Branding and Marketing Palliative Care to Spark Earlier Engagement

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PALLIATIVE CARE

Challenges

- A lack of understanding of the term "palliative care"
- A lack of distinction between hospice and palliative care, including among physicians
- The need for adequate reimbursement for palliative care services
Opportunities

- Promote a fuller continuum of care
- Encourage earlier engagement
- Experience services without “the death decision”

Address challenges while leveraging opportunities

MARKETING AND BRANDING INITIATIVES

Establish your palliative care positioning

- Define your scope of services
  - What are the exact services you provide?
  - Are you offering palliative care in patients’ homes? In hospitals? In clinics?
  - All of the above?
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Establish your palliative care positioning

• Define your scope of services
  • Who are the staff members? What are their credentials? Are they differentiating in your market?
  • Positioning as collaborative, and not competitive, with referrers

Establish your palliative care positioning

• Position palliative care as complementing curative treatment
  • Include how pain and symptom management can soothe side effects of curative care
  • Address emotional and spiritual support for patients with chronic serious illness

Defining palliative care (CAPC)

Palliative care is specialized medical care for people with serious illness. This type of care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness – whatever the diagnosis.
Defining palliative care (CAPC)

The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses and other specialists who work with a patient’s other doctors to provide an extra layer of support.

Defining palliative care (CAPC)

Palliative care is appropriate at any age and any stage in a serious illness, and can be provided together with curative treatment.

Should you associate your palliative care brand with your hospice brand?

THE BIG QUESTION
Pros and cons

• “Hospice” comes with baggage of negative connections to imminent death
• “Palliative care” is still an unknown term to many, and physicians still equate it to hospice
• Once properly understood, palliative care presents opportunities to build relationships sooner
• Ideally, a connection should exist between the respective service lines to reinforce conversion

A combo approach

Pikes Peak Hospice & Palliative Care

A modular approach

Gulfside Hospice & Palliative Care
Pasco Palliative Care
Gulfside Hospice & Palliative Care
Separation strategies

Rather than “hospice care and palliative care,” consider branding palliative care as a separate service line
• Position as part of a service portfolio under umbrella brand
• Reposition/redefine the service (e.g., palliative care to comfort care or supportive care)
• Rebrand

What’s an umbrella brand?

The legal requirement for trademarked brand name provides an ideal structure for an umbrella brand

What’s an umbrella brand?

A trademarked brand name must be used as an adjective
What’s an umbrella brand?

Developing an umbrella brand name offers significant advantages:

• Presents a single, consistent brand that can be used repeatedly
• More repetition aids brand recognition, retention and recall
• Helps illustrate breadth of care continuum from a single, integrated resource

From brand separation ...

... to a true umbrella brand
Creating a separate brand

Choosing a new descriptor line

• Palliative Care
• Comfort Care
• Supportive Care
• Symptom Care

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DISTINGUISHING PALLIATIVE CARE FROM HOSPICE CARE

• Market palliative care as a distinct medical specialty
• Educate on receiving palliative care in conjunction with curative care
• Communicate with referrers that palliative care does not automatically require a conversation about the end of life

A financial model that makes sense

• Palliative care can play a major role in preventing ER visits and hospital readmissions
• Hospital and health systems are motivated to explore palliative care options
• Even SNFs and ALFs can benefit from palliative care
A financial model that makes sense

- Aetna started covering concurrent care in 2004
- Their program has seen hospice admission sustain at around 70% — with a reduction in medical costs averaging 22% per patient

A more recent study from Western NY

- $3,908 cost savings per member per month during last three months of life
- $7,172 cost savings per member during last two weeks
- 70% vs. 25% hospice entry
- 34 days vs. 9 days hospice MLOS

PROMOTING YOUR CONTINUUM OF CARE
Continuum of care for families

- Casts a wider net, opening your care to virtually anyone with a chronic serious illness
- Transitioning from assisted living to skilled nursing is a familiar model

Continuum of care for families

- Palliative care provides access to enhanced care as a disease progresses
- Some Transcend clients see transitions from their palliative care program to their hospice program as high as 65%

Build relationships with families sooner

- Demonstrate how palliative care makes a real difference and brings real relief to patients and families PRIOR to a terminal diagnosis
Build relationships with families sooner

- Psychologically, it builds trust in the relationship before having the difficult conversation about end of life
- Intimate conversations about end-of-life care can happen from trusted advisors instead of strangers

This gets personal ...

Connecting with physicians

- Partner with patient’s primary physician to develop care plan
- Demonstrate how you complement physician’s care with an “extra layer of care”
- If your care model includes following the patient home, that’s a plus physicians don’t offer
Building relationships with hospitals

- Research the business situation at potential partners
- What business challenges do they face? (Tied to financial)
- Understand how your service could help them solve one of their key business issues
- Ask yourself if their problem could be solved by other solutions – this will be your competition
- Create your list of partners that you believe you can genuinely help

How palliative care can help hospitals

- Reducing ER visits
- Reducing readmissions within 30 days
- ICU bed utilization
- Added expertise in pain management

How palliative care can help hospitals

- Financial benefits to hospital
- Improve performance measures
- Extension of curative treatment
- Ability for hospital to offer continuum of care to their patients
- Easing transition to hospice
Appealing to admins of SNFs/ALFs

- Extra help for high-acuity residents
- Allow main staff to concentrate on other residents
- Keep residents in facilities instead of trips to ER/hospital

Getting a meaningful appointment

- Define the decision you think the potential partner is trying to make – e.g., How can I reduce readmission?
- Determine who has the authority to make the decision at the partner
- Call that person and ask to make an appointment; specify a short time frame (15 to 20 minutes)
- Offer a solution to one of their key challenges

Seize the opportunity

Prepare the business case that will persuade them to choose your solution and partner with you
Seize the opportunity

The presentation should include the following:
• Financial benefits – hard numbers with an example
• Explanation of how your solution works
• Step-by-step implementation and timeline
• Clear indication of what resources the partner will need to commit
• Clear indication of the resources you will commit
• Clear and actionable next steps – what do you want them to do?

Explore different models of care

• Is the hospital interested in having you provide palliative care in their facility?
• If they already provide a form of palliative care, can you supplement it?
• If they prefer follow-up for care for patients after discharge, can their discharge planners make “automatic” referrals for specified conditions?

In closing:
Be prepared for success

• How many patients can you handle?
• Develop a short list of prime referrers
• Consider limiting initial exposure to control palliative care census
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QUESTIONS?