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.

Marketing an ACO

Lessons From the Trenches

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,
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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"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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