

Educating the Community About Healthcare Reform

BY RHODA WEISS

Remember the good old days? When hospitals were viewed as a unique community benefit, placed on a pedestal by a grateful public? When educating business and government leaders about hospital operations and healthcare issues seemed unnecessary?

Those days are but a memory. Today, the public is chopping away at that pedestal, challenging healthcare providers as never before. Employers, at risk of going out of business because of skyrocketing healthcare costs, are forming business coalitions to investigate how they can influence changes. Physicians, frustrated by lower payments, increased regulations, and less control, seek more participation in hospital governance and continually challenge administrators. And the government seeks solutions that leave us uncertain and unable to predict our future.

In the past, caring for patients was providers' first concern. Setting policy and educating legislators was someone else's job. Although hospitals have felt the sting of questionable laws and regulations, until recently they have done little to influence change. While insurers built strong governmental lobbies and consumers united to bend politicians' ears, hospitals went about the business of healing the sick and left their political fates in the hands of others.

After considerable frustration at the public's lack of information about healthcare issues, hospital leaders have decided to take up the challenge at a local level. Many are developing governmental affairs departments.

Others are instituting public affairs forums, bringing in politicians and other decision makers from the local, regional, state, and national scene to meet with trustees, administrators, hospital staff, and volunteers to discuss issues of mutual interest and educate each other about the challenges facing healthcare organizations and the community.

This column will periodically feature healthcare organizations that have taken steps to advocate



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reform and inform their communities about critical healthcare issues.

REFORM AND RENEWAL

In 1990, Mercy Hospital Medical Center in Des Moines decided it was time to communicate with the public about the need for healthcare reform and community renewal. Faced with an increasing threat of taxation from the Iowa state government, the hospital needed to make its voice loud and clear. The Public Relations and Marketing Department developed and launched a community-based campaign to target Des Moines-area residents, physicians, employees, board members, business leaders, and legislators. The campaign had two specific messages:

- Hospitals are irreplaceable community resources.
- Hospitals are willing and eager to help find solutions to the healthcare crisis.

"We wanted to reach the people who were confused about healthcare reform, and also those who would be in a position to influence change," says Linda Montet, Mercy's director of public relations and marketing. "Given the complexity of the subject matter, we had to make sure both the copy and the format were interesting enough to make them pay attention."

The campaign began just after the release of Mercy's fiscal year 1990 annual report. Because a typical annual report is expensive to produce and has a specific circulation, the department designed a four-page tabloid insert to be circulated in a Sunday edition of the *Des Moines Register* within a 50-mile radius of the city. In addition to providing data on hospital operations (e.g., admissions, occupancy rate), the report described Mercy's mission and indicated the amount of charity and uncompensated care it provided the community in fiscal year 1990. It also carried figures indicating the center's economic impact on the community in terms of salaries and benefits paid and goods and services purchased in Iowa. The insert, *A Report to the Community*, featured a call to

action in a section titled "Here's the Challenge."

"We fully understand the call for change in the health care system," the report stated. "Like you, we are searching for answers to some very difficult questions: What kind of health-care system can medically and technologically advance, while financial resources are shrinking? Can Americans afford the kind of health care we really want? Are we ready to give up our unlimited choices to let someone else decide for us what health care we will receive?"

Then, in a series of steps the report said need to be taken immediately, it challenged the community to:

1. Sit down together at a common table—payers, providers, legislators, consumers, businesses.
2. Find new payment approaches that work toward less cost-shifting (charging one business more for that which you are unable to collect from another) and still assure access to care.
3. Address old questions that complicate the real issues, such as: Does Des Moines have too many hospital beds? and Is new technology always more expensive?
4. Support health data systems and be willing to share our own quality and cost data with others in the community.
5. Work as hard as we can to promote health education and wellness, decrease health risks and encourage everyone to take more responsibility for his or her own health.

We must not wait. We must do it now. We must each ask ourselves: What more can I do to assure a solid and responsive health care system for the future?

THE CAMPAIGN

A Report to the Community set the stage for the rest of the campaign. The employee newsletter began to carry reviews of legislative issues; an in-house video production offered upcoming legislative reports to employees and board members; and an entire issue of *Journal*, a Mercy news magazine distributed citywide, featured interviews with physicians about healthcare in the future. The centerpiece of the publication was an editorial titled "Our Changing Ethical Climate: Where Will It Lead Us?" written by the Mercy Clinic System's chief medical officer.

The cornerstone of the campaign was a series of 13 "advertorials" that appeared in the local business newspaper, the *Business Record*, beginning in January 1992. The advertisements addressed key components of healthcare reform.

HOW DO WE CHANGE THE SYSTEM?

We hear about the healthcare "system" repeatedly on the news, in private conversations and during the course of conducting our daily business. We talk about it, we use it, we know what it is. Or do we?

Is it an autonomous entity, as we usually imply by referring to it in the singular? Does it live and breathe with one set of rules, one brain, one chain of command?

Think of the healthcare "system" as a giant complex with many entrances, perhaps like an intricate system of springs, streams and rivers all leading to the same large body of water. Anyone may enter this system at any point, and nearly everyone does in the course of a lifetime. The only requirement for entrance is that you have a problem, question or need for affirmation about the condition or function of your health.

There are many access points to this "system" through the office of a physician or dentist, a rehabilitation clinic, through employee health offices or through a hospital. Access can also be through insurance companies, social service agencies, the courts, the fire and police

departments, ambulance services and many other businesses, private groups or government agencies.

In short, any individual or organization that can help you obtain or participate in the care of your body and its health can provide an entrance into "the system." And each has a stake in its success or failure.

Once inside, you may find a few surprises. The "system," is made up of interlocking units that take on different appearances and characteristics, depending upon who you are and where you enter it.

Also, the "system" has different sets of rules for each accessing group. There may be duplication, confusion, or additional costs because of these overlapping access points.

All of the entities involved in health care believe they have the patient's best interest in mind. Yet there are different economic incentives for each party.

We must realize and acknowledge that effective health care involves the inter-relationship of many distinct and unique parts. The key to healthcare reform is bringing all of the incentives together.

Only then can we bring about systemic change.



A series of 13 "advertorials" conveyed the message that healthcare reform is a serious concern.

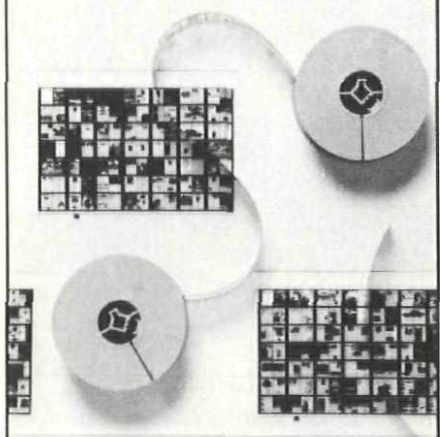
They carried titles such as "How Do We Change the System?" "What Happened to Healthcare Costs?" and "Who Is Responsible?"

Mercy public relations and marketing staff designed the advertisements to convey the message that the topic was a serious concern (see **Figure**). "The impression had to be, 'Here's something important that Mercy has to say to the business community,'" says Montet.

Almost as soon as the first advertorial appeared, positive calls began to come in. Mercy received requests for reprints from community residents, board members, and even the Iowa State Department of Health. In fact, the series was so successful that the hospital reprinted them in a booklet that appeared in time for the beginning of the 1993 Iowa legislative session. The booklets were part of a packet given to members of the state house and senate who attended the annual legislative breakfast in Mercy's administrative offices. Copies were also distributed to employees and hospital departments.

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MISSION

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"interrelationships," and "social mission" clearly name mission issues. For the term "Catholic healthcare" to have any meaning in the future, we will have to learn to name our daily experiences as holy.

For example, one of our system values is compassion. When supervisors notice that someone has been especially caring to a patient or resident, they are encouraged to use mission language to communicate their perception of the act. In such a situation, a supervisor might say, "What you did helped me better understand the meaning of compassion." Naming the act in this way reminds employees of why they are at the facility.

Mission is the motivator for such naming. It does not ask anything unusual from us—only that we occasionally remember why we do what we do. If our definition is correct—if fulfilling the mission is being God's presence in the world—then mission is not a program but a way of life for everyone in the organization.

LIVING THE MISSION

Is it possible to get excited about mission's role in an organization? We invite you to come to mission committee meetings at the Sisters of Providence Health System, to see the energy that flows from knowing that mission is everyone's responsibility, and to see people making connections between the mission and their daily work.

Living the mission helps people understand what compassion and justice and respect are all about. People who live these values every day have no need for definitions, but they do need to know their behavior is mission driven. They need to be able to rename their actions in mission terms. And they need to understand that they are God's presence in the world. □

MARKETING

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A second report to the community was produced with new copy and new financial statistics after the fiscal year 1991 annual report came off the press, and once again it was circulated in the *Des Moines Sunday Register*.

BUILDING A COALITION

Other Des Moines hospitals have now become part of the reform effort. The seven members of the *Hospital Association of Greater Des Moines* are planning to hold a Medical Mission Day in January 1994, when they will offer free care to anyone in the city who cannot afford to pay for care. The idea has worked well in smaller Iowa cities, and expanding it to the capital city will demonstrate the hospitals' commitment to improving access to care.

Montet says that outreach efforts to help facilities with fewer staff and resources is the next phase of the plan. The Mercy public relations and marketing staff has made its consulting services available to 12 rural hospitals in the Mercy Network of Health Services, as staffs of those facilities try to address their own unique community needs. The department's physician referral and health information service, the Mercy Nurse, has already offered free community health screenings for prostate and skin cancer to more than 1,000 area residents, and more are planned for next year. Speakers bureau activities have stepped up, as have free healthcare programs and partnership programs with area schools.

Mercy leaders are also becoming involved in other community-benefit programs. Chief Executive Officer Sr. Patricia Clare Sullivan, RSM, is chairing a downtown Des Moines renovation plan, the Hillside Project, to improve the city's use of its downtown space. Other Mercy administrators and public relations and marketing department staff serve on key community boards.

"From the beginning we've had the full support of administrative staff, and that has made all the difference," Montet says. "We'll be continuing this effort well into the future. We've just begun to scratch the surface." □