

Marketing Matters



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It'd be safe to bet that most readers of the Wisconsin Hospice Times are members of the HOPE of Wisconsin (and after last month's newsletter, is there really anyone who hasn't joined as an individual member yet? You can join now at hopeofwisconsin.org). Yet HOPE's very name, "Hospice Organization and Palliative Experts," may be more reflective of its members' expertise rather than their experience. If nothing else, most people who work at a hospice may be *able* to provide palliative care, but few ever do. Most hospices don't have a palliative care program at all, and even the programs that do exist commonly play second fiddle to hospice. But there are many reasons to change that.

When considering a new program—any new program—a good first question to ask is "does it satisfy an existing need?" In the case of a palliative care program, the answer is a resounding "yes!" Many healthcare organizations other than hospices claim to be offering palliative care, and some hardly seem to know what the term even refers to. And yet there are many patients who desperately need palliative care, but have no access to it. To make matters worse, the absence of palliative care also costs patients, healthcare systems, and ultimately taxpayers an awful lot of money at a time when resources are already stretched thin. No one of consequence benefits from the existing gaps, except perhaps a few profiteers. This step will essentially answer whether *this is worth doing* or not.

Assessing the feasibility of creating that new program is the necessary next step. Identifying who will be served by a prospective palliative care program, where, and the range of services to be provided is essential to determining the resources that will be needed to not only launch, but also sustain that program. Nothing can happen unless those resources can be secured. If you've already established that a palliative care program is worth having, this step will answer whether *you have the ability to do it*.

The planning stage comes next; your plan for how to launch a palliative care program will be a critical factor in its success. You need to identify priorities,

establish a timetable, possibly hire and/or train staff, create a marketing plan, brand your program, do a competitive analysis, set a specific budget, raise and/or allocate funds to support the program implementation, establish measures of success, and so on. If an ounce of prevention is worth pounds of cure, the same can be said about advance planning and damage control. This step is all about *how you plan to launch the program*.

Planning helps a lot, but the execution of a plan is just as important: Waiting until you're ready to launch, and engaging in a seamless implementation that includes contingency plans in case you run into obstacles (expected and unexpected) will ultimately make or break your new palliative care program. Assessing every aspect of implementation and making adjustments as needed is essential as well.

It's reasonable to wonder why palliative care programs have taken the proverbial back seat to other priorities if in fact the need for them is so pervasive. For hospice organizations, it may just be a function of the fact that even providing hospice services has been challenging enough: The resources, here too, are scarce; education efforts directed to the general public, physicians, legislators, and other constituents have a long way to go; referral networks are weak and volunteers underutilized; when it's in place at all in any formal way, marketing is most often rudimentary, erratic, and poorly understood (trust me on that); competition is fierce in some areas and length of stay a concern for all—and there's more: In short, when people's plate is full, shoveling more challenges on their plate appears like the wrong thing to do. Since these challenges are pervasive for most hospice organizations, the creation of a palliative care program ends up on the same priority list as someone waiting at the local DMV: It seems as if its turn may never come.

Yet consider the opportunities that lie ahead: The number of people who need palliative care is very high. Unlike hospice patients, once identified, palliative care patients can be served for an extended period of time; some of them in a more or less "routine," cost-effective fashion without the slightest compromise in quality of care. Insurance companies, pharmaceutical companies (especially—but not only—those that manufacture prescription pain medications), advocacy organizations like AARP, and others, could constitute important allies, partners, sources of funding, or all of the above. Hospice organizations could pool resources (in training, marketing, information technology, sharing best practices, and more) and achieve economies of scale in establishing palliative care programs. A successful palliative care program could even alleviate some of the severe financial pressures that many hospices currently face.

None of this makes launching a palliative care program easy to launch. Yet some things are worth doing and have significant long-term potential for success regardless of the difficulty involved in creating and implementing them. A palliative care program will undoubtedly require additional resources and training and distinctive, creative, more effective marketing. But it can also substantially increase

the number of patients and families whose lives you make a difference in, make your organization stronger, more effective, more competitive, and offer you unprecedented opportunities for growth. It will also make your organization and you personally more deeply and fully members of the “Hospice Organization and Palliative Experts” of Wisconsin.