

TRENDS & Ideas

MARKETING

Changing with the Times

A 24 percent decrease in hospitals' marketing outlays for 1992 suggests that the healthcare marketing boom which began in the 1980s has run its course, Christopher Palmeri and Terzah Ewing report in *Forbes*.

Providers have come to realize that techniques for selling other consumer services are simply not as effective for promoting healthcare, the authors note. One reason is that physicians, rather than patients, usually choose a hospital. And even when patients decide where they will be treated, their choice is usually based on factors other than advertising, such as a hospital's location or its affiliation with a certain health plan.

The authors acknowledge that some discretionary services, such as substance-abuse treatment and sports medicine, do lend themselves to hospital advertising. But for the most part, patients are just as likely to be influenced by accurate, helpful information on health issues. For example, a Texas hospital has recently abandoned a successful advertising campaign for its maternity program in favor of a newsletter on birth-related topics, which it sends to expectant mothers.

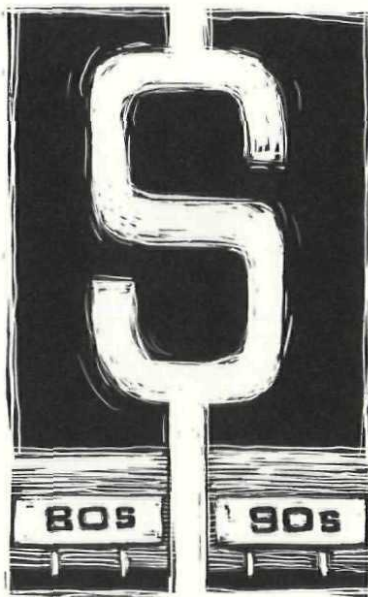
That hospitals are spending less on advertising specific services does not, however, mean that the role of healthcare marketing is diminishing. A recently released report by the Jones Partnership, San Juan Capistrano, CA—a market planning and sales development firm—suggests that factors such as cost-cutting pressures, the prospect of sweeping gov-

ernment reform, and the rise of integrated health systems will expand the role of healthcare marketing in the coming years.

These new marketing efforts will involve important changes of focus, the report notes. For example, an integrated delivery system's marketing program will cultivate the institution's public image and educate the community about the range of services it offers. Informing the public about changes introduced by healthcare reform will be another important task for marketing. Finally, as providers begin to emphasize outreach rather than selling as a way to reach the community, marketing professionals will be challenged to find effective means of assessing and responding to community needs.

But the factor that has perhaps most dramatically changed healthcare marketing is that the "customer" is often not simply the patient or even the physician, but the employers, insurers, or health maintenance

organizations that purchase services from hospitals. In such an environment, networks that provide high-quality service at low cost will be the most likely to thrive, and marketing's job will be to demonstrate to employers and other payers why they can expect this kind of performance from the network. To do this effectively, marketing professionals will have to be familiar with their systems' overall objectives and be able to present data—on outcomes, for example—that show payers what their system can offer.



NEONATAL CARE

An Alternative to Abandonment

To give a woman who has just delivered an unwanted baby an alternative to abandoning her child, St. Francis Medical Center, Lynwood, CA, launched the Baby Anthony program this past December. The program was named for St. Anthony, the patron saint of lost children, and inspired by an abandoned child (christened "Baby Anthony" by hospital staff) treated at St. Francis in September 1992.

By calling an 800 number, a woman can reach an experienced St. Francis Medical Center labor and delivery nurse, who will send an ambulance to pick up the newborn. The hospital will care for the baby until he or she can be turned over to the Department of Children's Services. All calls are confidential. Persons who know about an abandoned child can also call the hotline.

Although the Baby Anthony program has as yet received no telephone calls from new mothers wanting to bring their newborn to St. Francis, several persons have contacted the program to indicate their concern about expectant mothers who may possibly abandon their child. These callers have been advised to update St. Francis staff as necessary. In addition, a number of requests have been received for further information about the Baby Anthony program.

A new mother who calls will be urged to come to St. Francis with her newborn so that she may receive care. A clinical social worker will meet with the mother to explain the process of finding the infant a home in the event the mother does not want to keep the baby. The mother will be asked to sign a written consent, which expedites the adoption process through the Department of Children's Services.

Mary Ann Morrison, vice president of clinical services at St. Francis, says the program offers needed support and protection to both newborns at risk for abandonment and their mothers. "In many abandonment cases the mother is very young, scared, and either hiding her pregnancy from family and friends or even unaware that she is pregnant," Morrison explains. About one abandoned baby is discovered every month in Los Angeles County alone, and many others are no doubt never discovered.

CHILDREN

Fostering Healthier Children

Sicker than children who are homeless or who live in the poorest inner-city neighborhoods, foster children are the unhealthiest group of children in the United States, reports Deborah Shelton Pinkney in *American Medical News*. Threatened with lawsuits from children's advocacy groups, states are trying to jump-start programs that have stalled in their attempts to fulfill the healthcare needs of foster children.

Pinkney cites studies reporting "that foster children have three to seven times the rate of chronic health problems as other Medicaid-eligible children," as well as higher rates of vision, hearing, and dental problems. According to Mark Simms, MD, associate professor of pediatrics at the

University of Connecticut School of Medicine, approximately one-third of foster children have a chronic illness such as asthma, diabetes, or a seizure disorder.

In 1991 the United States had 442,000 children in foster care. That number is expected to rise to between 800,000 and 1 million by the year 2000, predicts the American Public Welfare Association. If states cannot provide adequate healthcare for the current number of foster children, what will they do when the number is more than double? Medical associations and others have begun to find innovative ways to ensure that foster children receive adequate healthcare services.

With a decline in the percentage of pediatricians accepting Medicaid patients,

the American Academy of Pediatrics (AAP) is revising its Medicaid policy to reverse the trend. In addition, Pinkney reports, in 1988 the AAP, in conjunction with the Child Welfare League of America, developed "standards to improve medical services for foster children." Pinkney notes that the standards have been "highly praised and circulated."

In communities, innovative programs are increasing. Says David Chadwick, MD, director of the Center for Child Protection at Children's Hospital in San

Diego, "We've made it a goal to make foster care a healing experience and want children to exit in better shape than when they came in." Chadwick helped develop a computerized "medical passport" for foster children in San Diego County.

In another effort to fulfill the healthcare needs of foster children, Simms has established a Connecticut foster care clinic for children six years of age and younger. They are evaluated at the clinic within one month of placement in a foster home and every six months there-

after (as long as they are wards of the state).

In Los Angeles, a county health task force and a professor at the University of California at Los Angeles School of Public Health are establishing a network of service providers to ensure that the county's 60,000 foster children can access healthcare. "The plan calls for establishment of assessment and service centers at selected local hospitals, linked to a provider network of community-based health and social service professionals," reports Pinkney.



Sim Gellman

Under pressure to reduce spending, many hospitals are in some instances turning away from expensive, one-time use, disposable products to more economical, reusable products such as washable surgical scrub gowns. Not only are the gowns cost-effective, they are safer for operating room personnel because they are liquid proof, made with a strong plastic thread, writes Milt Freudenheim in the *New York Times*.

Disposable products will account for 80 percent of the \$1.2 billion U.S. hospitals will spend this year on operating room equipment. However, in five years 70 percent of operating gowns used in U.S. hospitals will be reusable, predicts David A. Nelson, chairperson of Amsco, a company that sells reusable surgery gowns. In December the company opened a washing and sterilization center (its ninth) in Salt Lake City to serve the Intermountain Health Care System. Intermountain's management chief, Wolfgang Peleschka, hopes his hospital chain will save \$250,000 a year by going with reusable

RECYCLING

The Demise of Disposables



surgery gowns.

Reusable surgery gowns can "cost \$60 to \$90 each but may last through 80 to 125 washings and sterilizings," notes Freudenheim. The cost-effectiveness of reusable laparoscopic instruments is not as clear-cut. A recent Deloitte & Touche study found that single-use laparoscopic instruments were "a cost-effective alternative to re-usable instruments."

Freudenheim reports that some manufacturers have developed laparoscopic instruments that have reusable and disposable components. Although the disposable instrument business can be lucrative, manufacturers of such products need to be sure disposable parts are not reused. To guard against misuse of reusable surgical instruments and gowns, the Food and Drug Administration has proposed tighter controls, Freudenheim states. "Under the proposed rules, the manufacturers would have to show that the devices were still safe and effective after reprocessing," he notes.