

Marketing Matters



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This spring there was an e-coli outbreak in Europe that killed 10 people, almost all of whom were in Germany where, as it turns out, the outbreak originated. The first news stories mentioned Spanish cucumbers as the possible culprit, but a day or so later attention shifted to lettuce and ultimately bean sprouts at a German farm. As you would expect, sales of Spanish cucumbers, German lettuce and German bean sprouts all plummeted. As you would not expect, so did fresh produce sales across Europe, regardless of product and country of origin. For several days farmers' freshly-picked vegetables had no buyers, distributors' stocks rotted, and produce went from supermarket shelves straight to the trash; millions of euros were lost in the process. Sometimes disasters have unintended and unexpected victims. If you work for a hospice, you may be part of an organization that may well be the next unintended victim. It doesn't have to be that way.

What if someone started a war and nobody noticed? No, what I'm describing is not a hypothetical; it's very much a reality for hospice and palliative care organizations in the United States. Hospice is under fire, and there are those who don't feel the urgency to act because they figure the shots are being fired at someone else. But publicity disasters, not unlike stray bullets and epidemics, don't affect very specific targets.

Only a couple of years ago news organizations were talking about death panels in the context of end-of-life care, and "The Case for Killing Grandma" was the title of a Newsweek cover story. Of course the authors didn't really want to kill anyone's grandma, but the gist of the headline captured public apprehensions about a subject most people very little about. If death panels killed anything at all, it was the chance of a meaningful dialogue on end-of-life care, as many hospices watched.

In the last year there have been several high-profile news stories unfavorable to for-profit hospices in particular, often accusing them of cherry-picking patients who are more profitable, and sometimes even accusing them of keeping patients away from potentially life-saving interventions. The media stories in question are

not characterized by innuendo; they paint an overtly revolting picture of for-profit hospices that are usually mentioned by name. The for-profit hospices in question cry bloody murder, dismissing the criticism as unfounded; other for-profit hospices sigh with relief and give themselves credit for not being “that kind” of hospice. Medicare finds that many hospice patients are being short-changed, while NHPCO scrambles to defend hospice in the face of public outcry and damning reports alleging fraud and neglect by hospices. It may all be a case of too little, too late. Non-profit community hospices feel vindicated, using this as evidence that for-profit hospices are there for the money, while non-profits are there to care for people. The general public is left with the cynical impression that, much like everything else in this world, hospice and end-of-life care is actually all about money too, and the name “death panel” finally sounds fitting even though the context is a bit different. Everyone plays the victim and, for once, nearly everyone is in fact a likely victim.

There’s no easy solution to this public relations nightmare, but one thing is for certain: The damage being done is pervasive. As people often fail to differentiate the good from the bad and the ugly, responsible for-profit hospices will surely suffer from a stigma they did nothing to bring upon themselves. Non-profit hospices need not feel at ease, since most ordinary citizens are not sure which hospices are for-profit and which are not. Also consider the high likelihood that “hospice” and “abuse” may be words that will become indelibly linked in a world of information overload where people remember headlines over details. The very credibility of national hospice and palliative care advocacy, feeble as it has been, has eroded further, and many states have been inadequately aggressive in filling the gap. Prevention of these problems would’ve been ideal, but dealing with them is now an urgent necessity. What should hospices do?

For-profit hospices have a great deal of expertly-used Marketing resources, but they’re often overly focused on patient acquisition. Their efforts need to focus more on building bridges in their communities, ensuring the documented improvement of their quality of care, and welcoming rather than shying away from impartial reviews and data collection that establish their efforts beyond reproach. Non-profit hospice organizations need to educate their constituents about what makes community hospices unique, take advantage of their non-profit status to become fierce fundraisers—now more than ever, engage in more thorough strategic planning, and, at long last, discover Marketing. State organizations need to become more aggressive and visionary in filling the advocacy gaps that exist, build stronger state-level ties with national, state, and local legislators, expand their role in education efforts, and perhaps confront the complicated issue of becoming more vigilant hospice sheriffs lest they deal with grimmer alternatives.

Marketing can make it all happen. Marketing *must* make it all happen. People need hospice and palliative care too desperately, and understand it too little. The aforementioned public relations nightmare is based on ugly facts, not imaginary or random or insignificant problems. If the end result is people’s continued and reinforced misperception of what hospice is about, they may just opt to take their

chances with the oncologist and stay in their hospital bed until just hours before they take their last breath. That would be bad for hospices, and really bad for patients themselves. Marketing is a weapon that can help turn the tide; it can educate the public, providers, legislators, regulators, and others about the important benefits of and critical need for hospice and palliative care. It can help individual hospices turn the tide of negative press and allow them to differentiate themselves on the basis of the quality of care (and hopefully the unique benefits, unmatched by competitors) that they provide. It will ultimately make a difference in the lives of patients and their families. Not using this formidable weapon would be as perplexing as it would be negligent.