

Health care organizations: The time is now to rebuild consumer confidence and reclaim credibility

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The reputation of the American health care system and each sector within, from pharmaceuticals and insurers to hospitals and physicians, has been tarnished over the years. Today the spotlight from national elections — highlighting the concerns so many Americans have about health care — illustrates the need to rebuild constituents' confidence in the system that serves them.

So it's incumbent upon those of us in health care public relations to counsel our organizations and clients that change is needed if health care organizations are to have a base of respect and credibility from which to influence the debate and societal decisions that will shape the future.

For decades, the institutions, businesses and individuals involved in health care were the good guys. But by the 1970s, as employers discovered that the runaway line on their expense budget was employee health insurance, the focus of government, business and media shifted from health care to health care costs. The circle of blame era, as health care industry insiders call it, began with each sector taking its turn as the villain: first money-grubbing doctors, then profit-obsessed pharmaceutical companies, and then uncaring, bottom-line oriented hospitals.

Today, every sector is continually scrutinized and every error and horror story is magnified by 24/7 media coverage. The headlines shape consumer and voter perceptions: medical errors in hospitals; drug companies accused of withholding information about the dangers of drugs they market; physicians demanding concierge fees for patient care or taking money from drug companies; devices known to be faulty killing unsuspecting patients; insurers making huge profits while denying coverage for care. The din is incessant and it negatively impacts the confidence of American consumers.

Then there's the never-ending parade of confusing and sometimes contradictory health advice (alcohol is bad/drink red wine, heavy aerobics are best/walking is better; eat this/don't eat that) and thousands of Web sites offering a glut of information. It's no wonder Americans queried in focus groups and personal discussions say they are confused, distressed and depressed about the health care system.



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They wonder if the phrase “health care system” is even accurate anymore. The system seems more like a collection of unrelated, often-at-odds pieces. They say that “caring” is hard to find from stressed and overworked health care providers. The focus has shifted toward treating sickness and away from preserving and encouraging healthy behaviors.

As we talk with patients and consumers, it is apparent that the trust in physicians and health care providers upon which the health care endeavor has been based since the days of Hippocrates is fraying and in danger of being irrevocably damaged.

If that happens, and patients no longer know what to believe or whom to trust, we risk a massive impact: people no longer heeding their doctors' advice or turning to unproven therapies; philanthropists withdrawing their support; and patients refusing to participate in clinical trials critical to developing new lifesaving medications. One example of what could be the future: Parents, no longer trusting their physicians, pharmaceutical companies or “the system,” refuse to vaccinate their children. This not only puts their own children's health at risk, but also exposes others to diseases once thought to be eradicated.

Because of the risks posed by lack of trust, it seems clear that health care organizations must begin at once to rebuild credibility. That will require a significant commitment to changing the two Cs — culture and communications. Health care organizations have to change both their walk (the way they operate) and talk (the way they communicate), focusing on listening, responding and building relationships.

The need for culture change is apparent in the hospital/provider sector, where patients personally experience the system.

Data from the Hospital Consumer Assessment of Healthcare Providers and Systems (a national survey of patients, conducted by the U.S. Department of Health and Human Services) found that only 63 percent would rate their most recent hospital experience a 9 or 10 (1 low, 10 high) and only 67 percent would recommend that hospital to friends or family.

Despite studies like this that show a clear need for change, a survey of senior marketing and PR executives at U.S. hospitals, conducted by Lewton, Seekins and Trester for a presentation to the Society for Healthcare Strategy and Market Development, found that:

- While nearly 60 percent of marketing and PR execs surveyed say culture change is a critical strategy, less than 40 percent say their CEOs believe culture change is vital to the hospital's survival.

- And though nearly 70 percent of marketing and PR execs surveyed say they personally are committed to helping the organization change, they believe their CEOs are only partially committed and the majority of their physicians are actually opposed to change.

Fortunately, in terms of leading culture change efforts, these PR and marketing execs say they play either the leading role (30 percent) or a key role on the leadership team (55 percent). What they bring to the table is the trust and confidence of senior management, and they are using research, case studies, models and their own credibility to help inspire their organizations to change.

To succeed, we believe the old model of changing attitudes as a first step toward changing behavior has to be reversed. Don't worry about attitudes — focus on

behaviors. The time for transforming health care organizations into the patient-centered organizations they must become is now. So desired behaviors have to be clearly identified, communicated, modeled, incentivized and monitored. In other words, say it and show it simultaneously.

Making culture change stick, even in big, complex decentralized organizations, requires:

- A clearly articulated vision, with definitions and standards of behavior.
- New processes to support new cultures, including aligned human resources policies and practices, reliable tracking systems and accountability mechanisms.
- A disciplined, methodical, standardized communications program.

One hospital that has achieved a breakthrough in culture change, the Oakwood Health System in Detroit, modeled its program after the Ritz-Carlton hotel company. They made employee satisfaction a top priority, “imprinting the standards” through daily huddle communications sessions. The huddle process, which is tightly managed by the communications and marketing team, is an unusually effective system for consistent delivery of key messages in a way that is interactive, motivational, simple to execute, enjoyable and even fun for employees.

But culture change is only one of the two Cs of rebuilding credibility for America's health care industry. Changing communications is equally important.

In focus groups, consumers say again and again that they no longer trust what they hear from health care organizations, they don't understand much of the information that is incessantly beamed at them, and they are now overloaded with information and are tuning out and turning off.

Again, this is a situation where senior PR professionals have to lead the effort to rebuild effective communications as a critical step in rebuilding credibility.

Among the essential steps that need to be taken:

- **Stop talking and listen.** Instead of continuing to deliver information via ads, Web sites, direct mail and dozens of other channels with messages focusing on what the organization wants to tell, rather than what the consumer wants to know, devote time and budget to listening. Learn what consumers are about through research

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(not just testing messages or confirming what we want them to say). Focus groups, personal interviews, mall intercepts, online questionnaires, advisory boards and other research techniques can show how the organization is perceived, what consumers need and want from the health care system, how the organization can help, and what the organization needs to do to regain trust and credibility.

• **Drop the jargon and avoid hype.** Time after time, consumers look at materials prepared by organizations in all sectors of health care, from hospitals to pharmaceutical companies and insurers, and say they don't understand it (comprehension), they don't believe it (credibility), they don't think it matters to their lives (relevance) or they don't care about it (resonance). For instance, the relentless hype of drugs (from "superaspirins" to the often

exaggerated benefits of genetic therapy) has begun to create cynicism among consumers. The emphasis on awards, ratings and rankings by provider organizations has also left consumers jaded — the exact opposite of the hoped-for response. In one focus group, consumer comments included: "Every hospital seems to have won awards of some sort," "Ratings, rankings — they're all rated best at something," "You know they probably pay for those awards," and "Who cares about awards — are they nice to you when you're a patient?" The key learning is clear: Communicate, in terms consumers can understand about topics they care about and skip the hype — they don't buy it.

• **Communicate personally whenever possible.** Community-based health care organizations have a unique opportunity to communicate with their key audiences in ways that not only seek and receive information, but also actually

build relationships. Community public relations can make a huge difference in building trust. Instead of a newsletter mailed far and wide, try a series of community forums or advisory boards focused on specific subjects (working mothers, senior caregivers, etc.). They will be far more effective because they build relationships that last.

• **Mobilize employees to serve as community ambassadors.** This is another technique that contributes to both employee morale and community trust. Creating partnerships with community organizations to address local health care needs also builds lasting feelings that the health care organization is truly committed to serving the community, not itself.

In a way, these strategies may seem basic, which is precisely the point. For too long health care organizations have for-

gotten to nurture and sustain relationships with the communities they serve, and the resulting decline in trust is the inevitable result.

By changing both Cs — culture and communication — health care organizations can rebuild those relationships, regain credibility and protect the bond of trust that is at the heart of the health care endeavor. **T**



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