Gearing Up for Population Health: Marketing for Change

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

ndp

Changes in the Healthcare Industry

- Shift from inpatient to outpatient care
- Affordable Care Act (ACA) ???
- Consolidation of providers
- Melding of provider-insurer
- Volume to value
- Population health

Societal Changes/Trends

- Digital orientation
- Moving toward rehumanization

Effect of Changes

Holmes and Rahe Stress Scale

		○	◉
		○	◉
1	Death of spouse (100)	○	◉
		○	◉
2	Divorce (73)	○	◉
		○	◉
3	Marital separation (65)	○	◉
		○	◉
4	Jail term (63)	○	◉
		○	◉
5	Death of close family member (63)	○	◉
		○	◉
6	Personal injury or illness (53)	○	◉
		○	◉
7	Marriage (50)	○	◉
		○	◉
8	Fired at work (47)	○	◉
		○	◉
9	Marital reconciliation (45)	○	◉
		○	◉
10	Retirement (45)	○	◉
		○	◉
11	Change in health of family member (44)	○	◉
		○	◉
12	Pregnancy (40)	○	◉
		○	◉
13	Sex difficulties (39)	○	◉
		○	◉
14	Gain of new family member (39)	○	◉

...ss readjustment (39)

Underlying Premise #1

Every successful marketing campaign is designed to motivate people to **CHANGE** how they *think, feel* or *behave*:

- Become aware
- Increase preference
- Change perception
- Feel loyal to a brand
- Engage with a product or brand
- Buy a product or service
- Act a different way

Underlying Premise #2

Healthcare marketing professionals can apply their existing skill sets to support population health.

MARKETING OBJECTIVE: Developing and marketing services

POPULATION HEALTH OBJECTIVE: Developing and marketing programs to change behavior

What is Population Health?

DEFINITION: The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

FROM A PRACTICAL PRESPECTIVE, POPULATION HEALTH IS: The process of facilitating changes in behavior and in the environment that will improve the health of individuals and the population as a whole.

Grounded in Theory

Behavior Change

Behavior change theory draws from …

Levels of Prevention

Primary Prevention

- "Upstream" prevention
- Avoid a health problem altogether
- Typically aimed at a population as a whole
- May take place at a societal or policy level (e.g., banning smoking in public places)

- Immunizations
- Health education programs
- Community-wide exercise challenge

Levels of Prevention

Secondary Prevention

Primary Prevention

- Identify and treat "at-risk" populations
- Disease has been diagnosed but symptoms have not appear yet
- Goal is early intervention
- Arrest or slow progress of disease
- Prevent recurrence or disability

- Promoting mammograms
- Stroke awareness campaign targeting African Americans (2.5 times greater risk of stroke)
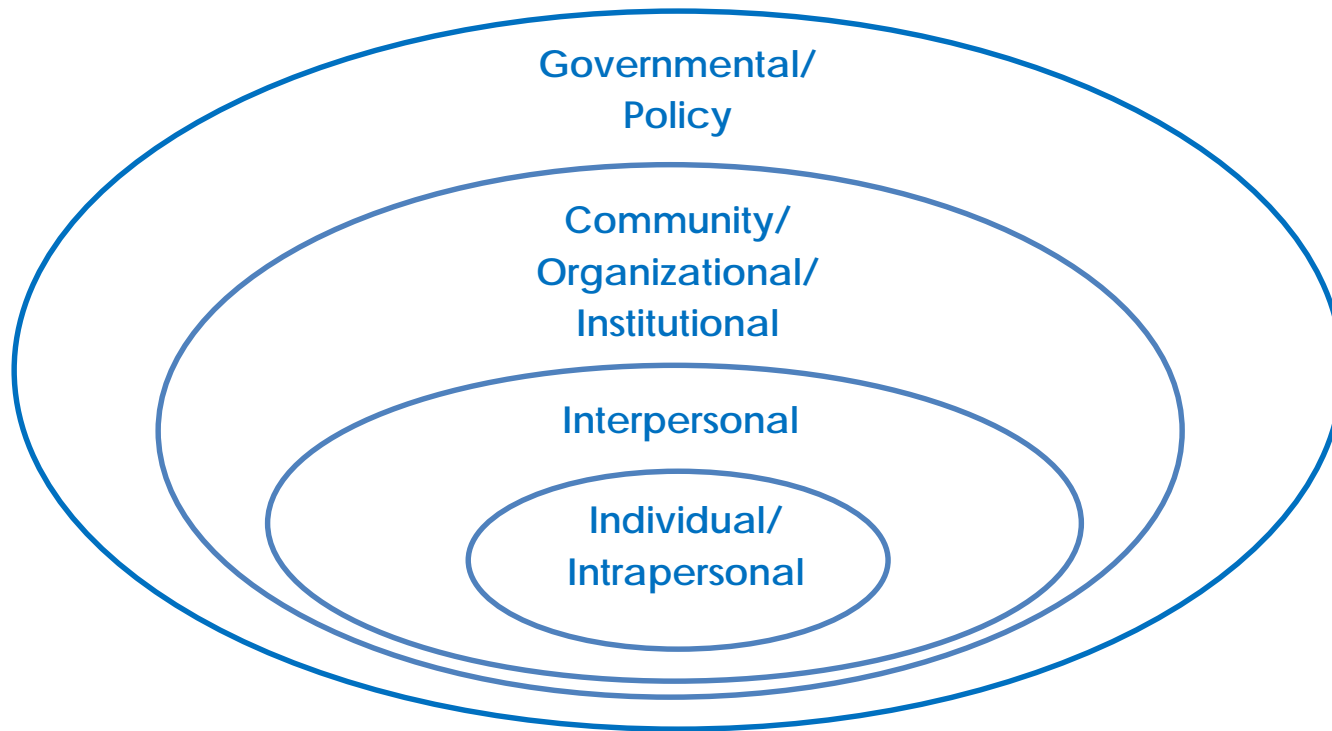
Levels of Prevention

Tertiary Prevention

Secondary Prevention

Primary Prevention

- Seems like an oxymoron
- Targets individuals with serious or chronic medical conditions
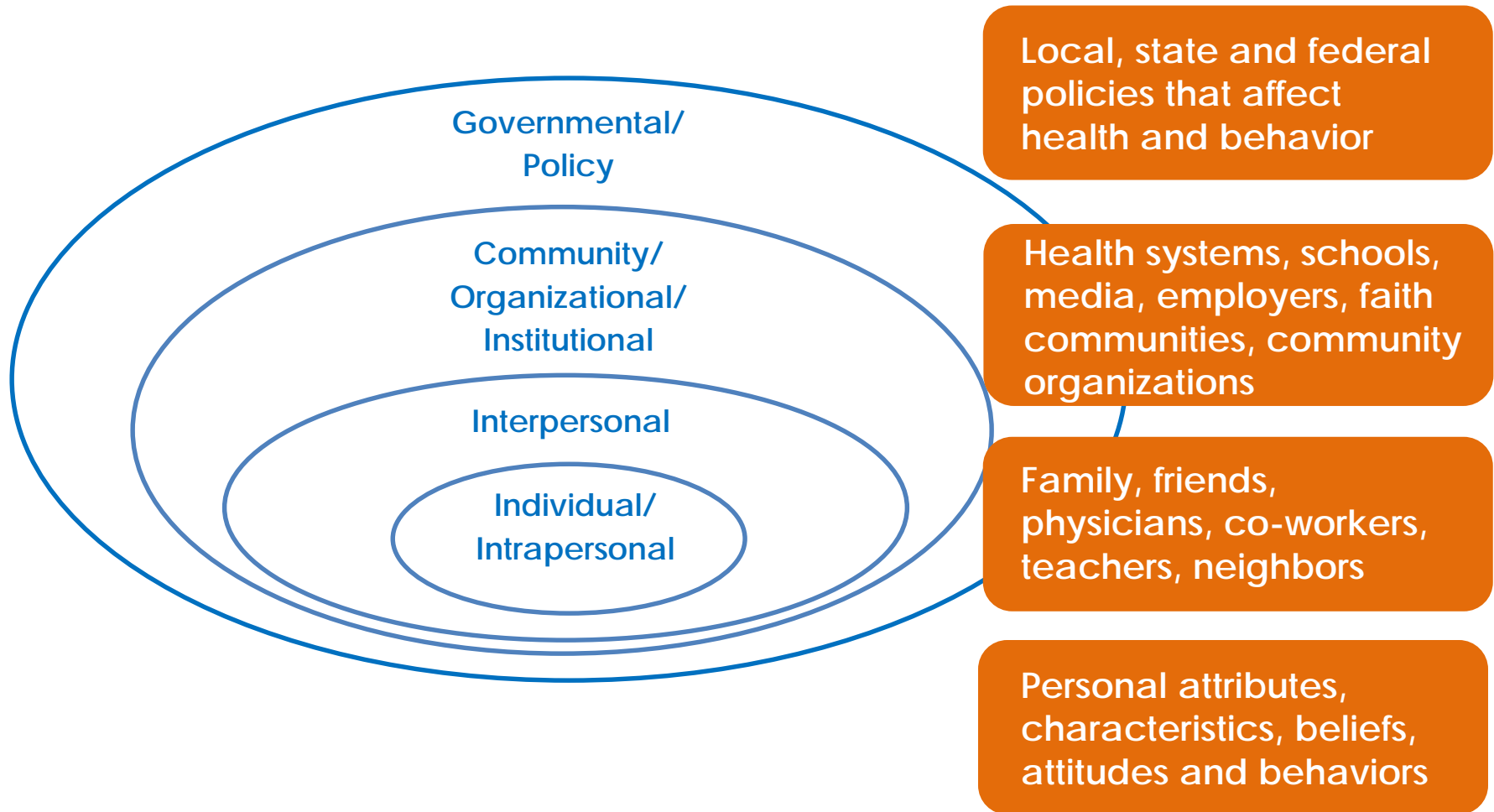- Goal is to prevent further physical decline or disability

- Encourage diabetic patients to walk three times a week
- Motivate CHF patients to weigh themselves every morning

Social Ecological Model

Governmental/
Policy

Community/
Organizational/
Institutional

Interpersonal

Individual/
Intrapersonal

- Social Determinants of Health
- Multiple Levels of Influence

Social Ecological Model

Loma Linda University Health San Bernardino Campus

San Bernardino County statistics:

- Largest county in the United States
- High school dropout rate of 12%
- Adults with a bachelor's degree about 19%
- Rate of poverty is higher than state and national averages
- 1 in 4 residents is enrolled in Inland Empire Health Plan (largest Medi-Cal health plan)

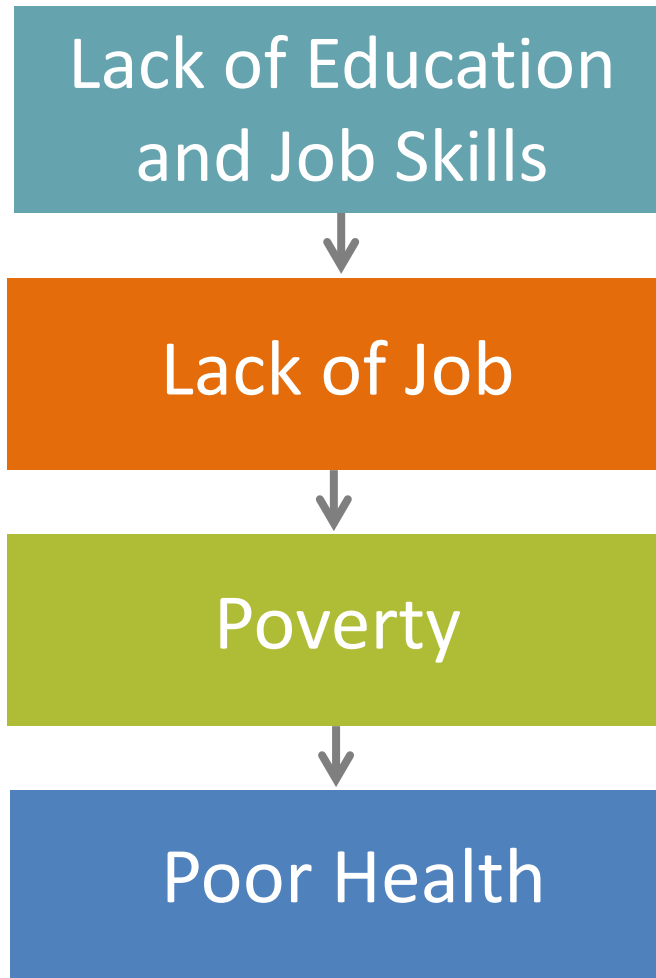# Loma Linda University Health San Bernardino Campus

LLUH response to medical need:

- LLUH main campus located just outside the city of San Bernardino
- New clinic and teaching facility in the heart of downtown will help to stimulate the economy and encourage health and wellness
- Residents have closer access to care; bus stops are stationed right outside the facility

Loma Linda University Health
San Bernardino Campus

Getting at the root cause of poor health

Loma Linda University Health
San Bernardino Campus

Lack of Education and Job Skills

↓

Lack of Job

↓

Poverty

↓

Poor Health

Loma Linda University Health San Bernardino Campus

Addressing the social ecological issues:

- Gateway College - certificate programs in the healthcare field (medical assistant, nursing assistant, community health workers and pharmacy technicians)

- First graduating class was June 2017, with certificates awarded to 12 medical assistants and 22 community health workers

Loma Linda University Health Indio - Children's Health

- Clinic designed to meet "whole" health needs of a community that had poor access to health care. Features include:
  - Healthy cooking classes
  - Free books for the community
  - Weekly reading hours for families
  - Art programs
- Location of the clinic based on health index of the pediatric community and the incidence of pediatric medical conditions

Primary Motivators

- Humor
- Sex
- Emotion
- Bandwagon
- Rational Thinking
- **Fear**

Extended Parallel Process Model

Fear is a negative emotion that is accompanied by a high level of arousal and is elicited by a **threat**.

A **threat** is a source of possible harm or danger that exists whether you are aware of it or not. If you are aware, then you **perceive a threat**.

Fear is emotional; a **threat** is cognitive.

Extended Parallel Process Model

Perceived susceptibility – How likely do I think it is that I will be affected by this threat?

Perceived severity – How badly do I believe I could be hurt if the threat does affect me?

Self-efficacy – Am I confident in my own ability to perform the response or action that I am being asked to take?

Response efficacy – How confident am I that a recommended response will be effective in preventing or overcoming the threat?

Extended Parallel Process Model

To be successful:

- The element of fear must be significant enough to elicit a threat.
- The response must be perceived as sufficient to overcome the threat.

I'M NOT 50. I'M 49 AND 13 MONTHS

NO MORE EXCUSES

THERE IS NO EXCUSE TO PUT OFF A COLONOSCOPY. IT CAN ACTUALLY PREVENT COLORECTAL CANCER.

WE'D LOVE TO HEAR SOME OF YOUR BEST EXCUSES.

Share them with us at www.shareyourexcuse.org.
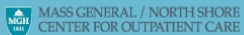
MASS GENERAL / NORTH SHORE
CENTER FOR OUTPATIENT CARE

I'M CAMERA SHY
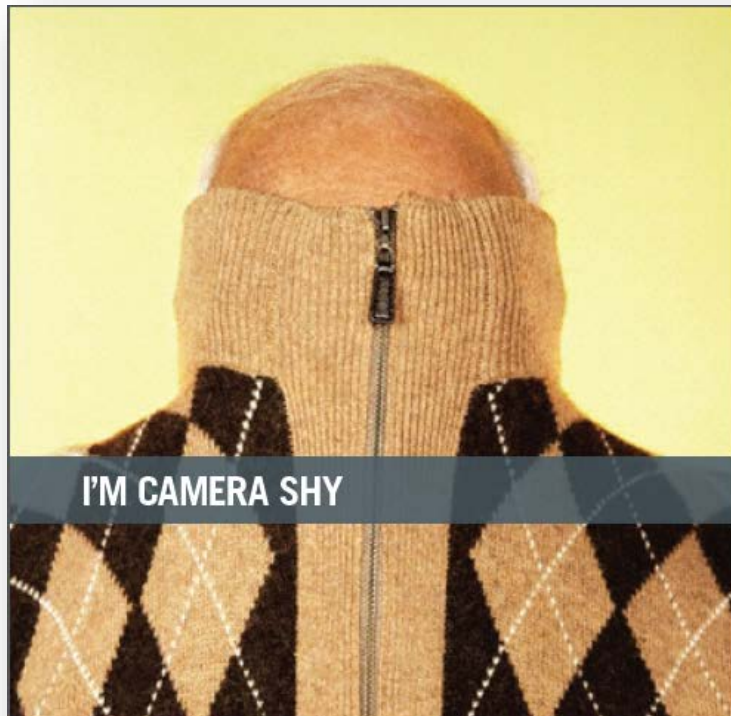
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Share them with us at www.shareyourexcuse.org.

MASS GENERAL / NORTH SHORE
CENTER FOR OUTPATIENT CARE

IF A FALL BECOMES A FRACTURE.

So just in case a trip up the ladder sends you down to the ER, our wide range of medical services is waiting for everything life has in store. We hope you don't need us, but we're here when you do.

WE GET YOU. HEALTHIER.

Baton Rouge General

IF A BACKYARD BASH BECOMES A BURN.

If dinner doesn't turn out quite like you expected, our wide range of medical services is waiting for everything life has in store. We hope you don't need us, but we're here when you do.

WE GET YOU. HEALTHIER.

Baton Rouge General

Transtheoretical Model: Stages of Change

James Prochaska

Stages of Change

At-risk population – match stage of change with program for behavior change.

Stages of Change
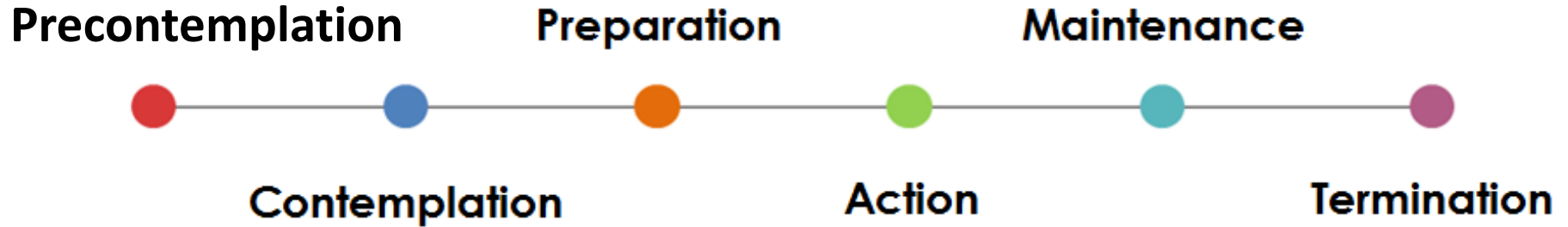
Stage 1
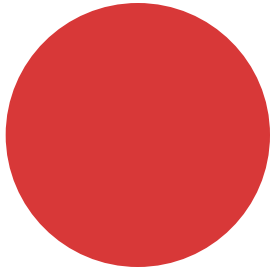
Precontemplation

- No intent to change within six months
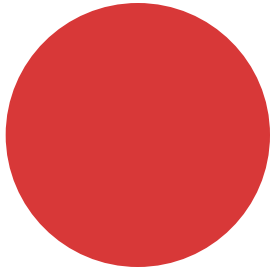- Lack information
- Demoralized
- Avoidance
- 40% of market

Stage 1
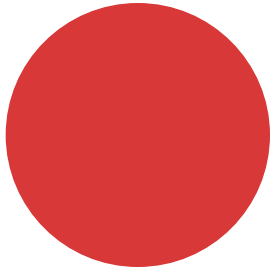
Precontemplation – Message

- Not in-your-face
- Nonthreatening
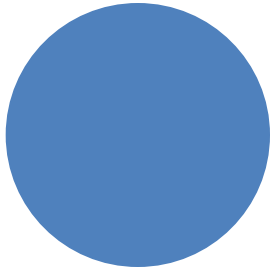- Build awareness
- Acceptance
- Break down barriers

Stage 1

Precontemplation – Media

- In-your-face
- Intrusive – you must go to your customers
  - Direct mail
  - Outbound phone calls
  - E-blast

Stage 2

Contemplation

- Intent to change in next six months
- Pros and cons
- Ambivalent
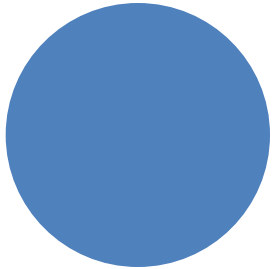- Not ready for action-oriented program
- 40% of market

Stage 2
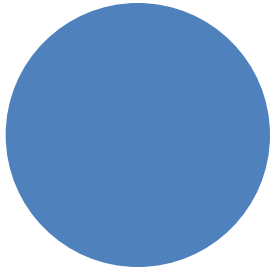
Contemplation – Message

- Relevance
- Benefits of your service/program
- Encourage involvement
- Offer nonthreatening steps
  - Visit the website
  - Watch a video
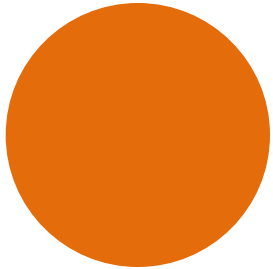 - Take a health-risk assessment

Stage 2

Contemplation – Media

- Intrusive and passive
- Break through the clutter
- Informational campaigns
  - Targeted ads
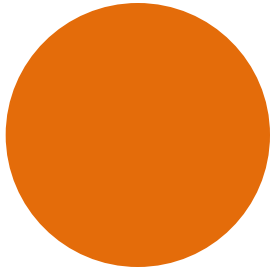 - Digital strategies
  - Social media engagement

Stage 3

Preparation

- Intent to take action within next month
- Has a plan of action
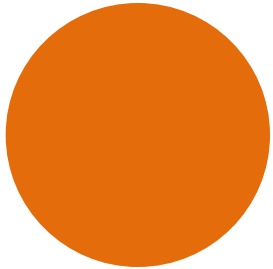- Usually has taken some steps
- 20% of market

Stage 3

Preparation – Message

- Relevance to <u>this</u> customer
- Benefits of <u>your</u> service/program
- Encourage trial usage
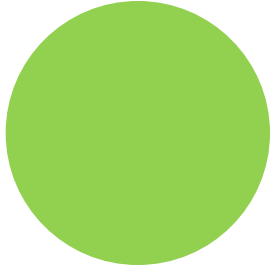- Recruit for action-oriented program

Stage 3

Preparation – Media

- Intrusive and passive
  - Direct response
  - Website
- Provide easy access
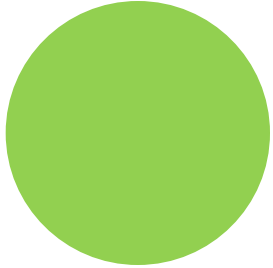- Online registration/appointments
- Call center

Stage 4

Action

- Has modified behavior during past six months
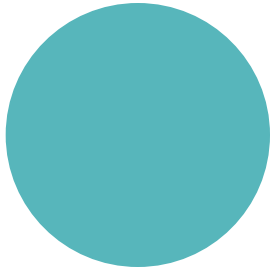- Must attain behavior change sufficient to reduce health risk

Stage 4

Action – Message & Media

- **Enhance the experience**
  - Customer service
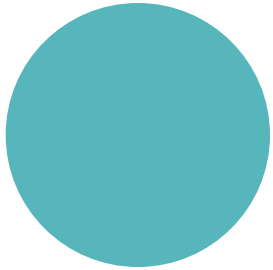 - Patient satisfaction
  - Quality outcomes

Stage 5

Maintenance

- Working to prevent relapse
- Less temptation
- May last from six months to five years
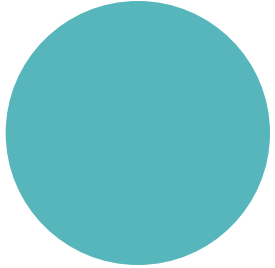- Relapse means regression to an earlier stage

Stage 5

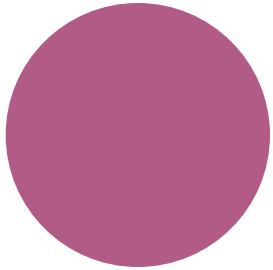Maintenance – Message

- Encouragement
- Caring
- Support

Stage 5

Maintenance – Media

- Follow-up calls
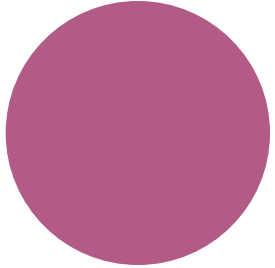- Post-discharge contacts

Stage 6

Termination

- Zero temptation
- 100% self-efficacy
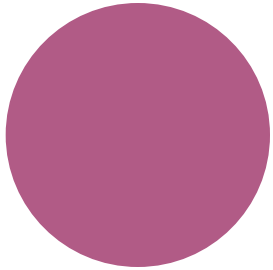- As if the individual never acquired the behavior in the first place

Stage 6

Termination – Message

- Maintaining relationships
- Cross-selling services

Stage 6

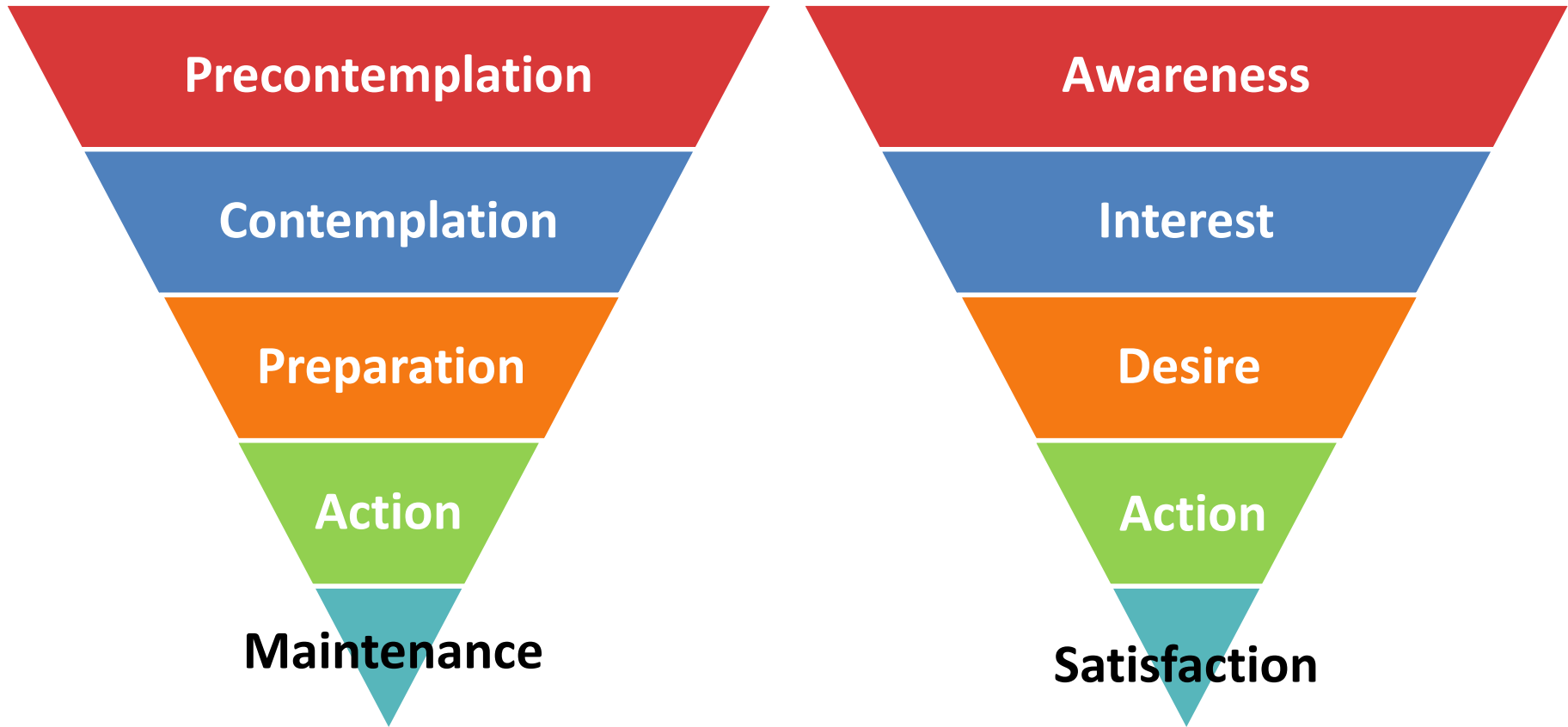## Termination – Media

- E-mail
- Outbound calls
- Engagement
- Newsletters
- Cultivate word of mouth
- Recommendations/referrals

Stages of Change

Precontemplation	Awareness
Contemplation	Interest
Preparation	Desire
Action	Action
Maintenance	Satisfaction

Stages of change compared to the marketing/sales funnel: CRM can help move people through the stages

Applying Stages of Change

Problem: Lung cancer is not diagnosed until advanced stage, when a positive outcome is less likely

Solution: Motivate high-risk individuals to have a lung cancer screening (low- dose CT scan)

Applying Stages of Change

Consumers most likely to respond to an informational campaign about lung cancer screening (low-hanging fruit):

- 76% Hispanic, males and females
- 96% have children; 93% are head of households; 85% own a home – VERY family focused
- Only see a doctor when extremely ill
- Do not like to be "spoken down to" about smoking – already know the risks

Applying Stages of Change

Best media channels to reach audience:
- Radio
- Television
- Magazine
- Not Billboards or Outdoor

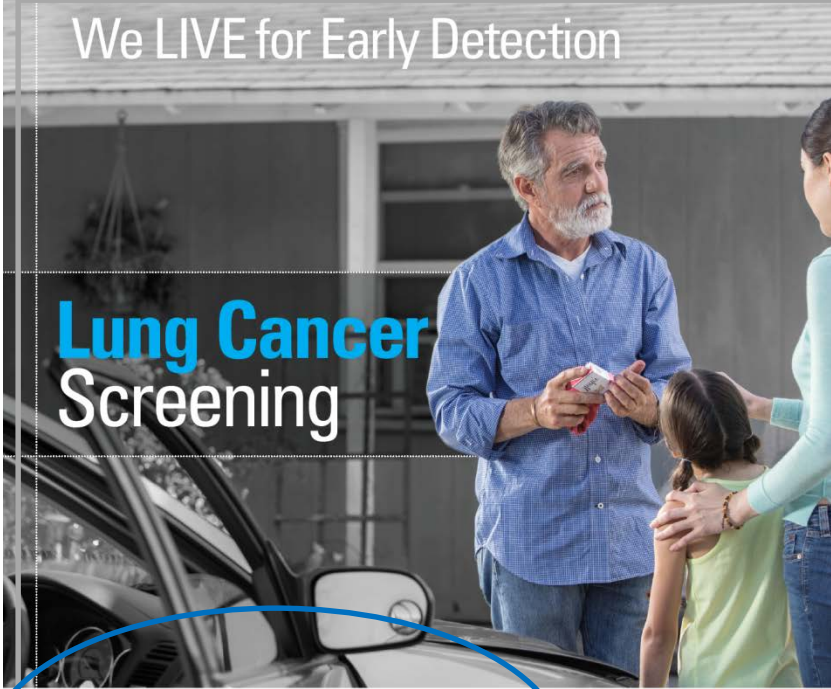# Applying Stages of Change

Precontemplation

Contemplation

Applying Stages of Change

We LIVE for Early Detection

Lung Cancer Screening

Lung cancer is the leading cause of cancer deaths in the U.S. Know your risk by getting a screening at Loma Linda University Cancer Center. We have the latest screening technology, Low Dose CT, which can detect lung cancer before you have any symptoms. Make the decision today to be here for your family tomorrow.

For the health of your family we **LIVE for early detection**.

For more information, call **1-800-78-CANCER** or visit **LomaLindaLung.org**.

LOMA LINDA UNIVERSITY HEALTH

MANY STRENGTHS. ONE MISSION.

Multimedia campaign to move consumers from **Precontemplation** to **Contemplation**

Build **awareness** of risk factors and offer a **solution** in a non-threatening way
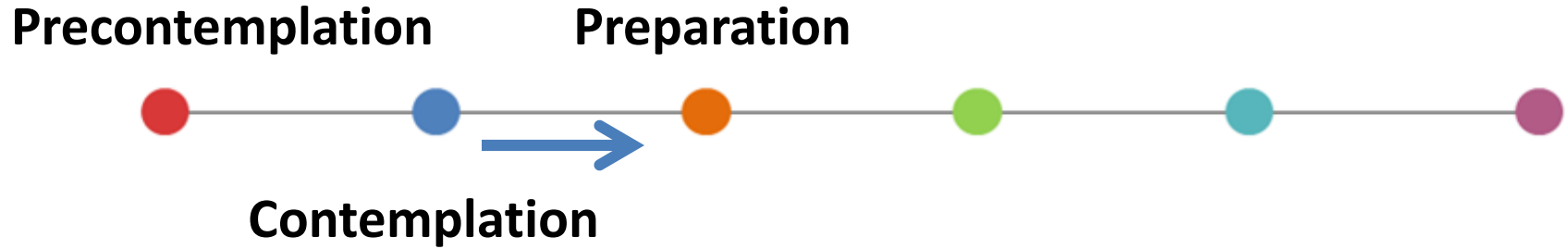
English:
https://youtu.be/qwdsvmQrksQ

Spanish
https://youtu.be/vUVVmMpaaJk

Applying Stages of Change

Applying Stages of Change

Move consumers from **Contemplation** to **Preparation** Direct to a landing page.

Help resolve **ambivalence** with benefits of acting and by offering a soft call to action such as **request more information**

Applying Stages of Change

Precontemplation   **Preparation**

Contemplation   **Action**

Applying Stages of Change

Move consumers from **Preparation** to **Action**

Consumer has already taken a baby step and is now ready to commit. Offer a hard call to action such as **schedule a screening**

Applying Stages of Change

Precontemplation   **Preparation**   **Maintenance**

Contemplation   **Action**
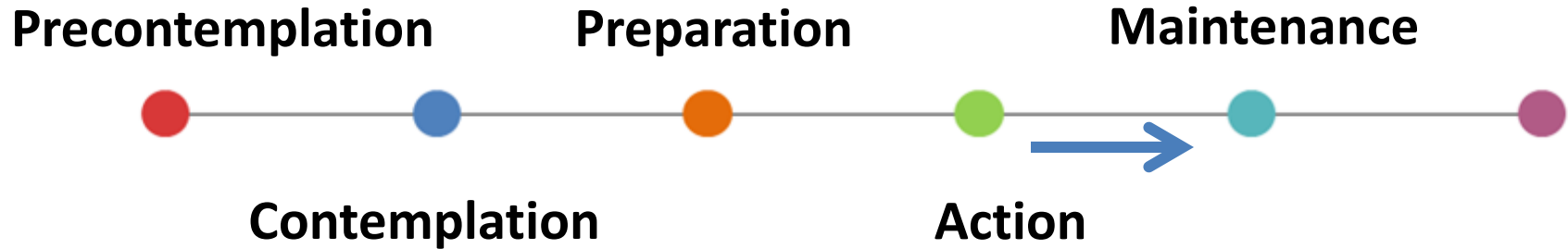
Applying Stages of Change

Move consumers from **Action** to **Maintenance**

Assist patients in **maintaining positive behavior change** and **preventing relapse** with ongoing contacts and support

Applying Stages of Change

Precontemplation   **Preparation**   **Maintenance**

Contemplation   **Action**   **Termination**
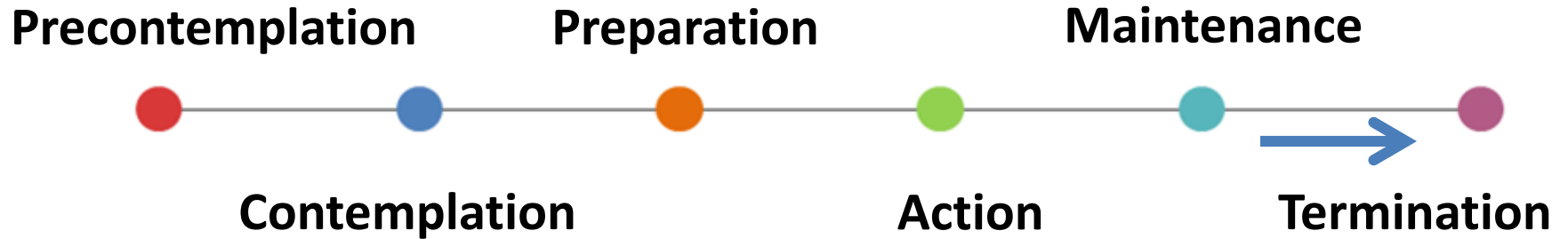
Applying Stages of Change

Move consumers from **Maintenance** to **Termination** and beyond

Maintain **contact** with patient and encourage **recommendations** and **referral** of others who may need services

A Model for Population Health Planning

Planning for Change - Inputs

Planning for Change - Filters

Planning for Change - Filters
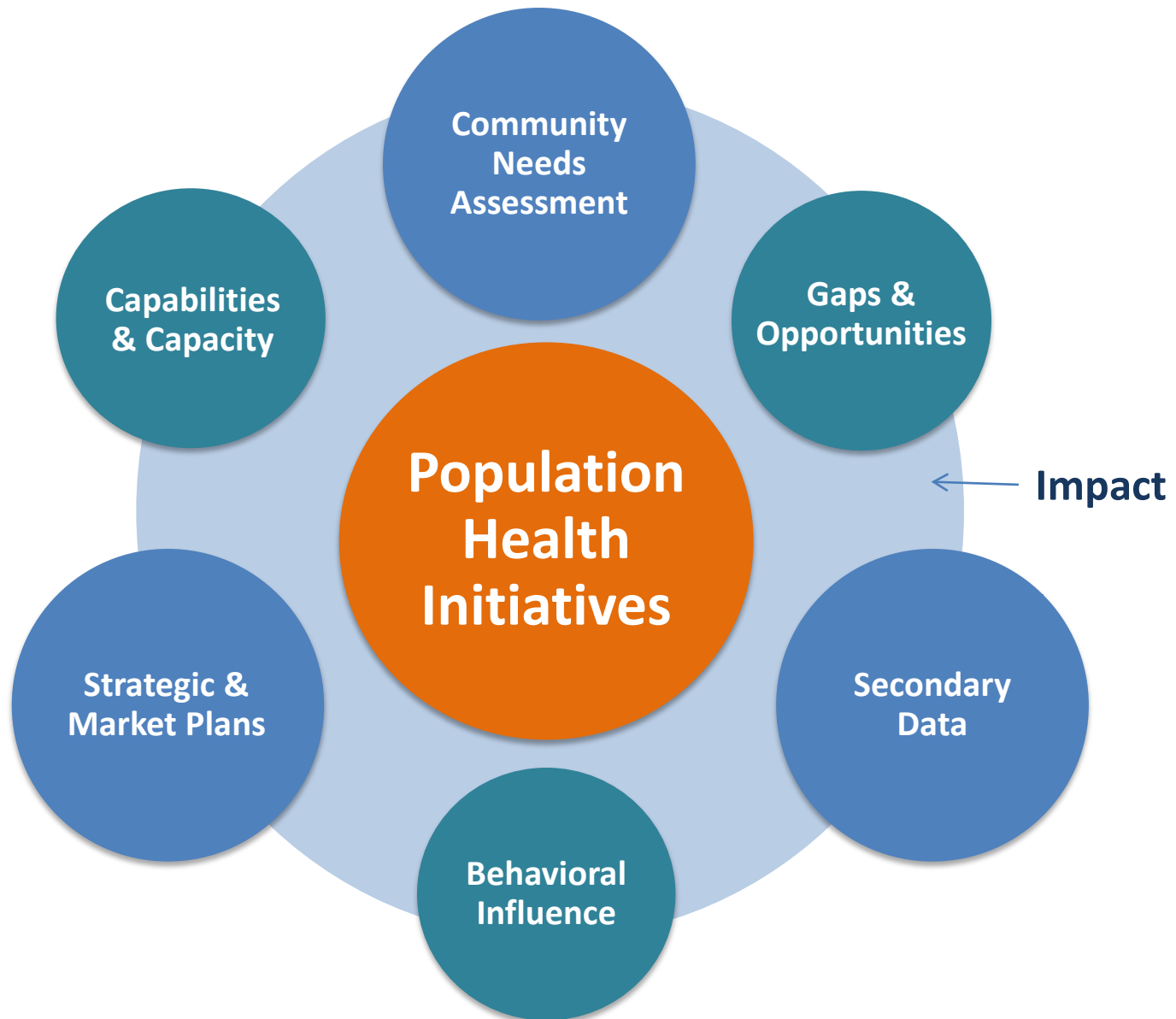
Planning for Change - Model

Objectives

S.M.A.R.T.
Specific
Measurable
Attainable
Results focused
Time limited

- Organizational Objectives
- Short-term Metrics
- Long-term Behavioral Changes

Planning for Change - Model

Objectives

Target Audiences

- Behavior change target
- Influencers

Planning for Change - Model

Objectives

Target Audiences

Marketing Mix

    Product

    Price

    Place

    Promotion

- Align with marketing activities
- Benefits to consumer

- What are you asking the consumer to give up
- Funding for initiative

- How can you enhance access to offering

- How can you reach your target audience

Planning for Change - Model

Objectives

Target Audiences

Marketing Mix

      Product

      Price

      Place

      Promotion

Measurement/Evaluation

- Align with objectives
- Interim and long-term outcomes

Planning for Change

Step 1:   Community Needs Assessment

Obesity and diabetes

**Lack of mental
health services**

Lack of transportation

High rate of heart disease

Infant mortality/low birth

Planning for Change

Step 1: Community Needs Assessment

Obesity and diabetes

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth

Planning for Change

Step 2: Strategic and Marketing Plans

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

Focus on growing neurosciences

Focus on growing cancer

Focus on growing cardiac services

Planning for Change

Step 3: Secondary Data

Significant financial loss in NICU

High margins in orthopedic and cardiac surgery

Planning for Change
Step 4: Look for Intersections

Obesity and diabetes

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

Focus on growing neurosciences

Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU

High margins in orthopedic and cardiac surgery

Planning for Change

Step 4:   Look for Intersections

Obesity and diabetes	**Reduce readmissions – CHF, COPD and diabetes**	**Significant financial loss in NICU**
Lack of transportation	**Strengthen primary care to accept risk contacts**	**High margins in orthopedic and cardiac surgery**
High rates of heart disease	**Focus on growing neurosciences**	
Lack of mental health services	**Focus on growing cancer**	
Infant mortality/ low birth	**Focus on growing cardiac services**	

Planning for Change
Step 4: Look for Intersections

Obesity and diabetes

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

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Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU

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Planning for Change

Step 4:   Look for Intersections

Obesity and diabetes

Lack of transportation

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Infant mortality/ low birth

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Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU

High margins in orthopedic and cardiac surgery

Planning for Change

Step 5: Capabilities & Capacity

Obesity and diabetes

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

Focus on growing neurosciences

Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU

High margins in orthopedic and cardiac surgery

Well-developed health education program

Need to recruit cardiac providers

Planning for Change

Step 5: Capabilities & Capacity

Obesity and diabetes

Reduce readmissions – CHF, COPD and diabetes

Significant financial loss in NICU

Lack of transportation

Strengthen primary care to accept risk contacts

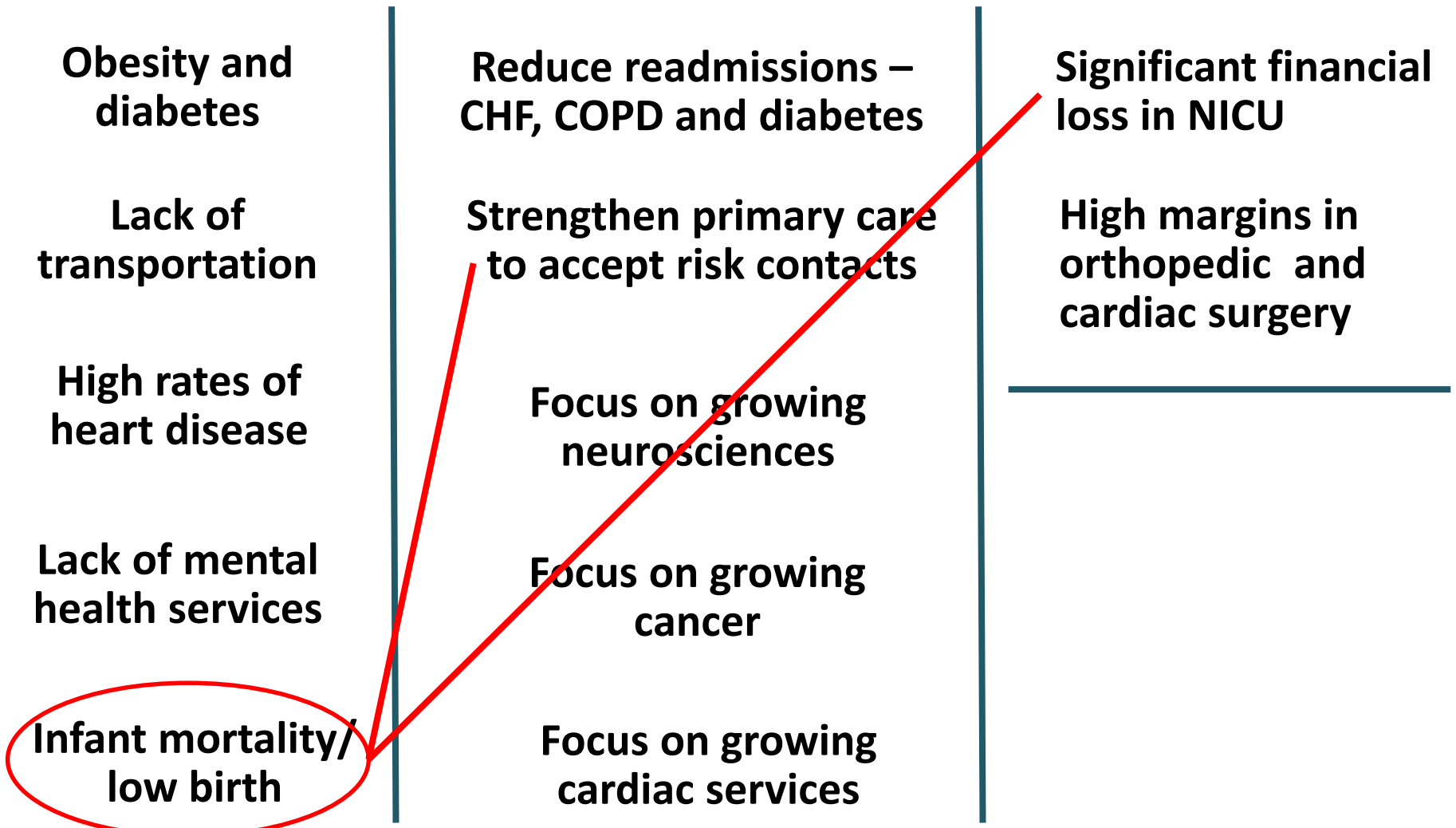**High margins in orthopedic and cardiac surgery**

High rates of heart disease

Focus on growing neurosciences

Well-developed health education program

Lack of mental health services

Focus on growing cancer

Need to recruit cardiac providers

Infant mortality/ low birth

Focus on growing cardiac services

Planning for Change

Step 5: Capabilities & Capacity

Obesity and diabetes	**Reduce readmissions – CHF, COPD and diabetes**	**Significant financial loss in NICU**
Lack of transportation	**Strengthen primary care to accept risk contacts**	**High margins in orthopedic and cardiac surgery**
High rates of heart disease	Focus on growing neurosciences	**Well-developed health education program**
Lack of mental health services	Focus on growing cancer	**Need to recruit cardiac providers**
Infant mortality/ low birth	**Focus on growing cardiac services**	

Planning for Change

Step 5: Capabilities & Capacity

Obesity and diabetes

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

Focus on growing neurosciences

Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU
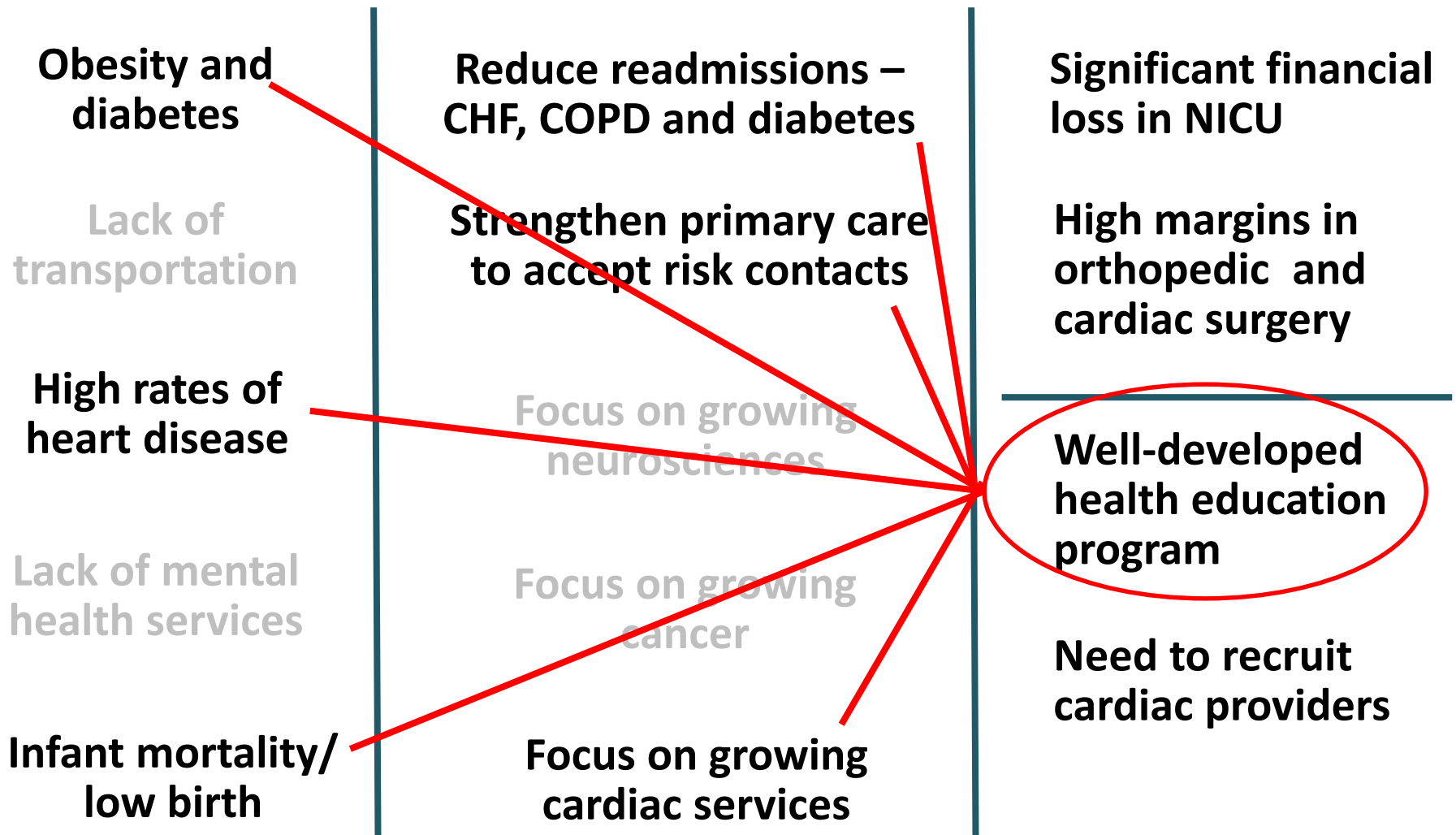
High margins in orthopedic and cardiac surgery

Well-developed health education program

Need to recruit cardiac providers

Planning for Change

Step 6: Gaps and Opportunities

Obesity and diabetes *

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth *

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

Focus on growing neurosciences

Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU

High margins in orthopedic and cardiac surgery

Well-developed health education program

Need to recruit cardiac providers

Planning for Change

Step 7: Behavioral Influence

Obesity and diabetes *

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth *

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

Focus on growing neurosciences

Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU

High margins in orthopedic and cardiac surgery

Well-developed health education program

Need to recruit cardiac providers

Planning for Change

Step 8: Level of Impact

Obesity and diabetes

Lack of transportation

High rates of heart disease

Lack of mental health services

Infant mortality/ low birth

Reduce readmissions – CHF, COPD and diabetes

Strengthen primary care to accept risk contacts

Focus on growing neurosciences

Focus on growing cancer

Focus on growing cardiac services

Significant financial loss in NICU

High margins in orthopedic and cardiac surgery

Well-developed health education program

Need to recruit cardiac providers

Planning for Change

Step 9:   Select and Prioritize

1. **Diabetes:** Initiate a diabetes prevention and disease management programs

2. **Prenatal Health:** Work in partnership with March of Dimes to identify specific behavior to target to improve infant mortality and low birth weights.

You are the…

Three Key Take-Aways

1. Behavioral change is grounded in evidence-based theory

2. Health improvement doesn't happen in a vacuum – you have to consider the entire environment

3. Efforts to improve health through behavior change and achieving your marketing objectives are not mutually exclusive. (Think win-win.)

Questions?

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