

Healthcare Marketing Report

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The Changing Long-Term Care Marketplace

by RICHARD L. COHEN
MIAMI, FL—Long-term care and the organizations that provide it are changing. This article looks at two principal examples of this—in one, it is the organization's name that is changing to be more in line with what it really does in the marketplace. In the other example, it is the actual nursing home that is evolving into a new model whose goal is to improve the patient experience.

Changing the Name to Better Reflect Reality

It was a number of years ago when the emergence of integrated delivery systems caused an evaluation of the word "system" in the title of the overarching healthcare entity. In some cases, "system" seemed appropriate and accepted in the marketplace. In other cases, the public reacted negatively to the word. To them, "it meant big and foreboding," says Blaise Mercadante, Chief Marketing and Communications Officer for Miami Jewish Health Systems in Miami.



"SEE YOU ON THE DANCE FLOOR."

THE STORIES WE HEAR BRING IT ALL HOME. All the research and education, the dedication and trust, the compassion and innovation that define us, are rewarded by the joyful dance of a man who thought he never would again.

Emerging Opportunities in Women's Sports Medicine

by PAUL R. GREENLAND

Niche programs can provide healthcare organizations with a competitive edge that's especially important in difficult economic times. Women's sports medicine is one emerging area of opportunity for providers seeking to differentiate themselves in the marketplace. In recent years, athletic participation among girls and women has risen to new heights, creating unprecedented demand for healthcare providers who are qualified to meet the needs of the female athlete. Following

the pioneering efforts of the Hospital for Special Surgery in New York, which developed its program during the mid-1980s, programs are now appearing nationwide.

In the Midwest, Chicago's Rush University Medical Center offers the Women's Sports Medicine Program, which offers what is perhaps the most comprehensive and up-to-date prevention, diagnosis, and treatment of sports-related injuries, comprehensive risk reduction and

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The Changing Long-Term Care Marketplace

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MIAMI, FL—Long-term care and the organizations that provide it are changing. This article looks at two principal examples of this—in one, it is the organization's name that is changing to be more in line with what it really does in the marketplace. In the other example, it is the actual nursing home that is evolving into a new model whose goal is to improve the patient experience.

Florida. "For us it provided quite the opposite effect."

That's because the public had historically perceived of the organization as a nursing home. "When we did focus groups and explained to people all that we did, they would say, 'I had no idea,'" he says. As a result of this and other factors, the organization officially changed its name this past fall from Miami Jewish Home and Hospital for the Aged at Douglas Gardens to Miami Jewish Health Systems.

Indeed, the original entity of the organization was a nursing home, which was founded in 1940 primarily as a resource for the Jewish community in the region. Today, the nursing home is a major presence in South Florida and has a population that is about 50 percent Jewish and 50 percent non-Jewish. It is one of the largest nursing home operations in the region with 462 beds spread over a number of buildings. Over the past 20 (Continued on page 3)

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years, Mercadante says, the board of directors oversaw the development of a number of other businesses including a residential division (independent and assisted living) and other community based services designed to keep people out of nursing homes and thriving in their own homes.

This comprehensive system of care had a major advantage that was not well understood by the public. As people get older and find they are in need of various living and medical services, "it can be troubling and frightening to them," he says. "We can help them through the transition." But if they don't know about the services, they're not in a position to understand them.

Once the decision was made that a name change was in order to better describe the organization, a number of audiences were targeted for relevant communications. "Our first target audience was our employees," he says. "They needed to be able to explain what we were doing. We held town hall meetings with them. They voted on the new name and the new logo." As part of the ongoing communications strategy, newsletters were started for employees, its large donor base, and families of current patients and residents to inform them of the various programs and alternatives the system had available.

Print advertising in English and Spanish rolled out as did outdoor advertising. "We also needed feet on the ground," he says. "We expanded our admissions and sales and marketing staffs so we could talk with

physicians in a more direct way about what we were doing. We also talked with estate lawyers, clergy and other referral sources."

Indeed, the broad mix of business segments is vital to the financial health of the organization. CEO Jeffrey Freimark explains that in the nursing home, "360 of our beds are for long term care (the rest are skilled nursing) and of those 60 percent are Medicaid. Medicaid pays us \$220 a day and our



Miami Jewish Health Systems
enriching lives

MISSION
To provide compassionate healthcare through a full range of quality services, guided by research and education, honoring traditional Jewish values of dignity and respect.

VISION
To be the innovative leader in healthcare, promoting longer, healthier, more enriched lives.

VALUES

- Employees as our greatest asset
- Maximizing the potential of each individual
- Responsibility and fiscal accountability
- Integrity in everything we do
- Collaboration and teamwork, committed to shared goals
- Respecting those we serve and those who support us

cost is \$270-\$280 a day."

Some of that difference can be met with fund raising, but for the rest of it, the non-profit organization needs to rely on business units that make money. These, he says, include its rehab unit for physical, occupational and speech therapy, and its pain

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center. It also maintains 170 rooms of independent and assisted living and is actively looking for "what else we should be doing," he says.

Developing and Marketing Tomorrow's Nursing Home

There is a standard image that many people have when they think of the nursing home environment. This image isn't exactly a positive one; rather, it is a depressing image of long corridors, sterile walls, overworked staff and patients in various stages of helplessness.

This picture that people may hold in their heads can act as a negative barrier when it comes to marketing a nursing home environment. Patients themselves might not look forward to living in a nursing home; adult children may be torn up by the prospect of putting their parent (s) in one of these homes.

So, with this backdrop, there are changes afoot to dramatically improve the patient experience in nursing homes, changes that nursing home marketers can use in presenting their home as a positive place for residents who need this level of care.

One of the organizations driving this change is The Eden Alternative®, a non-profit based in Wimberley, Texas. The organization shares some similarities to the Planetree concept that many hospital marketers may be familiar with for its work in the inpatient hospital space.

"We are dedicated to eliminating the plight of loneliness, helplessness and boredom," says Executive Director Carol Ende. "We call them the three plagues. Elders suffer greatly from these plagues."

The Eden Alternative's central goal is to transform care in nursing homes from "an institutional environment to habitats for human beings," she says. This transformation includes helping people who work and live in these environments to see the world differently and also making necessary organizational changes that lead to a greater sense of community. As a part of this is a shift in terminology. Instead of calling individuals who reside in nursing homes patients or residents, they are called elders.

One of the key tenets of The Eden Alternative is a permanent staffing

model. "This is where there is a group of staff members working with the same elders all the time," she says. "It is the creation of small, individual neighborhoods or villages." For example, take a long hallway with 30 people living in rooms on either side. The Eden Alternative model would split the 30 people into groups of 10 people each. If there is funding, perhaps doors would be placed to differentiate the groups. If not, there can be a simple piece of tape placed across the floor to delineate each space.

Then, those residents and staff members really get to know each other well. Elders begin to make more of the decisions, giving them more power over their lives. Additionally, because staff members know the elders well, they can more easily cater to their needs. "So, they may know that one person likes to get up at 5 a.m. and someone else likes to get up at 8 a.m. and eat some cereal."

One of Ende's prior positions was working to implement The Eden Alternative in a nursing home in Juneau, Alaska. "One of the things we did was transform a linen closet to a pantry where we had a refrigerator, shelves and things like cereal and milk," she says. "So when an elder wanted something we could get it quickly."

The Eden Alternative was begun by geriatrician Dr. Bill Thomas and his wife Jude back in the late 1990's and in 2002 a board of directors was appointed. As of this past winter, there were 195 nursing homes on The Eden Alternative Registry. Each nursing home on the registry has bought into The Eden Alternative principals and is in various stages of implementation. In exchange, they are allowed to use The

Eden Alternative trademarked logo and promote their nursing home as an Eden registered home as well as be listed on the non-profit's web site.

In recognition of



this and other initiatives on behalf of the elder patient population, Dr. Thomas received a 2009 Picker Award for Excellence in the Advancement of Patient-Centered Care from the Picker Institute.

The Future at this Eden Registry Nursing Home

Westminster-Thurber Community in Columbus, Ohio, has been on the Eden Registry for a number of years. It has three levels that espouse Eden values. In its nursing home proper it has divided the population into neighborhoods of 15 to 20 people with distinctive names for each neighborhood. The organization also maintains

"households" in its assisted living area.

It is Westminster-Thurber's latest evolution that Executive Director Steve LeMoine believes is the future for nursing homes. "In 2007 we created the Pathway Home," he says. "We renovated an existing part of our long-term care facility into a house for 10 people to live. Each person has their own bedroom." Each elder can choose the color of the walls of their bedroom and place their own furniture in it. The kitchen is centrally located and care partners and elders eat together around a long table. The population is mixed between those who are memory impaired and those who are not and is no different than the population of the rest of the nursing home.

The Pathway Home is based on the "Green House Project®" concept that Dr. Thomas has been honing since 2003.

To communicate the Pathway Home to prospective patients and their families "we put together a sheet comparing traditional nursing care vs. Pathway Home," he says. Even though most of the residents at this time live in the other part of the long-term care facility, there is no similar outreach communications effort to talk about the benefits of that environment. That's because, LeMoine says, the ultimate goal is to completely transform Westminster-Thurber to this Pathway Home model.

Additionally, right now word of mouth has taken over as the prime way that interested people are finding the community and that has filled all the beds. ■

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