

# New Challenges For Public Relations Professionals

BY RHODA WEISS

**A** reporter calls wanting specific information about patient charges. . . . A bus crash sends dozens of victims to the emergency room. . . . A community group calls wanting someone to speak about preventing illness. . . . A family huddles in a conference room in the intensive care area, agonizing over whether to withdraw life support from their loved one. . . . An employer requests help in explaining the new managed care product your organization just sold to its employees.

Sound familiar? Veterans of healthcare public relations face such challenges daily. Today, as the push for reform promises to transform the healthcare delivery system, public relations and marketing professionals must reexamine and restructure their work to reflect their organizations' changing needs and goals.

## REDEFINING ROLES AND RESPONSIBILITIES

At Harris Methodist Health System, Dallas-Fort Worth, the past year has been a time "of reflection, restructuring, and redefinition of roles and responsibilities," says Tom Peck, executive director of public and patient relations at Harris Methodist Fort Worth, the system's flagship hospital.

Recently, the system revised its vision statement to strengthen its position in the managed care arena and explore opportunities to enhance partnerships with its physicians. "The result has been a reaffirmation of the importance of public relations in hospitals and a clearer, stronger role within the corporate marketing mix," Peck explains.

**Speakers Bureau** To broaden its commitment to educating the community about health issues, the Harris System formalized a volunteer speakers bureau, concentrating at the system level a function that had in the past been handled by individual facilities. According to Pam Chevereaux, the system's community affairs director, the speakers bureau sponsored 130 presentations reaching more than 8,000 people in a seven-month period,



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about twice the number of presentations offered throughout the system last year.

A data base of 150 community, service, and professional organizations; senior centers; and agencies helps the system focus its promotional efforts. Presentations, which usually last 30 minutes, feature audiovisuals and handouts. To shape the image presenters bring to the community, public relations helps develop presentations.

The most-requested topics are stress management, healthcare reform, legislative updates, nutrition, exercise, women's health, and information about the system's helicopter ambulance services. After the presentation, Chevereaux sends an evaluation form to the organization to assess the system's community impact and how services can be improved.

**Hospital Advocates** Four years ago the Harris Methodist Health Foundation office saw an opportunity to tie young professionals in the community more closely to the system. Barbara McColm, foundation membership services director, explains that Harris Health Exchange creates an informed constituency in the community.

The program has grown from a membership of 75 young business leaders to 400 active participants and alumni of the program. An executive committee invites participants to attend quarterly meetings for two years. "We don't ask them to donate to the foundation or pay a membership fee," McColm states. "This is truly a no-strings-attached invitation. What members receive in return is an intimate look at the medical world and Harris System."

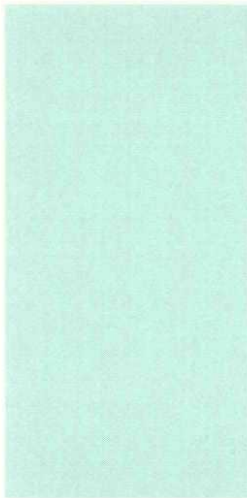
Experts such as doctors and administrators present information and take the group on tours to related hospital areas. Recent topics have included heart disease, cancer, emergency and trauma services, and healthcare reform.

McColm says the program has many benefits. "Clinicians see their value to the community in a new light as they interact with health exchange members—professionals who make healthcare decisions in their companies. As an informed con-

stituency, the exchange members help their businesses and the Harris System reach common goals and are potential future hospital and system board members."

**Leadership Roles** "With dwindling resources and increasing needs, health organizations are taking initiative and becoming community change agents," says Peck. The Harris Associates Program has proven to be such an initiative.

"We decided to create a program that goes beyond hospital walls and improves the community's overall health status," says McColm. Focus groups identified community health concerns that employees could help address. These included a need to reduce the incidence of infant mortality and low-birthweight babies, increase childhood immunizations, and improve cancer care



and education for certain populations.

Harris Associates kicked off its membership campaign, "Building the Healthiest Community in America," with brochures, flyers, and a video. The program offers system employees an opportunity to donate money or volunteer hours to address needs in identified areas. Two levels of participation are offered: The Associate level asks employees to donate \$62 or 20 hours of volunteer time; and the Rose Circle level asks employees to donate \$520 or 40 hours of volunteer time.

Results to date have exceeded expectations, with more than \$100,000 raised and commitments from employees approaching 10,000 hours of volunteer time. Since the associates program

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## GOOD MEDIA RELATIONS: A CASE HISTORY

With stories appearing daily about the rising cost of healthcare and the need for reform, healthcare providers can easily find themselves on the defensive with the media. By cultivating a good working relationship with the press, however, public relations specialists can make the media an ally in educating the public about complex healthcare issues.

Recently communications specialists at Harris Methodist Fort Worth transformed a potentially damaging story into an opportunity to raise public awareness about the hospital's contribution to the community. The story also provided an example of the confusion that can arise as patients try to make sense of our complex delivery and payment system.

Tom Peck, executive director of public and patient relations, explains.

"One day we received a phone call from an 84-year-old man," Peck remembers. Speaking in a clear, determined voice, the caller said, "Young man, I'm calling about the bill your hospital sent me after my recent knee replacement surgery. This was my fourth knee replacement. Do you know how much

my bill came to? I'll tell you: \$27,000. My knee replacement was done at your hospital five years ago. My bill then was about \$13,000. How can you say you deserve a tax-exempt status and that you are nonprofit when you charge someone \$27,000 for a knee replacement? I want to meet with someone from your hospital to discuss this and bring along the health reporter from the local newspaper. I've decided I want to help inform the public about what's going on here."

The patient, a retired minister who sold Medi-Gap insurance, had been used by the reporter as a credible source on healthcare issues. His managed care plan's negotiated rate for total payment to the hospital was \$8,800 for his seven-day stay. The patient believed that someone, possibly the managed care plan, was receiving the difference between the \$27,000 he saw on his statement and the amount the hospital was reimbursed. In actuality, the difference represented the hospital's loss in providing the services. The patient's knee prosthesis alone cost Harris Methodist \$6,600.

The reporter was working on a series

of articles on health reform and planned to use the patient's story in one of her pieces. A few weeks after receiving the patient's call, the public relations office arranged a meeting with the patient, the reporter, a senior manager, a nurse from the bill auditing department, a hospital administrator, and Peck. Issues covered in the meeting, which lasted more than two hours, included hospital charges versus actual collections, managed care and negotiated rates, and ethics.

The outcome? The reporter, who continues to write about healthcare issues, has been in contact with the public relations office many times since to clarify points and express her appreciation for the hospital's openness. "Instead of criticizing the hospital," Peck says, "her stories are fair and balanced, reflecting the cost issues and other challenges we face.

"The reporter believes that our continuing dialogue will only serve to better inform the public about important healthcare issues," Peck adds. "Viewing the media as a partner furthers the organization's goal of informing and educating the community at large."

# Calendar

For information on Catholic Health Association educational events, see p. 17.

## SEPTEMBER

National Association for Healthcare Quality, Annual Educational Conference, New York City, 19-22 (708-966-9392)

Catholic Medical Center and St. John's University, Catholic Hospital Administrative Personnel Program, Jamaica, NY, 19-24 (718-657-6800, ext. 4171 or 4172)

Healthcare Forum, "The Future of Integrated Health Systems," San Diego, 20-23 (415-421-8810)

California Association of Catholic Hospitals, Annual Meeting, Coronado, CA, 21 (916-444-3386)

American College of Physician Executives, "Leadership Skills for Medical Staff Officers," Monterey, CA, 22-24 (800-562-8088)

American College of Healthcare Executives, Canadian Conference, Vancouver, British Columbia, 27-28 (312-943-0544)

Oregon Health Sciences University Center for Ethics in Health Care, Kinsman Conference in Ethics, Portland, OR, 30-October 1 (503-494-4466)

## OCTOBER

American College of Healthcare Executives, Eastern Conference, Boston, 7-8 (312-943-0544)

Joint Commission on Accreditation of Healthcare Organizations, National Forum on Health Care Quality, Chicago, 13-15 (708-916-5600)

Healthcare Financial Management Association and American Association of Homes for the Aging, "HFMA/AAHA

Healthcare Finance Institute," Philadelphia, 18-19 (708-531-9600)

American Society of Law, Medicine and Ethics, "Health Care Priorities, Policies and Practices in a New America: Legal and Ethical Insights," Arlington, VA, 22-23 (617-262-4990)

Texas Medical Center Institute of Religion, "Religion and Medical Ethics: Looking Back and Looking Forward," Houston, 22-24 (713-797-0600)

National Interfaith Healthcare Leadership Conference, "Forming the Circle of Healing: Reforming the Leadership Ethic," Phoenix, 24-27 (410-266-3644)

American College of Healthcare Executives, Healthcare Executive Public Policy Institute, Washington, DC, 31-November 3 (312-943-0544)

## NOVEMBER

Society for Health and Human Values, Annual Meeting, "The Social Context of Clinical Decisionmaking," Washington, DC, 4-7 (703-556-9222)

Healthcare Forum, "The Future of Integrated Health Systems," Reston, VA, 8-11 (415-421-8810)

American College of Physician Executives, National Institute on Health Care Leadership and Management, Tucson, AZ, 16-19 (800-562-8088)

National Symposium on Healthcare Design, "Design: Contributing to the Quality of Healthcare," Chicago, 18-21 (510-370-0345)

Radiological Society of North America, Annual Meeting, Chicago, 28-December 3 (708-571-2670)

## DECEMBER

Healthcare Financial Management Educational Foundation, "INFORM '93," Newport Beach, CA, 5-8 (708-531-9600)

focuses strictly on community health needs, employees are asked to maintain their United Way commitment.

Measurable goals are assigned to each community need area. The program has targeted about 2,400 women in Fort Worth who are in the high-risk pregnancy category and 5,000 local households with children not properly immunized. With specific goals, the success of the associates program will be easily measured. The program will also focus on increased cancer screenings and education for the indigent population.

The foundation distributes proposal requests to community agencies seeking funds or volunteers. "Each request is judged by our board of governors on the agency's ability to meet targets set," McCole explains. "An important message is that every dollar donated to the associates program is given directly to the community because the Harris System underwrites the entire cost of administering the program."

### MANY OPPORTUNITIES

In the final analysis, today's healthcare public relations professionals will find their plates full, according to Peck, a 15-year veteran of the field.

"The opportunities are great," he says. "The time is now to help our hospitals and healthcare organizations make a real difference in our communities." Confusion reigns among the public, who demand change; among elected officials, who shape the future of healthcare in this country; and among healthcare providers, who will respond to the changing environment with restructured programs and services. "Public relations professionals have a tremendous responsibility," Peck says, "to help lead their organizations through this most exciting time." □