

# Healthcare Marketing REPORT

## Improving Health Literacy

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# I Only Know What I Know: After a Four-Decade Career, Much is Clear But Questions and Frustrations Still Abound

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In 2015 I fulfilled the dream of most people (like me) with a journalism degree with the publication of my first book. Entitled "I Only Know What I Know" the book was a compilation of life's observations—the good, the bad, the funny, the absurd and hopefully the thoughtful. Late last year, to my delight, a second edition was published.

For more than 40 years, I've been working in healthcare public relations and marketing. That's not so much a badge of honor as it is a startling revelation. And while I've learned a lot about healthcare along this four-decade journey, when all is said and done, I still only know what I know.

**I know that** pitcher Clayton Kershaw is being paid \$32 million this season for making about 32 starts for the Los Angeles Dodgers. In each start he will throw about 100 pitches, meaning that after just a few pitches—far less than an inning of work—he will earn more than most teachers or first responders earn in a year. The upshot of all of this is that Kershaw is no longer just competing again opposing batters. He is now competing against the expectations we have placed on him and his salary. So, too, physicians and hospitals are no longer just competing against disease: They are competing against the expectations we have placed upon them in a society that wants modern medicine to cure everything. But just like no pitcher can retire every batter, not every ailment can be cured no matter how much money or drugs or technology or people we throw at the problem. Even as healthcare moves to embrace best practices, we need to admit that medicine remains an imperfect science and have realistic expectations surrounding its pursuit.

**I know that** few consumers understand the mundane realities of how hospitals actually get paid or consider the fact that the user of hospital services is seldom the same person directly paying the bill. They can't



decipher their hospital bill, understand why they pay \$20 for a band aid or why the same procedure costs more at one hospital than at another down the street. Have we ever explained how a hospital bill accumulates, what's included in indirect costs or why each patient is responsible for bearing some of these unseen hospital expenses? Do consumers understand that what the government pays for Medicare or Medicaid patients is actually below cost? Do they understand that because of the rise of managed care there is virtually no "retail" left in healthcare? Hospitals have a moral duty to provide this information, to answer questions regarding cost and to unpack its pricing structure. And who knows—providing people with the information they need to make intelligent purchasing decisions may turn out to be oddly liberating for hospitals.

**I know that** when it comes to selecting hospitals and doctors, too much emphasis is placed on providing consumers unlimited choice. In reality, choice is not really the overriding issue. If consumers living in Minnesota were told that they were forced to get their care from the Mayo Clinic, I don't believe we would hear too many complaints. That tells me that the real concern isn't choice—it's quality. So let's focus there. It is essential that we as a society develop a universally accepted method to measure and report on quality in a way everyone understands and can use to help guide intelligent decisions. It is embarrassing that despite all of the data now available and the mounds of information accessible online, that most people still find it easier to select a hotel that meets their needs

than they do a physician or hospital. Shame on us.

**I know that** putting aside the political rhetoric, healthcare reform of any kind turns on one moral question: Is healthcare a right to which every American is entitled? If we are a nation founded on the pursuit of happiness, must the assurance of affordable, accessible, quality healthcare be guaranteed to all? Can we really form a more perfect union without it? I would hope that Democrats and Republicans alike would call upon the better angels in their character and agree that yes, indeed, no American should go to bed every night worried they and their family may not get the care they need or that one catastrophic illness will destroy a lifetime of hard work, careful savings and honorable dreams. In that we are all morally invested, for the real issue has always been not who wins the healthcare debate, but who loses if inequities continue to exist. How we resolve the ongoing healthcare debate will not only test our resolve and our patience, but it will also tell us just what kind of country we are.

**I know that** healthcare marketers never got Thoreau's message to "simplify, simplify." Nowhere is this more evident than in the world of patient surveys. For too long we have been seduced by planners, researchers, data crunchers and analysts who make us believe that life is more complicated than it needs to be. It is time to bring the curtain down on such nonsense and say "enough" to all those who would mortgage meaning for metrics. Here's my suggestion for hospitals: Let's have a two-question survey: 1. Would you recommend this hospital to a family member or friend? 2. If not, why not? Is there anything else you really need to know? Isn't a recommendation the ultimate compliment and the ultimate way a former patient can say "thank you." Wouldn't repeated comments regarding cleanliness, noise and staff responsiveness provide all the fodder you need for service-line improvement? And wouldn't creating such a simple survey significantly boost the percent of patient participation, thus making the findings more statistically and qualitatively valid? Two questions are all you need; you could carry the survey in your breast pocket.

**I know that** while much has been written concerning the value of accountable care organizations,

ACOs still place accountability on the healthcare industry. Since healthcare is so big on weekly and monthly observances (the Society for Healthcare Strategy & Market Development publishes a 60+ page booklet each year just to keep it all straight), let's have "Accountability Month" where we pause to educate the public that the real accountability lays with them ... not hospitals, physicians or health plans. The idea that people can live any kind of lifestyle they choose and the "system" will take care of them is simply not a sustainable model. People need to

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smoke less, exercise more and eat right. America's healthcare system would be much improved if everyone would walk five miles a day. And if we are sincere in our desire to address the root cause of unnecessary and avoidable medical costs and suffering, it's time to squarely confront the epidemic of violence that ruins lives and robs resources from the prevention and treatment of other illnesses. We need to better confront mental illness as well. This is the "ask not" moment. .. not what healthcare can do for you, but what you can do for healthcare.

**I know that** in his 1981 inaugural address, incoming President Ronald Reagan said that Americans who say there are no heroes left simply don't know where to look. I know where to look. Look at the nurse who not only helps heal a patient's wounds but takes the time to understand the emotional scars that an illness or injury may have placed on the patient and family. Look at the team in the emergency department who recognizes that the indigent patient is a human being who other human beings love and treasure. Look at the therapist who understands how his or her aging patient feels a helplessness and trepidation that can be eased with an encouraging remark or a gracious smile. And look at the doctor who does what is right to allow a dying patient to live out his or her last days with poise and dignity. Healthcare is filled with heroes, which is far more important

important than being filled with celebrities. These heroes go about their job day to day far from the spotlight or worrying about how they look on YouTube. It is time we paused and took the time to celebrate their wonderfulness.

**I know that** all hospitals have crisis communications plans because they all know that it's not a matter of if, but when. Whether act of God or act of Man, a crisis will hit and, by its very nature, will hit when least expected. But I also know that so many of these plans fail to successfully navigate through the crisis and come out whole at the other end. While there are multiple explanations for this, the No. 1 reason these plans fail is that the hospital and its C-suite have not taken the time to build trust equity throughout the year. Communication at time of crisis is only successful if people believe that what you say is true. But the time to build that trust is not when a crisis hits. That's too late. Trust must be built throughout the year through candid, timely and frequent communication. In this growing era of consumerism and transparency, organizations and their CEOs must be committed to practicing daily the four most important elements of trust: integrity, honesty, promise-keeping and loyalty. Only when they have those tenets as their foundation can they truly hope to influence public perception when they need it most.

There are other things I know as well. I know that the shortage of qualified caregivers for our aging society is a clear and present danger. I know that more healthcare mergers have failed due to culture and personalities than anything else. I know that of all of the service industries, healthcare should be the leader in customer service, but it isn't. I know that an awful lot of money has been wasted by healthcare executives chasing the latest flavor of the month. I know that health insurance is too confusing and few people really know what they are buying. I know that most people who work in healthcare have good hearts. And I know that a hospital is a truly amazing place.

In a commentary I wrote for "Healthcare Marketing Report" in 2003, I noted that when I entered the industry in the mid-1970s the three hot topics were access, cost and quality. I lamented the fact that those were the same issues still needing focus,

and argued that since all movement is relative, by standing still have we had actually gone backward. It is now 15 years later, but aren't these the same three issues dominating today's discussion? I know that's not right. But at the end of the day, I still only know what I know.