FINAL SAY

Public Relations Lessons from an Aborted Catholic/Secular Merger

BY JEFF LEWIS

hange is for the better," we told the public. "Without eliminating certain duplication of services, health care for the community is in jeopardy."

Our talking points were clearly defined. We would ensure the public that an affiliation between a Catholic and a secular health care system was in the best interest of those we served. By simply stating the facts, we would assuage any fears the general public and our patients might have.

Cooperation on the part of decision-makers at both health care systems flowed smoothly at the outset, and a newsletter that addressed merger issues was published weekly as part of an internal communications effort. Also, management meetings were scheduled around the clock to help keep people in the loop.

However, negative feedback from a pocket of physicians who vehemently disagreed with the overall concept began to surface about the same time as the public announcement of the merger plan. We were not surprised that not everyone embraced the idea of a merger; after all, it would involve two distinct cultures trying to come to terms on basic philosophies.

To weather the negative publicity, the public relations departments at both health care systems ran a pointed "question and answer" newspaper ad explaining a merger's benefits. A slick, expensive-looking advertising campaign wasn't prudent because the public knew that reducing costs was a major component of the merger; fancy ads would only fuel controversy.

Realizing that losing the religious identity of the Catholic hospital was of major concern to the physicians and public, we advised a well-respected board member of Mercy Health Partners to voice a radio spot assuring the public that religion wouldn't take a back seat to the proposed affiliation. The trustee received much positive feedback for the sincere tone of her message. However, we did suffer a public relations setback by not being able to convince those physicians who privately



Mr. Lewis is vice president, Marketing and Public Relations, Mercy Medical Health Partners, Scranton, PA. supported the merger-and there were many-to also speak publicly.

To be sure, public relations plays a major role during merger talks and the image crisis that is sure to ensue. A savvy public relations campaign can help sway public opinion in the direction that is most desirable for the health care systems involved. It can put a positive spin on a topic that is almost always going to be viewed with a jaundiced eye by the public. Public relations cannot, however, solve all the problems. Most people do not want change, especially if it means closing an emergency department near their homes or shutting down acute care at a local hospital.

Public relations may not persuade the entire community, but it can have a positive impact on some influential VIPs in town. We deemed it necessary to have the CEOs of both health care systems meet with the mayor, city council, the school board, chamber of commerce, and economic development council to explain how the current health care environment dictates that cooperation between hospitals is necessary.

Effective public relations strategies can also convince members of the media that a merger will benefit their readers, viewers, and listeners. For example, not long after going public with our merger talks, we arranged a meeting with the editorial board of a local newspaper to present the facts (and benefits) of the proposed merger. The session included frank discourse about the basic realities of health care, including the Balanced Budget Act of 1997, managed care, and the growing nursing shortage. The CEOs, sticking to a list of key talking points, explained that the merger could result in a savings of \$20 million each year by not duplicating services. This money, they said, can then be reinvested in new technology and improved community outreach programs. A few days later, the newspaper published an editorial endorsing the merger talks. Shortly thereafter, the merger discussions received on-air support from the area's largest radio station.

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CURRENT CHALLENGES IN SPONSORSHIP

The constantly evolving

responsibilities and expectations

of governing boards and sponsors

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challenges to Catholic health care.

The July/August issue of Health

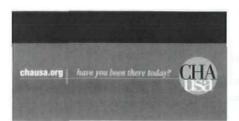
Progress will explore a variety of

topics, from the origin of the term

sponsorship to trends and

changing roles in sponsorship

and governance.



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Above all, be honest with the facts; even your staunchest detractors will appreciate honesty.

In addition, letters to the editor from citizens and focus group research indicated that sizable progress had been made in our quest to convince the public that a merger was advantageous for the community. We hadn't convinced everyone, but we made a dent.

However, when the financial implications (assuming each other's debt) and philosophical differences (family planning) became too much to overcome, the merger proposal was called off. Our public relations focus immediately switched from positive spin to rumor control.

In hindsight, here are suggestions for others facing similar situations:

• Be realistic with your expectations and objectives. No matter how extensive the effort, public relations can only do so much. It cannot totally control the process, and it cannot position any merger as the ultimate salvation, especially if no physician is willing to step to the forefront and speak publicly on the advantages of a merger.

• Develop a set of talking points and stay focused on the message. Get the message to the public as early as possible through town meetings. No one ever said being a CEO of a health care system is easy; but clear advantages exist to having the CEO-supported by physicians (if possible), board members, nurses, and other staff-attend a series of public forums aimed at honest dialogue. Tempers may flare among the public, but a CEO who can maintain his or her composure and present the facts is sure to gain respect from the naysayers in the crowd. Will these meetings turn the tide in your favor? Maybe not. But they will demonstrate that you believe strongly in your own message.

• Know the strengths and weaknesses of your CEO. Some CEOs need public relations training before attending a public session. The public relations officer should serve as a mock reporter and confront the CEO with some very tough questions before any interviews. Don't let the CEO be unprepared before facing the media or general public.

• Engage physicians and the entire staff early in the process. CEOs must be willing to meet as often as necessary with key physician leaders and selected staff members for an honest disclosure of the merger process. Include union representatives as well.

• Communicate with internal stakeholders (physicians, staff, union, board members, volunteers, etc.) before you offer anything to the media.

• Look for options off the beaten path. For example, we proposed to include doctors from both health care systems on Mercy's quarterly "Ask the Doctor" television program, a series in which physicians take calls on-air from the public. Although this venue would not address the merger, it would show that the two health care systems could cooperate to better serve the public.

• Be prepared for a bumpy ride. The term "merger" has an ugly connotation no matter how you try to position the benefits to the public.

• Above all, be honest with the facts. Even your staunchest detractors will appreciate honesty. As Mark Twain once said, "I would much prefer to suffer from the clean incision of an honest lancet than from a sweetened poison." JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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