serving the residents of Maricopa County that began operations on Jan. 1, 2013.

"Nobody in our organizations is better equipped to send the message out and effectively grow these programs," Szablowski continues. "The CEO, CFO,

and COO have the data and the analytics, but they are looking for the appropriate strategy and tactics to communicate about the ACO and its benefits, so they are coming to marketing and saying 'we need your help.'"

**Jeff Cowart**, Interim Senior Vice President, Detroit Medical Center, and Principal, Barlow/McCarthy, agrees. Cowart has played a key role in marketing ACOs for both Abrazo Health in Phoenix and Baptist Health System, San Antonio, TX, where he spent two years as the Senior Vice President for Growth and Sales.

"There are three key roles for marketing," Cowart notes. "The first is creating the compelling messaging that your liaison team can take to physicians to get them interested in joining the ACO. The second is crafting messages and creating collateral for physicians to use to communicate with their patients about the model and how it will benefit them. The third is branding: what do you name the ACO? That, of course, will depend on a variety of considerations,



# the Trenches



including who's involved in the partnership, whether it's a product of one hospital or multiple hospitals or health systems, and the name recognition and reputation of the organizations involved."

So what are the key challenges? And how can marketers begin to address them in a way that helps ensure success? Cowart and Szablowski offer the following lessons.

## 1 Be prepared to translate complex language.

"CMS has some very restrictive language requirements about things you must say to physicians and to consumers," says Cowart. "So the marketing trick becomes how do you take that very detailed and legalistic kind of information and contextualize it and communicate the interesting things about it so that physicians want to join and their patients understand what it means and what's good about the model."

To do that, Cowart suggests forming alliances with the team that is organizing and operating the ACO. "Spend time with them," he says. "They've been working on this for a while and have started to learn how to break down the language. They can help us translate it and can also give us hints about who the target physicians are, how to go after them, and how to communicate with them."

## 2 Get the message right.

"You can't approach physicians with what's great about the model from the organization's perspective," says Szablowski. "They want to know what

it will mean for their practice and their patients. A lot of organizations lead with the potential shared savings, but that's not the only thing physicians are looking at. They are also looking at how the model will impact practice operations and patient care. For instance, will it make practice life easier? Does it offer efficiencies? Will it mean better care for patients?"

In the Phoenix market, the Arizona Care Network took the position of the "voice of reason" as a way to differentiate itself from the seven other competing ACOs in the market. "We wanted to be the source that physicians would contact to ask what is this, how does it really work, when do we get paid, how much money is at stake?" says Szablowski. "We said we don't have all the answers, but here's what we

do know and here's how we're responding. And that has been very successful for us. In May 2013, we had 1,500 physicians and 27,000 beneficiaries on board."

That position has worked well for Baptist Health in San Antonio as well. "The role of the hospital as a broker of credible information for physicians—that is a big, big area for the marketing group," says Cowart. "The economic landscape is shifting under physicians' feet. A lot of these are small practices—with one, two, or three physicians—and they are busy trying to keep the lights on and pay the rent. They keep up on reform, they know there are incentives, disincentives, and population health requirements coming, but they are not really sure what it means for their practice.

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Physicians want to know what an ACO model will mean for their practice and their patients.

(Continued from page 3)

"In both San Antonio and Phoenix, we've taken the position of 'we're going to make your practice life easier by helping you sort this out; we'll tell you the good, the bad, and the ugly so that you can make decisions based on accurate information.' That approach has been influential in helping us sign doctors in both markets."

The right messaging for patients is also crucial. "The first thing patients get is an opt-out letter from their primary care physician, and when they get it, they are often confused," says Szablowski. "They don't understand it. They think it means they're losing their physician. But when you explain what it really means—that their primary care physician, their cardiologist, and all of the other people who take care of them are now going to be able to manage their care through an integrated network to provide better care, a better value, and a better patient experience of care—they are thrilled."

So, it's important to help physicians craft communications to get that message out. "We developed talking points, FAQs, and posters for physicians and their office staffs," says Szablowski. "We also provide all of this information and more on the Arizona Care Network's website. And we did training sessions for physicians and their office teams to educate them so that they could educate patients."

When patients see the coordination piece in action, that's the real selling point. "We have care coordinators who can go to the physician offices to meet individually with patients and ask if they understood what the doctor said," explains Szablowski. "The care coordinators explain that they will visit the patient at home and remind them to be sure to take their medications

and do their exercises. Patients are delighted that someone is paying attention and is there to coordinate their care and to help them."

### 3 Plan for a long-term, sustained campaign.

An ACO is not another service line; it's a brand-new product. It may even be a brand-new company, as is the case with the Arizona Care Network. So it has to be marketed as such. "Marketing an ACO is more like an overarching brand campaign than a service line campaign," says Cowart. "It's not a three-month advertising campaign, but a long-term, 12-month saturation effort. It requires sustained communication and information on multiple channels in multiple ways. And if you don't plan for the saturation you need, your ACO won't get the traction needed to succeed."

That's something that executive leadership may not fully appreciate. "Organizational leadership may view the ACO as just another service line," Cowart says. "It's up to the marketer to help them understand what marketing an ACO fully entails so that they provide the right level of resources to carry out that sustained communication effort."

### 4 Count on it taking much longer than expected.

"The first thing you'll discover is that it is unbelievably time-consuming," says Szablowski. "When we started this two-and-a-half years ago, one of the first things we learned is that there are varying degrees of education, knowledge, and information among physicians about ACOs, ranging from total opposition to complete support. There's a lot of false, misleading, and confusing information out there and a gap in expectations and communication.

For the Arizona Care Network, it was critical to communicate that we were a physician-organized, physician-governed, and physician-managed collaboration. We carefully developed our value proposition around a win-win scenario and crafted the communications strategy around that foundation."

Because ACOs are so complex, it will take time for the marketing and sales team to understand the models themselves before they can even begin to educate physicians and consumers. "Plan for a cascading learning model," says Szablowski. "Start with the basics, then move to the next level of detail, and then the next. As you dig deeper, you'll have more answers and be able to convey more information."

"There aren't any precedents out there," adds Cowart. "We're all learning as we go. But as message specialists, we're finding that it's important to stay focused on the basics—on the fundamentals of what makes this a good model of care. For physicians, it's ease of practice life. For patients, it's coordinated care that keeps you out of the hospital. Those are great messages to share—messages that people want to hear and that will have an impact."

### Sources

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An Accountable Care Organization is not another service line.  
It's a brand-new product.

# Positioning for Population Health Management

## Insights From Consumer Research



BY Joel English

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For most healthcare marketers, when it comes to positioning and promoting new accountable care or population health ventures, there are far more questions than answers. A new consumer research study offers insights that can help guide positioning strategy in the new era of healthcare.

The study was conducted by BVK's research group as a way to fill in some of the information gaps regarding consumer attitudes toward healthcare reform, with a focus on the health and wellness aspects of population health management. It involved a survey of 1,500 consumers, 18 years of age and older. The sample was balanced to be representative of the national population in regard to age, ethnicity, education, and income. Following are key insights.

### Setting the Context

The study first sought to understand whether "keeping you well" was a driver of choice for consumers. It also examined which types of providers or organizations they considered best suited for the role.

When asked about their criteria for selecting providers, consumers ranked "keeping you well and healthy" as fourth highest, behind "quality care," "treating you when sick," and "appropriate care." Ninety percent of respondents listed it as very or somewhat important. It was also ranked in close statistical proximity to a number of additional criteria, including "ease of access," "good value," and "good reputation for compassionate care." So, while important, it wasn't a singular driver of current provider selection.

In terms of which providers or organizations consumers think have the best business motivation to keep

them well and healthy, health clubs and insurance companies led the list (both mentioned by 50 percent of respondents). Doctors and nurses were mentioned by 40 percent of respondents, while various types of provider organizations fell further down the list (in the 20s and low 30s). Consumers have a difficult time understanding why these organizations, which get paid to treat sick people, would be motivated to keep them well.

Doctors and nurses were seen as the best "crossover" providers, being viewed

as equally capable of providing wellness services and sickness care. Other types of providers were much more likely to be strongly associated with either sickness or wellness care, but not both (figure 1).

### Healthcare Reform

Based on their answers to a number of questions, it is clear that consumers think healthcare reform is insurance reform, expressed as expanded coverage (for pre-existing conditions and preventive care) or new coverage available to those without current insurance. Some reflected the mandate

*(Continued on next page)*

**Figure 1.**

Provider Ratings on Keeping Patients Well Versus Providing Sick Care	Keeping You Well/Healthy	Taking Care of You When Sick
Percent of Respondents Rating Excellent or Very Good (n=1,500)		
Doctors	63.7%	73.9%
Nurses	56.3	70.3
PAAs/NPs	55.3	64.9
Health clubs/health coaches	39.5	13.7
Hospitals and healthcare systems	39.5	54.4
Pharmacies and pharmacists	36.5	44.6
Alternative medicine providers	31.3	25.1
Nutrition/diet/supplement companies	24.8	14.7
Health insurance companies	22.0	23.3
Retail clinics	21.3	23.5

Response Scale: Excellent, Very Good, Good, Fair, Poor  
Source: BVK, 2013

(Continued from page 5)

requiring the uninsured to participate in an insurance plan or pay a fine. Very few understood reform to have any impact on the provider care experience. This isn't a big surprise based upon other research, but it is a red flag.

On an unaided basis, consumers were slightly more focused on the disruptive aspects of reform than the beneficial ones (42.5 percent finding it disruptive versus 34.5 percent viewing it as beneficial, with 23 percent not knowing what to think). And they were underwhelmed with its expected impact on their lives, with 65 percent not expecting any personal benefit.

Leading the concerns shared by consumers were two emotionally charged issues: "infringement on my personal privacy" and "the freedom to live my desired lifestyle" (figure 2). Both garnered mentions by close to 40 percent of respondents, and both have implications for how consumers might view health and wellness coaching and behavior change.

When asked specifically about the personal benefits of new or expanded programs for nutrition, exercise, tobacco cessation, and preventable chronic conditions, only 40 percent of respondents thought these programs would have any appreciable impact on them personally.

Details explaining clinically integrated networks, medical case management, appropriate care management, care coordination, patient-centered medical homes, and population health management, where the focus was on improving the health of a defined population through health and wellness initiatives, were also shared with respondents. Respondents were asked whether they thought each of these facets provided any benefit. Each was viewed by a slight majority as providing a lot or some benefit, with the notable exception of Population Health Management (only 41 percent viewed this as providing a lot or some benefit).

## And What About ACOs?

An important counterpoint to the negative or ambivalent reactions to healthcare reform (on an unaided basis) is the favorable reaction of consumers to the concept of an ACO once it was explained: 60 percent of respondents viewed ACOs (as described in the sidebar on page 7) favorably, and only 17 percent viewed them unfavorably.

This is cause for optimism and leads to another question: who would consumers want to lead an ACO venture?

Perhaps not surprising, considering the answers to previous questions, doctors were at the top of the list (48 percent), followed by hospitals and health systems (38 percent) and insurance companies (27 percent). Potentially disruptive players, such as Walgreens and Wal-Mart, have a much bigger hill to climb based upon the results (figure 3).

Lastly, respondents were asked who they would want to counsel them on healthcare reform. Continuing the trend, doctors and nurses were by far the most trusted sources for information and counsel; hospitals and health systems were the first organizations to be cited

as a preferred source. Interestingly, such organizations as the federal government, AARP, independent ratings services, and health insurance companies fell far down the list. And mass media were last.

## So What Do We Make of These Findings?

For healthcare marketers, the results offer a number of important insights.

A sizable group of the population has reservations about healthcare reform overall, and this may impact their willingness to select and comply with specific components of the ACO model. That said, when ACOs were explained, there was a significantly more favorable reaction than on an unaided basis, even "converting" some respondents who were initially negative. (However, the wellness and preventive health components were seen as least significant in affecting their lives, when expressed at the population level.)

Consumers know very little about the impact of reform on the provider experience and care process and have very modest expectations of any changes affecting their health and well-being.

Figure 2.

Specific Benefits and Disruptions of Healthcare Reform	A Lot or Some Impact	Don't Know
	(n=1,500)	
Infringe on your privacy (-)	40.7%	11.1%
Infringe on your freedom to live the lifestyle you want to (-)	38.9	8.9
Reduce your healthcare costs (+)	35.9	10.3
Compel your employer to stop providing health insurance coverage (-)	34.7	20.9
Expand your access to care (+)	33.9	9.2
Make it easier to compare and shop for the right insurance plan (+)	32.4	12.1
Encourage you to make positive changes to your health (+)	32.1	8.3
Help you stay healthier (+)	29.5	8.3
Improve your satisfaction as a patient(+)	27.5	9.5
Improve the quality of your care (+)	26.4	8.1
Reduce your need for hospitalization (+)	23.3	13.5
Result in more personalized care (+)	21.7	9.4

Response Scale: A Lot, Some, A Little, Not at All, Don't Know  
Source: BVK, 2013

Consumers do use health and wellness activities as one of the more important selection criteria when assessing providers. But they don't see much alignment with the business model of provider organizations with the goal of keeping them well. Doctors and nurses are clearly, and significantly, the exception.

Consumers want to turn to individuals, particularly doctors and nurses, rather than organizations for help with health, wellness, and understanding what healthcare reform means to them personally. The difference appears to lie in personal interaction, ongoing relationships, and a presumed higher level of individual accountability.

Fortunately, provider organizations were viewed as desirable choices for leading ACOs, second only to doctors.

Insurance companies represent the most significant competition for provider system-led ACOs, particularly if they co-brand with well-recognized physician groups, health systems, and other provider organizations.

### Where Do We Go From Here?

First, understanding the consumer mind-set will be essential as healthcare marketers attempt to position new ACO or population health ventures. Expectations of improvements in the care experience and potential benefits are minimal, and fear of the unknown is significant. If the current research is any indication, providing accurate information to improve consumers' understanding of new models and their benefits will have a powerful effect in convincing those favorable to ACOs to act and in persuading those who are on the fence to give ACOs consideration.

Second, in regard to ACO positioning, one message comes through loud and clear: hospitals and health systems must leverage their doctors and nurses. They represent the personal face of healthcare;

they interact personally with patients, establish relationships, and are the most trusted sources of information about health and healthcare. So they are best suited to convey information, replace uncertainty with trust, and help to change behaviors. In wellness and prevention coaching, relationships trump all other criteria, so these caregivers need to be empowered and equipped to educate, motivate, and remediate.

Third, all messaging should be couched in personal benefit terms. Industry buzzwords such as "accountable care" and references to managing the health of "populations" should be avoided. Consumers are clearly having a tough time seeing personal benefit beyond insurance coverage, so it's important to give a clear view of the patient care benefit and eliminate any negative cues that could trigger concerns about freedom, choice, and confidentiality.

Finally, marketers need to be at the table with those planning ACO ventures to make sure that the voice of the customer is being heard. And the marketer's communications role will need to

## What is an ACO?

The study described ACOs as follows: an ACO is a network of healthcare providers (primary care physicians and specialists, hospitals, clinics, and sometimes insurers) that band together to provide the full continuum of healthcare services to patients. The network receives a payment for all care provided to a patient and is held accountable for quality and the cost of care. By providing appropriate, coordinated, integrated care; by encouraging healthy behaviors and discouraging unhealthy ones; and by focusing on prevention, hospitalizations are reduced, patient health is improved, and costs are held in check.

expand to include providing doctors and nurses with the tools they will need to meet patient expectations and change patient attitudes and behaviors. It won't be an easy task ... change never is. But if the trust necessary for change is to be built, marketers will need to be catalysts toward that end.

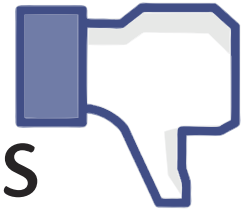
Figure 3.

Willingness to Participate in an ACO Led by Various Types of Organizations	Certainly/Probably Will	Certainly/Probably Won't
(n=1,500)		
Doctor or physician group	47.6%	15.9%
Hospital or healthcare system	38.4	20.5
The largest healthcare system in your area	33.0	23.8
Health insurance company	26.9	29.8
Pharmacy or pharmacist	21.7	43.5
Retail clinic	13.5	57.8
Health club	12.2	60.6
Nutrition/diet/supplement company	10.5	64.7
Online company, such as Amazon.com	7.7	71.0

Response Scale: Certainly Will, Probably Will, Might or Might Not, Probably Will Not, Certainly Will Not  
 Note: Multiple responses were allowed  
 Source: BVK, 2013

Hospitals and health systems must leverage their doctors and nurses. They represent the personal face of healthcare.

# The 7 Deadly Sins of Marketing to Millennials



By **Cheryl Toth**

For years touted as the text-addicted, spoiled, self-centered generation, the Millennials have grown up. The largest generation in U.S. history (yes, bigger than the Baby Boomers), this diverse group of digital natives stands at 79 million strong and ranges in age from 16 to 34. The older members of this generation are beginning to enter their peak earning years. They're building careers, buying homes, and starting families.

That's why forward-thinking healthcare executives are starting to take this generation seriously. Healthcare services—from primary care to maternity services and pediatrics—are increasingly important for many of the older Millennials. And, thanks to the Affordable Care Act, millions of Millennials who previously might have gone without health insurance are now covered by their parents' policies. Millions more are a ripe audience for the new health insurance exchanges.

Engaging Millennials now will differentiate your organization from the pack and give you an edge for forming long-term relationships. According to research conducted by the Boston Consulting Group (BCG), Millennial expectations are quite different from generations before them; the 'same old' marketing tactics won't work. Avoid these "7 Deadly Sins" as you rethink your brands, business models, and marketing strategy for Millennials.

## Sin No. 1

**Dropping the ball on efficiency and convenience.** Instant gratification is where it's at for Millennials. They value speed, ease, efficiency, and convenience in all transactions. Consider solutions that offer convenient care and fast access, such as a patient portal that provides online access to lab results, secure messaging, prescription renewals, and appointments, or text reminders about appointments or medications.

Efficient technology isn't the only way to engage Millennials, though. They also love the convenience of picking up shampoo and a birthday card after dropping in to be seen for a sore throat. (Read: they don't like to wait a week for an appointment.) In fact, according to *Health Affairs* research, 18- to 44-year-olds account for 43 percent of all retail clinic visits. Creative partnerships with drugstores or retail clinic chains that improve convenience and access for patients will win points with this group.

## Sin No. 2

**Bad design.** Millennials have grown accustomed to great online tools that seamlessly organize or connect their lives. They are digital natives who've grown up with computers or other digital devices—the oldest, since their middle school years, and the youngest, since they were barely out of the womb. Good design for them is not a differentiator. It's expected.

Evaluate your website and Facebook page. If they're bad, make them good. If they're good, make them great. Review your registration and admissions processes, as well as existing customer service models in the hospital and physician offices. Millennials tend to be in a hurry. You've got to figure out how to get, and keep, their attention on your brand instead of your competitors'.

## Sin No. 3

**Failing to engage them where they are.** BCG reports that 79 percent of Millennials use social media platforms to connect with friends and others frequently, in real-time. If your social media strategy is still "in development," or you aren't cultivating your brand on Yelp!, YouTube, Facebook, and Twitter, your organization is missing big opportunities.

Millennials are far more likely than non-Millennials to favor brands that have Facebook pages (47 percent versus 28 percent, cites BCG). Many get their news and stay connected on Twitter. Social media is a part of their daily life, and they will engage with your organization in surprising ways, if you let them.

For example, BCG data show that 60 percent of Millennials rate products and services online (versus 46 percent of non-Millennials). And 60 percent upload videos, images, and blog entries (versus 29 percent of non-Millennials). So engage them. Let them share, or let them read what real people say, about your brands. For Millennials, the definition of expert is not someone with professional or academic credentials. It's someone with firsthand experience; ideally, a peer or a close friend. The reach of social media has amplified the voice of individuals. Build a strategy that embraces the amplitude.



## Sin No. 4

**Using too many words and not enough pictures.** Data from Hubspot indicates that photos generate much more engagement than text. Photos receive 53 percent more likes and 104 percent more comments than the average Facebook post. That means those 20-page patient education booklets and presurgical patient packets probably won't be read by Millennials. Convert old-school prose to bite-sized copy or video. Create and promote YouTube channels for your brands. Ask a Millennial in your office to explain how Instagram can be used with Facebook and how to put your best foot forward on Pinterest.

## Sin No. 5

**Missing the boat on mobile.** The PC is a tool for Gen X and Baby Boomers. Millennials are a mobile crowd. Nielsen estimates that 74 percent of young adults between the ages of 24 and 34 own smartphones. At the very least, your websites should be mobile-enabled. Text reminders and mobile payments should be in the works. And options for app development or partnerships should be explored.

Many healthcare organizations are building apps for medication adherence, appointment scheduling, or other purposes. But it's not always necessary to build your own technology; look for companies you might be able to partner with instead. For instance, if you're targeting Millennial moms, contact the developers of mobile apps such as Baby Bump, What to Expect, and Baby Center (available in the iTunes app store), which provide daily and weekly information about body changes, diet and exercise tips, and the benefits of prenatal vitamins.

## Sin No. 6

**Not making the message about "me."** This generation grew up being treated as individuals. General marketing efforts about diabetes or women's services, for example, will be ignored. Millennials expect personal experiences based on the data they share about themselves, paired with auto-collected location, time, and activity history of where they are, were, and want to be.

Nix "healthy" e-newsletters and general direct mail pieces and opt to push personalized information instead. If your electronic health record offers personal reminders and other information based on a patient's medical record data, make sure the feature is being used and promoted by network physicians. As one example, Capella Healthcare, Franklin, TN ([capellahealth.com](http://capellahealth.com)), provides exam and health screening email reminders based on age and gender for both patients and their loved ones.

## Sin No. 7

**Putting non-Millennials in charge of your Millennial strategy.** Seniority is a limiting factor; you need 25- to 35-year-olds creating ideas and leading the way. Provide mentoring and guidance, but trust their judgment. The bold nature of this generation makes them fearless, and their ability to collaborate makes them first-rate co-creators. Be sure to capitalize on those characteristics when developing marketing strategy.

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# 4

## Millennial-Defining Characteristics

To reach Millennials, marketers must understand the four characteristics that make this multitasking generation tick:

### Pragmatic

I want it all. I want the best deal. And I want it now; I'm not going to wait.

### Connected

I am connected 24/7, and I share everything with everyone immediately. For me, sharing is caring. I learn from friends and others, online and off.

### Bold

You'd better listen to me, because I share everything: good news and bad news. If I share it, it's buzzworthy, and that makes me look cool to my friends.

### Eclectic

I want it my way. Don't put me in a box; I am unique and special. I need the freedom to express myself and be me.

Source: Adapted from "No Guts, No Glory: 5 Steps to Becoming a Brave New Marketer," p. 5, InSites Consulting, December 2012.

# A Generational 'Run' for Health



Borgess Health, a regional health system serving southwest Michigan and headquartered in Kalamazoo, has been successfully engaging consumers through an annual running event for more than 30 years. The addition of a Run Camp, focused on targeting Millennials, Generation Xers, and Baby Boomers, has transformed the run. The camp has allowed Borgess to create not only a community that comes together to physically and mentally prepare for the run, but also a highly connected affinity group that engages the generations and transcends the run.

Historically, Borgess Health benefited from a robust community of patients focused around several key service lines, including cardiovascular (Borgess Heart Institute) and neuroscience (Borgess Brain & Spine Institute). These patients skewed to Boomers and seniors. The same community did not extend to the Borgess Bone & Joint Institute (BBJI), in large part due to the more episodic nature of care delivered in the orthopedic care program.

Because the BBJI is a cornerstone for future growth, Borgess made it a priority to create a community around the Institute, connecting specifically with Gen Xers, Millennials, and Boomers. Insight into generational differences would prove to be invaluable in creating that community.

Services at BBJI span the full continuum of care, including inpatient and

outpatient orthopedics, orthopedic trauma, orthopedics and rheumatology physician practices, sports medicine, athletic performance, and health and fitness. More than half of orthopedic patients within BBJI are Baby Boomers or Generation Xers, which contrasts sharply with the Greatest/Silent Generation-driven cardiology service line. This younger acute care patient base, along with the more episodic nature of the care, didn't create many opportunities to build a more lasting connection with patients.

With a desire to "... be about more than just treating illness" and "be about helping our community be healthier," Borgess saw opportunity in the health and fitness arena; namely, in the Borgess Run for the Health of It!

### Launching the Catalyst for Engagement

First introduced in 1979, the

Borgess Run today has more than 8,000 participants across six events. In 2002, Borgess introduced Run Camp, a 13-week, \$75 program that helps individuals prepare for the Borgess Run. The Run Camp includes education and coaching on how to eat, dress, prepare, recover, and deal with injuries. And every Saturday morning throughout the winter, often in bitter cold and snow, Camp participants run.

Run Camp also features specific program elements to create uniquely appealing experiences for each of the three targeted generations: Gen Xers, Millennials, and Boomers. As a result, the success of Run Camp has exceeded everyone's expectations. Started in 2002 with about 100 participants, by 2013 Run Camp had grown to approximately 1,000 participants.

Through Run Camp, Borgess is encouraging interest in a healthy lifestyle and making lasting connections.

# Borgess Run Camp includes specific program design elements for each of the targeted generations

## Millennials: Connect Me

- ◆ Each individual is assigned to a team; teams create identities, and many become unique communities within Run Camp that persist beyond Run Camp. The Plaidiators, for instance, must wear something plaid.
- ◆ Run Camp website ([borgessruncamp.com](http://borgessruncamp.com)) features a blog focused on the content from each of the Saturday sessions, infused with bit of humor, as well as a photo blog.
- ◆ Run Camp Facebook group facilitates engagement, support, and meet-ups. Individual team Facebook groups create a virtual meeting space for the teams.
- ◆ Primary care sports medicine physicians, other Borgess experts, and local specialists (e.g., a running shoe and apparel retailer) are available at the Saturday sessions to answer individual questions, assess fit, and provide other support.
- ◆ Run Camp staff is tuned in to provide high-fives, hugs, and other positive encouragement.

## Generation X: Educate Me

- ◆ Each camper receives a notebook with comprehensive educational information on topics, including everything from diet and nutrition to running programs to recovery techniques.
- ◆ Structured education is a part of each Saturday morning session, led by Borgess experts.
- ◆ The rise in the number of campers joining purely to improve their health has led to the addition of optional, fee-based tracks focused on weight loss and other health-related areas of focus.
- ◆ Campers can use the Saturday sessions, their teams, and social platforms or ask the experts about the efficacy of specific training plans, recovery techniques, dietary tricks, and even performance gear they may want to try.
- ◆ Run Camp operates on a structured schedule. Sessions are held Saturday mornings at 7:30 a.m., allowing individuals to finish up and still have the day to focus on other activities. The Borgess Health & Fitness Center is conveniently located and has ample parking. Some sessions are now being offered at alternate locations to provide variety and enhance convenience and the experience.

## Boomers: Engage Me

- ◆ Individuals are assigned to teams based on their projected run pace so that they are grouped with others like them, increasing the level of comfort for individuals who may not view themselves as runners.
- ◆ Education is designed to be broad but detailed; personalized guides are also available.
- ◆ Run Camp runs are held on the actual race course, giving participants a clear understanding of what to expect and the ability to predict with a fair degree of precision when they'll hit a certain hill or rough spot.
- ◆ Team leaders follow up with campers who miss a Saturday session. This allows them to quickly recognize a camper who is struggling, provide emotional support, and align the camper with resources to help overcome any barriers.



Overall, the Run Camp experience has created a highly engaged and connected cross-generational community. And it's paying off: 39 percent of campers convert to users of Borgess acute care services, generating over \$500,000 within a year. They are using orthopedic, pulmonary, endocrine, maternity, urogenital, trauma, cardiovascular, neurologic, and psychiatric services. The highest volume of use comes from the Gen Xers (married, with children), while the highest downstream revenue comes from the Boomers.

More important, through Run Camp, Borgess is encouraging interest in a healthy lifestyle and making connections that will hopefully last a lifetime. The consolidated dynamic community transcends the Run and now includes people who just want to get and stay healthy. Run Camper Teri Olbrot says it best when describing her experience: "Borgess Run Camp was the first stop in a much healthier lifestyle for me. That's where I found my strength."

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# Making a Difference in Men's Health

## A Marketer's Call to Action



BY Andrea J. Simon, PhD

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Historically, most hospitals and health systems have largely ignored men in their marketing and business development efforts, focusing instead on women. Now, recognizing that men have unmet health needs and can offer new revenue streams, more healthcare organizations are introducing services that can not only make an impact on men's health, but also expand the organization's reach and customer base in new ways.

Consider these statistics: over 90 percent of women have a primary care physician, compared with only 62 percent of men. And, excluding pregnancy-related office visits, women see their doctors for preventive care twice as often and use ambulatory care services 33 percent more often than men do. Not surprisingly, women now live, on average, five to six years longer than men.

For African American, Hispanic, and Native American men, the disparity in health status is particularly alarming. They are at even higher risk for overall poor health, for the top 10 major diseases, and for premature death and disability.

So, why don't men visit doctors more often? It's not simply a matter of insurance. Although more than half (55 percent) of the 38.4 million uninsured American adults are men, evidence indicates that even insured men are not taking care of their health. The fact is that men simply tend to avoid preventive care and seek services only when they are "really sick." Regardless of race, ethnicity or insurance status, they are raised to be "strong." In healthcare, that is translating into an alarming lack of attention to preventive health needs.

### An Emerging Movement for Men's Health

Although the momentum for connecting men and boys with healthcare in the U.S. is just beginning, several healthcare organizations are leading the way in developing innovative approaches for reaching males and starting them on a new lifestyle trajectory where health and wellness are important. Crucially, these innovators also understand that men's health must be addressed differently from women's.

### INTEGRIS Health

In 2004, INTEGRIS Health, a not-for-profit healthcare system with 15 hospitals throughout Oklahoma, began to focus on men and their access to physicians and healthcare as part of its community health initiative.

To raise awareness of men's health issues, INTEGRIS created the highly innovative Men's Health University (a.k.a. Men-U). Formed in 2004, Men-U meets men where they want to be met, in places that make them feel comfortable. Through free screenings, physician seminars, and annual wellness fairs, Men-U has brought more than



The fact is that men simply tend to avoid preventive care and seek services only when they are "really sick."

700 men and healthcare workers together and has become a powerful advocate for men. Community organizations, radio stations, and local celebrities have all collaborated in this effort to transform unhealthy men into healthy ones.

**Steve Petty**, INTEGRIS System Director of Community Wellness, brought together a core team of INTEGRIS clinicians to develop the Men-U program. Key components include:

- ◆ Fit Club
- ◆ “ManCard,” which rewards points for taking action to get and stay healthy
- ◆ Physician outreach/talks to educate men about their health
- ◆ Physician clinics and convenient office hours
- ◆ “What a Dad” contests

What drove the success of the Men-U initiative was not just that it offered men free health checks and cancer screenings, but that it offered them in a tailgate party environment with food and door prizes, not in a doctor’s office. The “ManCards” points-reward system really resonated with men. And the local press got on board with lots of media attention and made health fun.

Most important, INTEGRIS engaged physicians to become Men’s Health Champions and lead the charge. According to **Justin Sparkes, MD**, INTEGRIS Medical Director for Community and Employee Wellness: “The whole challenge was getting as close to a 1:1 as possible. Men had to know why something like high blood pressure directly affects them. They simply needed to know that ‘I need my cholesterol checked, my PSA taken.’”

**Hurley Medical Center**

Three years ago, while looking for new ways to grow its patient base, Hurley Medical Center, Flint, MI, discovered men’s health as an important area of unmet need. None of the other area



hospitals were focusing on how to get men into the healthcare system, particularly African American men, so Hurley jumped at the opportunity.

Working with the community and churches as well as with physicians, Hurley developed a targeted Men’s Health Initiative. Through a series of breakfasts, workshops, and church events, men can receive health screenings, meet with physicians, and learn how to get and stay healthy.

Knowing that the experience of visiting a physician’s office is unappealing, and at times frightening, for men, the Men’s Health Initiative takes preventive health services out to them, in places where they are comfortable and like to hang out. The first Men’s Health Summit, “Man Up,” brought in more than 120 men and even some of their wives for screening, motivation, and education sessions. Hurley

was able to try some of the same ideas that INTEGRIS Health had used successfully, retooling them to fit its market.

Hurley also organized a very successful Men’s Health Fest filled with sporting events, contests, and an all-day appearance by local football star Mark Ingram Jr, a Heisman Trophy winner and former Flint Southwestern Academy player who now plays for the New Orleans Saints. More than 1,000 people came out to celebrate men’s health in ways that were engaging and fun, yet serious. The strategy was to make getting healthy easier, convenient, and more fun for men—in other words, a healthcare strategy designed around them.

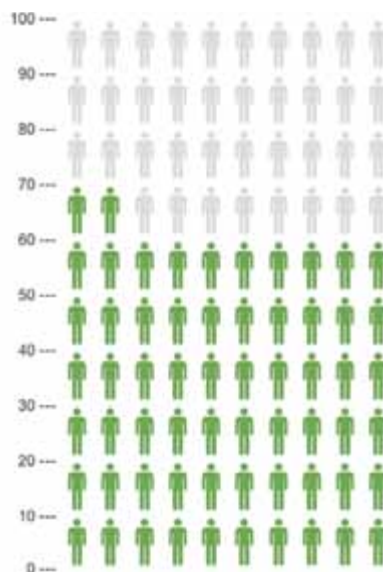
Getting the message right was another key focus. Local research showed that taking care of their cars was more important to men than taking care of themselves. Accordingly, advertising for the men’s programs was designed to hit home in powerful yet simple ways with the message: “Think your car is more important than your health? Think again.”

**Michigan Institute of Urology: MIU Men’s Health Foundation**

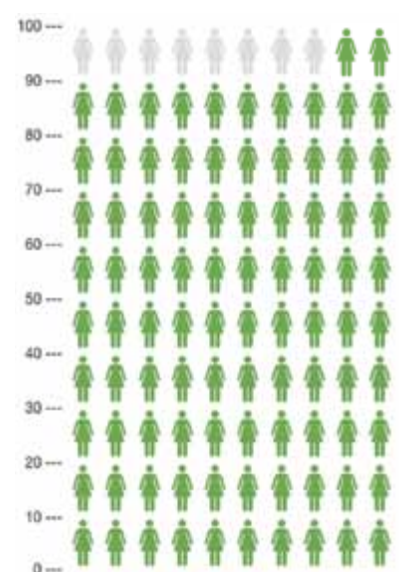
Three years ago, the Michigan Institute of Urology created the MIU Men’s Health

*(Continued on next page)*

**Men with a primary care physician**



**Women with a primary care physician**



(Continued from page 11)

Foundation to focus on men. At the time, these urologists were concerned about prostate and testicular cancer screenings. African Americans had a high incidence of prostate cancer; were not getting screened early; and, as a result, had unnecessarily poor health outcomes.

To raise awareness of the problem, the doctors at MIU organized two different but highly effective events:

- ◆ The Father's Day 5K Run for the Ribbon has attracted more than 1,500 participants annually since its inception in 2009.
- ◆ A fall Men's Health Event, now in its third year, has attracted 1,000 attendees annually.

"We forgot that men have life-threatening issues we need to address," says

**Michael Lutz, MD**, one of the leaders of MIU's men's health outreach. "And we need to help them thrive, not just survive, if they get prostate or any other form of cancer."

What makes the MIU Foundation unusual is that it is a stand-alone entity, formed by physicians who are focusing on men's health. As such, it is attracting major community, corporate, and individual funding for research, as well as strong community involvement, all of which is helping the Foundation make an impact.

### Time to Jump on the Bandwagon

These groundbreaking initiatives are the first steps of a growing movement to change the way healthcare executives think about men and their health, how institutions train clinicians to address men's health, and how healthcare providers deliver care in culturally and lifestyle-appropriate

ways to reach men. Forward-thinking healthcare strategists are drawing on these ideas to tailor programs and messages to reach men and to support women who are still major influences in the lives of their husbands, sons, and fathers. Indeed, now might be an ideal time for healthcare institutions to join together to champion men and their health and to come up with real, actionable ways to help them get—and stay—healthier.

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# 4 Companies

# Changing Healthcare

## Engaging Patients and Consumers

By **Debbie Reczynski**

With growing responsibility for managing population health and reducing readmissions, the need to engage patients in their health and healthcare is more important than ever. Following are four tools that can help.



### 1 **Health Recovery Solutions** ([healthrecoveryolutions.com](http://healthrecoveryolutions.com))

Health Recovery Solutions (HRS) helps hospitals, physicians, and patients manage chronic conditions and reduce hospital readmissions by employing a patented research-based platform (PatientConnect™) that promotes patient engagement. HRS can help providers reduce readmissions, improve patient satisfaction, increase workflow efficiency, and generate additional revenue.

The HRS platform guides patient behavior and tracks their recovery postdischarge. Real-time data is relayed to clinicians and caregivers instantly. HRS employs an automated patient-centered approach and incorporates cutting-edge findings on the causes of readmissions. The platform, used in conjunction with EMR, a web-monitoring portal, and smartphone applications, can effectively engage and motivate patients, physicians, and family to prevent readmissions and promote a healthy lifestyle for patients.

### 2 **HealthPrize Technologies** ([healthprize.com](http://healthprize.com))

HealthPrize has created an online and mobile platform to address the challenge of medication adherence. HealthPrize motivates people to stick with their prescription medications by combining rewards with user-friendly medical education and reminders, all inspired by behavioral economics, consumer marketing, and gaming dynamics.

Rewards come in three varieties: loyalty points, weekly sweepstakes, and monthly competitions, with a prize to the highest point earner per month. The financial incentives serve as a compelling extrinsic motivator designed to maximize opt-in rates, and the loyalty points, in particular, serve to maximize persistence over time. Weekly quizzes and daily Fortune Cookies (for additional points) deliver targeted and repeated education to build and strengthen a user's intrinsic motivation to remain compliant.

### 3 **Wellbe.me** ([wellbe.me](http://wellbe.me))

Wellbe.me's Patient Guidance System (PGS) uses web technology to engage and help patients navigate successfully through their treatment plans. Like a GPS for health, the PGS is a suite of simple online tools that empower patients with the education, action lists, monitoring, and communications they need to become effective partners in their care. Patients have convenient, 24-hour access to relevant information and resources when they need it. They can also use secure messaging and videoconferencing features to involve their families and personal caregivers for support and reach out to other patients to share notes.

Providing patients with online Guided Treatment Programs can help healthcare organizations reshape, improve, monitor, and measure the patient experience, potentially leading to improvements

in patient satisfaction, functional outcomes, complications, and length of stay.

### 4 **Wellclicks** ([wellclicks.com](http://wellclicks.com))

The wellclicks Family Health Manager was created in partnership with Minnesota-based health systems—Allina Health, Ridgeview Medical Center, and others—to foster health engagement by providing consumers with access to a suite of online proactive health management tools. By embedding the Family Health Manager within its public website, a healthcare organization can connect people to events, doctors, and resources within the local community based on individual health and interests.

The Family Health Manager works in conjunction with an organization's patient portal. Consumers can register for events, schedule visits, obtain a health score, log interests, track wellness goals, and receive personalized resources and recommendations for their specific health needs. The Family Health Manager aggregates data about consumer health interests, goals, and habits so that it can be used in segmentation and population health reporting.

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