

# Marketing Home Healthcare

BY RHODA WEISS

**H**ome care is the fastest-growing segment of the healthcare industry. During the past 15 years the number of home care programs nationwide has increased from 500 to more than 9,000. Spending in this field has grown faster than in any other area of healthcare—increasing 17.8 percent annually between 1980 and 1990, according to the Health Care Financing Administration. The market for home health services grew from \$6.1 billion in 1986 to \$11.1 billion in 1991, according to a report by FIND/SVP, Inc., a New York City-based research firm. And the report projects the market for home care services will continue to grow at an annual rate of 11.9 percent, reaching \$19.5 billion by 1996.

## COMPREHENSIVE SERVICES

Today, 36 percent of the nation's community hospitals and well over 50 percent of Catholic hospitals have home care programs, and the number of manufacturers and suppliers entering the field is skyrocketing. In the past, home care agencies provided one of three types of services:

- Medicare-certified intermittent—intensive visits by nurses, therapists, social workers, and aides
- Non-Medicare-certified private duty—primarily nurses, therapists, aides, and attendants who care for patients for longer durations
- Home care products—such as durable medical equipment, pharmaceutical and oxygen products, and medical supplies

Today, however, providers are beginning to offer a full range of services, according to Kaye Daniels, president of Hospital Home Health Care Agency of California, a Torrance-based agency affiliated with several Catholic hospitals. "Hospitals are seeing home care as an opportunity to ensure continuity of care from the hospital to the home," explains Daniels, who is also chairperson-elect of the National Association of Home Health Care.

"Competition, cost containment, and technological advances have made home care an accept-



*Ms. Weiss is president, Rhoda Weiss Marketing and Public Relations, Santa Monica, CA.*

able and important method of delivering health services," adds Daniels. "In the future home care will gain even more acceptance by insurers and other third-party payers as a cost-effective method of care. We will see more providers offering ambulatory care services in areas such as rehabilitation, industrial medicine, laboratory, x-ray, and pre-hospital admission. The number of physicians making house calls will also increase dramatically."

The American Academy of Home Care Physicians, based in Edina, MN, boasts a membership of about 5,000, and the American Medical Association (AMA) this year published a booklet, *Guidelines for Medical Management of the Home Care Patient*. The AMA reports that in 1990, 50 percent of all primary care physicians made house calls—and this number continues to increase. The American College of Physician Executives recently formed a home care society, and the American Hospital Association is strengthening its home care division, currently part of its Society for Ambulatory Care Professionals.

Other changes Daniels predicts will be the provision of home care to the community at such sites as businesses, schools, physicians' offices, and facilities and programs for the aging.

## MARKETING APPROACHES

The growth of home healthcare has created a need for marketing programs to increase awareness and understanding of available services and their benefits. Here are suggestions home healthcare administrators can use to market their services efficiently and effectively.

**Home Healthcare Staff** Because the actions of employees reflect your internal and external image, educating your staff about the benefits of home care and involving them in the program are critical. Assigning new home care employees a "buddy" will make them feel at home and a part of the team. Make sure every employee, including clerical staff, is on a committee or task force.

Consider a simple staff newsletter. Celebrate success. Instead of an "Employee of the Month," honor employees as soon as they do something special. During orientation, have a special employee speak to new staff about the benefits of working in home healthcare.

**Physicians** Physicians are your gatekeepers, so you must gain their understanding, cooperation, and involvement. Ask that a home care column appear periodically in the hospital's physician newsletter. In it describe the activities and benefits of your home health program, the types of patients who use it, and how they can access your services.

On every inpatient chart include this question: Is the patient appropriate for home healthcare? Answering this forces physicians, nurses, and other clinicians to consider the patient's need for home health services—and it always increases referrals. Also, you may want to attach the patient order for home health services to the chart for immediate signature.

Distribute a Rolodex card to physicians that not only provides vital information but also describes services, tells how to refer, and more. Distribute these cards to the media, community agencies, and other healthcare professionals as well.

Have your medical director speak at hospital continuing medical education (CME) programs and provide periodic updates to physician committees. Ask physicians to speak at in-service and other educational programs. Invite key physicians to join your program's board, professional advisory board, or committees. This involvement and further understanding of your services will increase referrals. Invite physicians to make home care visits and coordinate CME opportunities with these visits.

Have your director or staff members visit physicians in their offices or in the hospital to explain the benefits of recommending home healthcare to their patients (e.g., home healthcare enables physicians to manage time more efficiently and to utilize home health employees without investing in support staff). Ask physicians how they want patient information and updates communicated (e.g., by telephone, Fax, computer, or letters).

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**Physician Office Staff** Physician office staff are also key decision makers and referral sources for home healthcare. Patients spend 90 percent of the office visit with them. Invite office staff for an educational session or a "lunch-and-learn" visit. Many hospitals sponsor periodic educational programs for office staff. Ask to speak briefly at one of these to describe your services. Survey physicians and their office staff to learn how you can improve services to them. Include them as part of your direct sales office visits.

**Hospital Staff** Your own hospital staff are also important referral sources. Make sure that the social work, discharge planning, and quality assurance staffs are part of your home health teams. Include them in your meetings, and have your home care staff attend theirs.

In addition, provide information about your home health services to the hospital's physician referral service, and include articles in the employee newsletter. Orient the hospital's physician sales and service representatives who visit doctors' offices so they can also explain the benefits of home healthcare while promoting the hospital.

Provide information about home health services to personnel working in telephone communications, admitting, and information desks. Ask to speak periodically at hospital department head meetings. This increases knowledge and referrals because most people who work in hospitals are asked about home healthcare programs in the community.

Offer hospital employees (e.g., nurses, therapists, social workers) the opportunity to accompany home health staff to patients' homes. This increases the employees' appreciation of home care and their willingness to refer patients to you.

Include home care articles in hospital newsletters for employees, physicians, the community, and other audiences. Feature patients, and include a phone number for future reference.

**Clergy** Clergy refer an average of 2.7 people every day to healthcare organizations. Although many home care agencies use clergy, few target them as referral sources. Offer hospital and local clergy orientation and educational programs deal-

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## PATIENT PARTICIPATION

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stantively influence the movement to patient-centered care, she says.

Medical and nursing schools are beginning to recognize the need to train health professionals in new approaches, according to Orr. She suggests that, as hospital stays become fewer and shorter, physicians' offices need to meet patients' holistic needs for knowledge and a sense of community. Doctors' waiting rooms can provide "more than old magazines," offering information such as that provided by Planetree's consumer health network, which lists people willing to share their experiences with various diseases.

### A PHILOSOPHICAL SHIFT

In developing the Planetree hospital units, a philosophical commitment to patient-centered care among board members and administrators has been essential, according to Cheryl Gelder-Kogan, Planetree's executive director. "We are asking them to go beyond cost-based analysis," she says. "Planetree is well aware of the financial pressures on hospitals. We work with hospitals to target their limited financial resources to areas that will significantly improve the way they deliver healthcare services—and in a way that will attract patients, physicians, and managed care carriers. Emphasizing a healing, patient-centered approach helps strengthen the hospital's reputation within the community by strengthening both the patient's and the staff's satisfaction with the care the patient receives."

As Orr puts it, "Hospitals have to see the value of redefining healthcare; we are pioneers who will show people that changes can improve care. At Planetree we don't want to run hospitals; we work in partnership with them. Underneath the demonstration projects that analyze economics, organizational structures, etc., is a human story—that we owe our patients personal care and a sense of ownership in their care. If hospitals don't do this just because it's the right thing to do, they will do it because it's the way that makes sense and it's good business."

—Judy Cassidy

## MARKETING

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ing with ill, aging, homebound, or dying parishioners. Invite them to come on home healthcare visits. Form a clergy advisory board, and send news releases and promotional materials for inclusion in their newsletters and for dissemination to their parishes.

**Community Service Employees** Allied community service personnel also provide referrals; therefore promote your services to paramedics, firefighters, police officers, and others. Marketing can include such activities as on-site and work-site education and recognition events.

**The Broad Community** Community marketing can include a speakers bureau and promotional stories on home care in the local media. Radio and television talk shows are also effective ways to reach the community. Send editorials to the local newspaper, participate in health and trade fairs, and invite prominent community leaders to serve on an advisory board. Make sure board members accompany staff on visits so they can promote your program through firsthand experience. Also consider inviting key representatives of your hospital's board, auxiliary, and volunteers to make home visits and present programs on home healthcare to all these target groups.

### COMPREHENSIVE APPROACH

To promote home healthcare effectively, marketing professionals need to develop a comprehensive approach. Everyone in the community is a potential user of or referral source for home care services. By identifying these persons, educating home health and hospital employees, and making effective use of the media, providers can increase awareness of the value of home healthcare and draw attention to the services they make available. □

## PASTORAL CARE

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is at risk but can be protected by an open, supportive, preventive response by the hospital. □

## RESOURCES

1. *A Most Important Picture*, Centering Corporation, PO Box 3367, Omaha, NE 68103.
2. *Permission to Photograph and Deliver—Special Cases*, release form, First Foto, 3616 Mueller Road, St. Charles, MO 63301.
3. Certificate or recognition of life: National SHARE Office, St. Joseph Health Center, 300 First Capitol Dr., St. Charles, MO 63301, Recognition of Life; Association for Recognizing the Life of Stillborns, Frank and Linda Pavlak, 11128 W. Frost Ave., Littleton, CO 80127, Recognition of Life; Perinatal Loss, 2116 NE 18th Ave., Portland, OR 97212, 503-284-7426, Certificate of Life.
4. Jane Marie Lamb, "Naming Ceremonies," in *Bittersweet . . . hellogoodbye: A Resource in Planning Farewell Rituals When a Baby Dies*, National SHARE Office, Belleville, IL, 1988.
5. Lamb, *Bittersweet . . . hellogoodbye*, section 1.
6. Karen Whitlatch, "I'm Sorry': Sonographers Assume Special Role in Cases of Fetal Demise," *RT Advance*, September 17, 1990, pp. 1-3.
7. Lamb, *Bittersweet . . . hellogoodbye*.
8. Lise Carlson, *Caring for Your Own Dead*, Upper Access Publishers, Hinesburg, VT, 1987.
9. Jane Marie Lamb, *Starting Your Own SHARE Group*, 5th ed., National SHARE Office, Belleville, IL, 1991.
10. A list of perinatal loss newsletters is available through the National SHARE Office.
11. Birth and death announcements are available through: PatterMark Prints, 1356 N. Planview Dr., Copley, OH 44321, 216-666-6975; Perinatal Loss, 2116 NE 18th Ave., Portland, OR 97212, 503-284-7426.
12. "How Should Catholic Hospitals Provide for Disposition of Miscarried Fetuses?" *Hospital Progress*, July 1983, pp. 70-71; *Ethical and Religious Directives for Catholic Health Facilities*, U.S. Catholic Conference, Washington, DC, 1975, Directive 43.
13. Lamb, *Starting Your Own SHARE Group*, "Hospital Policies."
14. Miscarriage burial cradles are available from Bay Memorial, Tom Zerbel, 321 South 15th St., Escanaba, MI 49829, 906-786-2609.