

# Marketing Matters



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Everybody's talking about Hospice Education—and for good reason: Its importance is simply indisputable. Understanding hospice education, however, is rather challenging. It seems to be a generic term used in reference to a broad array of things, which makes its planning and execution an uphill battle and its effectiveness hard to establish. It may be time to fix that.

Hospice education is a frittata of sorts; any ingredient can be thrown in, the recipe is vague, and the flavor always varies. It works for an experimental breakfast, but it's too important a concept not to pin down. If you've been to a dozen NHPCO conferences, talked to colleagues from across the country, listened to various speakers, and endured countless hours of painful presentations and meetings on the topic, and hospice education still such a vaguely all-inclusive term in your mind, I can probably guess why: It's impossible to be effectively engaged in hospice education without first asking some important questions.

To begin with, who is the educator and who is being educated? In many hospices, the person coordinating hospice education is responsible for many highly dissimilar activities. For instance, training staff falls under the umbrella of "hospice education," but so does educating the community about hospice services. Needless to say, the two could not be more different.

Hospice staff does need ongoing education and training of course; there are new policies and regulations to learn, CMEs to be earned, and (at least for the more forward-thinking hospices) continuous immersion in the principles of customer service, patient and family satisfaction, branding, self-presentation, and more. Some of the technical training on regulatory issues may be done "in-house" and some of the CMEs can be earned by attending your State conference (and other ways, though the State hospice conference is both convenient and a great value). Of course bringing an expert to your own hospice to speak to your staff, meet with your

leadership team, or both, is always a great option since the training and advice can be tailored to your own hospice—as long as you hire someone you know and trust.

Usually, however, when people talk about hospice education they refer to educating others. If you're the prying kind and ask for more details, they'll tell you that "others" refers to the community at large and to an assortment of referral sources. Enough of "at large" and "assortments" already! Hospice education is a Marketing activity. There, I said it—and it's something that should have been said this clearly and explicitly a long time ago. It's a marketing activity, which means you have to be strategic in your planning and implementation of your hospice education program.

Being specific about it is a good start: Who are you trying to educate in the "community at large"? Are you engaging in an effort aimed at educating the general public with a sweeping high-profile awareness campaign? Are you specifically interested in educating young people, because in the long run that might dramatically raise awareness and understanding of hospice, or the elderly, because they're the largest age demographic your hospice serves? Are you targeting first-generation immigrant Latinos who are underserved by hospice in your area? It's clear that those audiences can be reached in different ways, and using media and a message tailored to the specific group you're reaching out to will increase your effort's effectiveness. Also, attempting to raise awareness of hospice among those who are not even sure what the word refers to is not the same as trying to increase the breadth and depth of knowledge in people who are already aware of hospice. Different strategies would accomplish these goals.

Of course if hospice education targets referral sources, there are many details to sort through before you can proceed with any hope of success: Keep in mind that hospital discharge planners, nursing educators, and family practice physicians have different needs—as well as different perspectives on hospice. Your education efforts should be tailored to their needs; "what's in it for me or my organization or my patients" simply *must* be addressed or your effort is doomed to failure before it even gets off the ground. In identifying those needs you may discover things as different as cost savings ("does hospice save my hospital money?"), time ("how cumbersome is the referral process?"), quality of care ("what can hospice do for patients that we can't do ourselves?"), and many more. It's obvious that a one-size-fits-all approach would never address all these concerns.

We're not done: Hospice education may be aimed at legislators at the State and federal level too. Most of you may not be doing much lobbying in Washington, D.C., but you may be in touch with those who represent you in Congress when they're visiting constituents at home. Certainly no organization speaks for you more strongly and more effectively at both the State and the national level than the HOPE of Wisconsin. But when you go to Legislative Day at the State Capitol, you too actively engage in hospice education. You're speaking to an audience that's pressed for time, has a lot on its plate, and needs an appeal that's both concise and

captivating in order to take notice and become your fervent advocate. The Power Point slides you used at your presentation to nurses are useless there.

Make sure that whoever is involved in hospice education is knowledgeable, understands the audience, does not rely on “canned presentations,” and has exceptional communication skills. Being articulate is nice, but being compelling is where the battle may be won or lost.

As a Marketing activity, hospice education needs to be part of your Strategic Marketing Plan, it has to be tailored to each of the many audiences it aims to appeal to, it needs to have resources allocated to it, a timetable, and specific people assigned to its different aspects to ensure accountability. You can measure the effectiveness of your hospice education, just as you can measure the effectiveness of other marketing efforts. A strong belief in the importance of hospice education, and the eagerness to see it through, are simply not sufficient to make it effective: Without careful planning and well thought-out execution, all you may have left to show for your hard work is good intentions. And hospice education is much too important to let that happen.