Strengthening Your Palliative Care and Hospice Messaging

Marian Grant, DNP, ACHPN, FPCN
Marketing Consultant,
Blue Shield California
Objectives

1. Describe the key steps in developing messaging
2. Discuss market research findings on hospice and palliative care
3. Describe process to develop optimal hospice and palliative care messaging and tips/resources to help
Marketing Messaging Process

1. Define the problem
2. Market research
3. Marketing strategy
4. Messaging
5. Evaluation plan
1. Define the Problem

• What is the issue to be addressed?
• What is the outcome sought?
• Hospice and palliative care problems?
2. Marketing Research

• Understand attitudes/beliefs of those likely interested in your service

• Review
  – National research findings
  – Competitive messaging
2019 New Research

• Massachusetts Serious Illness Coalition
  advance care planning (ACP)

• CAPC palliative care
# Massachusetts Methodological Overview

<table>
<thead>
<tr>
<th>Who?</th>
<th>Representative national sample of 2,514 adults age 18 and over. Additional Massachusetts oversample of 500 adults over 18 years of age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When?</td>
<td>January 3 – January 18, 2019</td>
</tr>
<tr>
<td>How?</td>
<td>Online and telephone interviews. For the national sample 2,114 surveys were completed online with 400 phone surveys conducted with people over 60. For the Massachusetts oversample 500 surveys were completed online.</td>
</tr>
<tr>
<td>Segmentation?</td>
<td>Segmentation cluster analysis conducted on national sample and discrete analysis on Massachusetts sample.</td>
</tr>
</tbody>
</table>
Five Consumer Segments: Action Takers and Non Action Takers

**“Action Takers”**

100% have both written document naming their health care decision maker a document that describes their wishes for care; **about 90%** have also spoken to loved ones about their wishes and many (50-85%) have talked to their doctors, too.

**“Non Action Takers”**

Very few have **completed written documents** (4 – 16%); about half have had conversations with loved ones about their wishes; few (~20%) have talked to their doctors.
Next Steps

• Confirm umbrella advertising appeal across segments
• Develop, make materials available to field
• [http://maseriouscare.org](http://maseriouscare.org)
• Public
  – National telephone survey 800 adults age 25+
  – Oversample seniors age 65+
  – 250 seriously ill people and 262 family caregivers

• Physician online sample
  – 317 treat patients with serious illness
  – 207 hospital-based /110 non-hospital-based
Key Findings

- Overall awareness not improved since 2011
  - Awareness among patients and families has improved
- Physician awareness and favorability have improved dramatically, though confusion about palliative care persists
- An audience-tested definition and messaging improve favorability ratings for public and physicians
- Message discipline and alignment across field essential to improve awareness and favorability of palliative care to build demand and access
Favorable Palliative Care Messaging

- Providing the best **quality of life**
- Relief from symptoms, pain, and stress
- Appropriate at **any age** and providing the care alongside curative treatment
- Matching treatment options to patient goals
- A **team approach** to care
- Providing an **extra layer of support**
CAPC Definition

• Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people living with a serious illness. This type of care is focused on relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

• Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient’s other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

• https://getpalliativecare.org/whatis/
Physician Learnings

• Comfortable referring to or mentioning palliative care
• They refer often
• Barriers
  – Patients don’t want
  – Physician not comfortable discussing
  – See as end-of-life care
  – Access issues
2017 Kaiser Family Foundation Research

• National phone survey 2040 adults, 998 elders with serious illness or family caregivers

• Findings
  – Public acknowledges issues, but many have not planned for seriously illness
  – Older, more educated have advance directives
  – Not wanting to think about illness/death key reason people don’t plan
Other Priorities, Youth, and Avoidance of Sickness/Death Are Top Reasons For Not Having a Written Document

Among the 66% of the public who do not have a written document that describes their wishes for medical care if they become seriously ill: There are different reasons why people may not have their wishes for medical care written down. For each of the following, please tell me if this is a major reason, a minor reason, or not a reason why you have not written down your wishes for your medical care if you become seriously ill.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Major reason</th>
<th>Minor reason</th>
<th>Not a reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are too many other things to worry about right now</td>
<td>36%</td>
<td>27%</td>
<td>36%</td>
</tr>
<tr>
<td>You’re too young or that’s a long ways off</td>
<td>32%</td>
<td>29%</td>
<td>38%</td>
</tr>
<tr>
<td>You haven’t thought about it</td>
<td>32%</td>
<td>27%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>You don’t want to think about sickness and death</strong></td>
<td>27%</td>
<td>29%</td>
<td>43%</td>
</tr>
<tr>
<td>You’re worried you might change your mind about what you want</td>
<td>13%</td>
<td>30%</td>
<td>57%</td>
</tr>
<tr>
<td>You want your doctors to make the decisions for you when needed</td>
<td>11%</td>
<td>23%</td>
<td>65%</td>
</tr>
</tbody>
</table>

NOTE: Don’t know/Refused responses not shown.
SOURCE: Kaiser Family Foundation Serious Illness in Late Life Survey (conducted May 4-July 12, 2017)
### Table 8: Barriers to Written Documents Outlining Wishes Varies Little by Race

Among the 66% of the public who do not have a written document that describes their wishes for medical care if they become seriously ill: Percent who say each of the following was a major reason why they have not written down their wishes for medical care if they become seriously ill:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are too many other things to worry about right now</td>
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<td>26</td>
<td>34</td>
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<tr>
<td>You haven't thought about it</td>
<td>32</td>
<td>29</td>
<td>34</td>
<td>39</td>
</tr>
<tr>
<td>You don't want to think about sickness and death</td>
<td>27</td>
<td>21</td>
<td><strong>37</strong></td>
<td><strong>42</strong></td>
</tr>
<tr>
<td>You're worried you might change your mind about what you want</td>
<td>13</td>
<td>10</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>You want your doctors to make the decisions for you when needed</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>16</td>
</tr>
</tbody>
</table>
2019 Commonwealth Serious Illness Survey

- 1,500 with serious illness and their family caregivers
- Serious illness is life-altering journey

People with serious illness experience distress over and above the physical symptoms of their specific condition

- 62% feel anxious, confused, or helpless
- 48% have emotional or psychological problems caused by their condition
- 32% reported feeling left out, lacking in companionship, or isolated from others
Health Care System Adds to Burden

61% of people with serious illness reported at least one problem while receiving care, such as:

- understanding a medical bill or what their health insurance covered
- being sent for duplicate tests or diagnostic procedures
- getting conflicting recommendations from different health professionals
Paying for Care: on Edge of Financial Ruin

53% of survey respondents experienced one or more dire financial consequences related to their care, such as using up most or all their savings, being unable to pay for necessities like food, heat, or housing, or borrowing money to get a loan or another mortgage. Despite 9 out of 10 having insurance coverage.
USC Survey

• **Understanding America Study** survey Spring 2018
• 6,000 households representing entire US on panel
• 53% never heard of palliative care

*Figure 1. How much do you know about palliative care? National Sample*

*Source: Understanding America Study: Survey field dates: March 15 - April 16, 2018. Sample size: 4572. Margin of sampling error is +/- 1.5%.*
2018 USC Survey

Figure 2. How much do you know about hospice care? National Sample

Source: Understanding America Study: Survey field dates: March 15–April 16, 2018. Sample size: 4570. Margin of sampling error is +/- 1.5%.
CANCER. WHERE YOU’RE TREATED FIRST CAN MAKE ALL THE DIFFERENCE.

Patients who are treated at Memorial Sloan-Kettering Cancer Center often have better outcomes than patients treated at other hospitals. When sportscaster Larry Rawson was diagnosed with throat cancer, he chose Sloan-Kettering for its extraordinary concentration of knowledge and expertise focused on curing his cancer and saving his voice. Today, Larry is broadcasting, loud and clear, from all over the globe.

If you or a loved one is diagnosed with cancer, call Memorial Sloan-Kettering first at 800.525.2225

MANHATTAN • LONG ISLAND • WESTCHESTER • NEW JERSEY • MSKCC.org
In-network with most major tri-state area health plans.
DID TRIPLE
NEGATIVE BREAST CANCER TAKE
THE LIFE OF ELIANA MARIN?
NO, NO, NO.

Eliana Marin was just 36 years old when she learned that she had Stage 3 Triple Negative Breast Cancer. She was told at another hospital that the prognosis was grim. But doctors at The Dubin Breast Center at Mount Sinai recommended an aggressive approach that combined chemotherapy followed by surgery and radiation. The treatment was successful. Four years later, she is cancer free and living the life she feared she would miss. Eliana would be the first to tell you, it doesn’t get more positive than that. The Mount Sinai Dubin Breast Center of The Tisch Cancer Institute, a National Cancer Institute (NCI) – designated cancer center.

1-800-MD-SINAI
mountsinai.org/msdubin

Mount Sinai
Not
Pharmaceutical Messaging

- It is possible to talk about unpleasant health issues in upbeat, positive way
- Consumers are drawn to aspirational ideas and images
Erectile Dysfunction Ads

- Yes
- No
Antidepressant Ads

Yes

No
3. Marketing Strategy: Target Audience

• People with issue
• Ideal users of your service or program
• Note: Typically not the people developing the marketing messages (It’s about them-not us!)
Hospice & Palliative Care Target Audiences

- Patients
- Family members
- Physicians and their staff
- Hospitals, SNFs, ALFs
- Community/general public
- Payers
Target Audience Desires

• What do they want?
• What can you offer them?
• Is what you provide important/meaningful to them?
Patient/Family Desires Quiz

Select all that apply:

A. To live life to the fullest
B. Help with coordinating medical care
C. Education on palliative care
D. Continuing curative medical care
E. Education on the Medicare Hospice Benefit
Referral Clinician Desires Quiz

Select all that apply:

A. Help with challenging cases
B. Maintaining connection to the patient/family
C. Continuing standard medical care
D. Education on better prognostication
E. Education on the value of interdisciplinary care
# Marketing Strategy Worksheet

<table>
<thead>
<tr>
<th>Marketing Element</th>
<th>Your Hospice’s Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected Target audience(s)</td>
<td></td>
</tr>
<tr>
<td>Specific outcome(s) sought for each target audience</td>
<td></td>
</tr>
<tr>
<td>Marketing elements</td>
<td></td>
</tr>
<tr>
<td>Evaluation plan</td>
<td></td>
</tr>
</tbody>
</table>
A Word About Death

• No
• Most with serious illness aren’t dying
• Most who need palliative care are living and will be for some time
• Not what people want to hear/think about, even if are dying
• It’s only a “good death” to us
4. Messaging

- Key idea aimed at target audience
- Makes an emotional connection
- Compelling “reason why” they should believe you, if needed
Hospice is... another walk in the snow.

Your loved one deserves the opportunity to make memories and to have comfort during their final months.

Bluegrass Hospice Care can help with this and so much more. Our team of experts provide...

Call us today to discuss the care you or your loved one needs.
855.492.0812  bgcarekvs.org

Hospice is... another chance to share your heart.

Your loved one deserves the opportunity to make memories and to have comfort during their final months.

Bluegrass Hospice Care can help with this and so much more. Our team of experts provide...

Call us today to discuss the care you or your loved one needs.
855.492.0812  bgcarekvs.org

Hospice is... another big game day.

Your loved one deserves the opportunity to make memories and to have comfort during their final months.

Bluegrass Hospice Care can help with this and so much more. Our team of experts provide...

Call us today to discuss the care you or your loved one needs.
855.492.0812  bgcarekvs.org
“Call Hospice... they helped us!”

We have provided compassionate end-of-life care to more than 20,000 people and their families for over 28 years. We continue to provide the best, most comprehensive service available in our 18-county coverage area of Tennessee and North Georgia.

Contact us today! 423-892-4289 | www.hospiceofchattanooga.org
Not
Stop With The Hands

• We like them, but the public? Physicians?
• Pharma wouldn’t use:
HOSPICE/PALLIATIVE CARE EXAMPLES
Sometimes the best pain medication isn’t medication.
Palliative care sees the person beyond the cancer treatment. It gives the patient control. It brings trained specialists together with doctors and nurses in a team-based approach to manage pain and other symptoms, explain treatment options, and improve quality of life during serious illness. Palliative care is all about treating the patient as well as the disease. It’s a big shift in focus for health care delivery—and it works.

Bring quality of life and care together for the millions of families facing cancer.

dation
Palliative care treats the person, not just the disease.

Support palliative care legislation.
(H.R. 6155, S.3407 & H.R. 6157)

Learn more
Chemotherapy


For a quality of life and care together for all those facing cancer
Develop a Messaging Strategy

• Determine for each target audience
  – What do they want?
  – What can you offer them?
  – How/where do you reach them?

• Meet them where they are and take them where they want to go!
<table>
<thead>
<tr>
<th>Target Audience</th>
<th>What do they want?</th>
<th>What do you offer them?</th>
<th>How/where do you reach them?</th>
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</table>
1. Use positive phrases along with aspirational images
2. Avoid negative images and minimize/avoid death/dying
3. Stop the horror stories!
Hospice Ideas

• I can relax knowing Mom is in good hands
• We can’t extend life, only deepen it
• We can’t give you more minutes. Only more time.
• Some moments never have an expiration date
• Because memories have no expiration date.
• Honoring Life- Offering hope
• Our promise is to be a trusted caregiver so you and your family can focus on the time you have together.
Palliative Care Ideas

- An extra layer of support
- You’re a person, not an illness
- Your best chance for successful treatment
- Palliative care treats the person, not just the disease
- Palliative care sees the person beyond the cancer treatment
- The best medical care plus support for your and your family
## Messaging Worksheet

<table>
<thead>
<tr>
<th>Element</th>
<th>Your Messaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headline/Key idea directed at target audience</td>
<td></td>
</tr>
<tr>
<td>What’s the emotional connection?</td>
<td></td>
</tr>
<tr>
<td>Reason why they should believe you? (if needed)</td>
<td></td>
</tr>
</tbody>
</table>
What’s in a Name?

• Palliative not easy to say, spell, or understand
• Rebranding specialty not feasible, don’t spend energy on that!
• Exception
  – Oncology- evidence suggests “supportive care” preferred there
  – “Supportive” has own issues
• Test with your target audience
Messaging Consistency
Marketing Resources

- CAPC https://www.capc.org/topics/marketing-and-palliative-care/
- NHPCO https://www.nhpco.org/online-learning/marketing-and-branding-your-palliative-care-program
5. Evaluation: Do Informal Market Research

• Goal
  – Do people get what you’re trying to say?
  – Is it appealing?
  – If not, why not?

• Process
  – Ask real people (not hospice employees!)
  – Ideally people in target audience(s)
  – Show work in progress, let it speak for itself
  – Revise as needed and show to some more folks
Evaluate Your Current Messaging

• Review your existing messaging (Worksheet)
  – Is it clear who target audience is and does messaging speak to what’s important to them?
  – Is benefit positioned in compelling/ emotionally attractive way?
  – Are language and graphics aspirational and uplifting?
  – Strategic and visual continuity across various communication pieces and elements?
  – Is unique to your organization and competitive?
Conclusions

1. Social marketing can help inform, educate, and motivate people about hospice or palliative care
2. But- messaging needs to be appealing, aspirational for each target audience
3. Avoid too realistic images or focusing on death
Questions?

• Marian Grant consultant@mariangrant.com