



National Hospice and Palliative Care Organization
Palliative Care Resource Series

**KEY CONSIDERATIONS FOR BRANDING
AND MARKETING YOUR PALLIATIVE
CARE PROGRAM**

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INTRODUCTION

Palliative care programs can offer a variety of advantages to patients, families and an organization alike. Palliative care not only relieves the symptoms and stress of living with a chronic serious illness – contributing to a higher quality of life – it also presents a prime opportunity to build relationships with patients and their families early in the progression of an illness or disease. When patients understand that, unlike hospice care, they can continue curative treatments with palliative care and don't have to be diagnosed as "terminal" to receive it, the benefits become especially inviting. The "any age, any stage, any serious illness" openness of palliative care is like a comprehensive, comforting hug.

This paper will describe the challenges of marketing a new palliative care program and offer recommendations to meet those challenges; and discuss branding and promoting the palliative care program to ensure success of the program.

There are considerable challenges for an organization when it comes to marketing and providing palliative care:

Many consumers are still unfamiliar with the word "palliative." In a national survey conducted by Center to Advance Palliative Care (CAPC) and in multiple surveys conducted in communities across the country by Transcend Hospice Marketing Group, 70 percent or more of participants said they had not heard of "palliative care" and admitted they were not at all knowledgeable about it.

Often, those who are familiar with palliative care – including physicians – can't distinguish it from hospice care. In fact, most physicians who participated in a national focus group said they equate palliative care with "hospice" or "end-of-life" care. For audiences who don't understand the differences between the two services, the misperceptions and barriers associated with hospice care may also be applied to a palliative care program.

A growing number of hospitals say they already provide palliative care. According to an article published in "Today's Hospitalist" magazine, about 1,500 hospitals say they have a palliative care program, including 63 percent of hospitals with more than 50 beds. Each provider's definition of what comprises palliative care can be vastly different.

The lack of a strong reimbursement stream for palliative care requires careful management of scope and scale. Hospice organizations sometimes refer to their palliative care program as a "loss leader." The intent is to help patients earlier in the course of their illnesses, build relationships and transition patients along the continuum of care. Ideally, this progression culminates in an admission to their hospice program when appropriate – along with a longer length of stay and the accompanying revenue it generates. However, organizations must be mindful not to overextend their commitment to programs that cause financial losses they can't recoup.

The following considerations, insights and recommendations may assist organizations with important decisions in establishing a palliative care program.

DISTINGUISHING THE PALLIATIVE CARE PROGRAM FROM OTHERS

Exactly what services does your palliative care program include? As noted above, even the providers of “palliative care” can define their services in a wide variety of ways. Be specific in describing the medical, emotional and spiritual support your program offers both patients and their families. If you have a social worker or other staff member who can help navigate choices for patients appropriate for palliative care, families typically find that kind of assistance highly valuable and often not readily available elsewhere.

Which staff will be providing the care? What are their credentials? According to “Today’s Hospitalist” magazine, fewer than 5,000 physicians in the entire U.S. are board-certified in hospice and palliative medicine (HPM), with many of those practicing HPM only part-time. If staff is credentialed or very experienced in palliative care, the program will have expertise that exceeds the expertise of referral sources and competitors. What’s more, experts estimate that up to 20,000 specialists in palliative medicine are needed to keep up with the growing demand sparked by Baby Boomers. Building a team of board-certified or otherwise credentialed physicians, nurse practitioners and nurses with expertise in palliative care will help differentiate a program.

Where are palliative services provided? As previously discussed, a growing number of hospitals say they have a palliative care program. The great majority of these, however, are limited to hospital inpatient services.

- Is palliative care provided in patients’ homes?
- Are services provided for inpatients at hospitals that don’t have their own palliative program?
- Can care be provided at community clinics on an outpatient basis?

Assessing the needs of the community and identifying the gaps where patients can conveniently receive palliative care, but currently have no resource to do so, can be a powerful foundation for determining where to provide palliative services.

How does the palliative care program differ from that of other providers? Evaluating answers to the three questions above can help define how to distinguish the palliative care program from others in the market. By comparing the “what,” “who” and “where” of palliative care services to competing programs, the important differences that help explain and promote the greatest strengths or distinguishing factors of the program will be uncovered.

OPTION: Establish and market the palliative care program as a distinct medical specialty; position your services as complementing, not competing with, care from other providers.

Additional opportunities may exist in the gaps left by other palliative care programs. For example, if a hospital has an inpatient palliative program but doesn’t follow patients home, is there an opportunity to partner with that hospital for referrals when patients are discharged? Another possibility is that a hospital may not have the staff it wants or needs to provide inpatient palliative care. Since a robust reimbursement stream for palliative care isn’t currently present, many hospital executives are hesitant to hire full-time palliative care staff. There may be an opportunity to partner with hospitals or health systems to supplement – or even lead – their palliative care teams, presenting the opportunity to build relationships with patients earlier in an illness progression.

BRANDING YOUR PALLIATIVE CARE PROGRAM

A powerful brand – or brand family – is both consistent and cohesive. Marketers typically try to leverage the equity built into their core product or service and extend its image to additional products or services they offer. Example: Reese’s extended their core brand equity in peanut butter cups to other peanut butter related products – Reese’s Pieces, Reese’s Puffs (breakfast cereal) and Reese’s Creamy Peanut Butter. If audiences strongly associate palliative care with hospice care, complete with hospice’s myths and barriers, it begs these questions:

Should the palliative care brand associate with the hospice brand or separate it?

Some hospice organizations prefer a clean slate for their palliative care program so it doesn’t carry the stigmas of hospice and end-of-life connotations. Thus, they create a separate brand name for their palliative service line. This approach can create other challenges. First, support is needed for at least two brands with separate identities and all the costs that can go with them (separate logos, letterhead, and websites, collateral and so on). Second, if a goal is to build relationships early in an illness progression through palliative care and convert patients to the hospice program when appropriate, how is it known that the hospice is from the same organization they trusted for palliative care?

If separate brands are preferred, are the programs connected to facilitate conversion?

From a marketing standpoint, common traits are created between the brands to maintain a family connection. If possible, the same logo icon and typeface is used even if the brand names are different. The brand family resemblance will be there – especially if it is introduced to patients expected to advance along the continuum of care. From a clinical standpoint, can the Chief Medical Officer (or equivalent) oversee both programs? Are there other lead clinicians (e.g., Director of Nursing) who can be involved in both service lines? It can be comforting to patients and families to know the same professionals overseeing their palliative care will still be involved when the transition to hospice care is appropriate.

Should the program be named “palliative care” or something else such as “supportive care?”

There are two firmly divided camps on this issue. One camp emphasizes the negative belief that many people don’t know what “palliative” means and possibly can’t even pronounce it. They also believe palliative care comes with too much baggage since many physicians and other practitioners don’t distinguish palliative care from hospice care, adding to potential barriers. A growing number of healthcare organizations, including MD Anderson Cancer Center and Stanford Health Care, call their palliative programs “supportive care.” Opinions backing this decision include that “supportive care” is more descriptive, uses language that is more familiar and provides a platform to educate that services also support families of patients.

The other camp believes in sticking with “palliative” care because that’s the clinical name of the specialty. Proponents feel that audiences simply need to be educated about what the word means and how to pronounce it correctly. Just as hospice was an unfamiliar word and concept in the U.S. some 35 years ago – and the public has become familiar with it – palliative care will receive its proper definition and pronunciation among the masses the more often the term is used.

OPTION: Establish a true umbrella brand for utmost consistency and cohesiveness across the entire continuum – including palliative care.

To maximize a brand's impact and sustain clear connectivity for conversions along the continuum of care, establish an umbrella brand. An umbrella brand is a single, unified name that is modified with descriptors to denote separate products or services. The Reese's example given above is a true umbrella brand. "Reese's" is the brand name (used like a person's "first name"). Peanut Butter Cups, Pieces, Puffs and Creamy Peanut Butter are all descriptors identifying separate product lines. Consumers clearly know these products are all Reese's and infer similar peanut butter deliciousness – aided by the consistent use of the well-known Reese's script logo.

This model can be more challenging to apply for many hospice organizations -- especially since 30 or so years ago it was common to name a hospice organization with "Hospice" as the "first name" and, quite frequently, a geographic reference as the second part of the brand name. That's why we have Hospice of South Carolina, Hospice Buffalo, and Hospice of the Valley and so on. When organizations with similarly structured brand names expand beyond hospice care, brand flexibility is an issue. "Hospice (fill in the blank)" becomes both the organizational name and the name of their core service line. How can the organization build off that name and concisely include other service lines such as palliative care or home health?

Brand flexibility is a big reason why a growing number of established organizations are rebranding themselves for greater success now and in the future. For instance, Hospice of Wake County rebranded into Transitions LifeCare. Hospice & Palliative Care of Cape Cod became HopeHealth. HospiceCare of Boulder & Broomfield Counties morphed into TRU Community Care. In addition to gaining brevity for their brand names, these umbrella brands are positioned to encompass all existing and future service lines with a consistent brand identity. (For example, Transitions LifeCare offers Transitions HospiceCare, Transitions PalliativeCare, Transitions HomeHealth, Transitions GriefCare and Transitions GuidingLights.)

What about the equity built into a brand and the love people have for the organization they know by its existing name? In surveys conducted by Transcend Hospice Marketing Group with more than 10,000 family healthcare decision makers, it has been common to see that fewer than 10 percent can correctly name a single hospice provider in their respective communities, with no prompting. Fewer than 40 percent can identify hospice providers when brand names are read to them.

As for "palliative care" versus "supportive care" or another new term, the recommendation is to stick with "palliative care." Palliative care is edging into the spotlight and its value is being acknowledged by a growing number of physicians and hospitals. "Palliative medicine," after all, is the clinical term for the specialty and continuing education will help the public learn its meaning and proper pronunciation.

PROMOTING THE PALLIATIVE CARE PROGRAM

To patients and families – Palliative care can be powerfully appealing, especially since patients don't have to give up curative treatment.

When offering or promoting the service, remember that “palliative” is an unfamiliar word to most. So be mindful to describe it in terms of the benefits to patients, and don't be too clinical. A message such as, “Let's get your pain and other symptoms under control, get you comfortable so you're more able to do what you want and help keep you out of the hospital” is an offer that will resonate. Educating patients that palliative care can be a great supplement to curative care as it relieves side effects of treatments.

Also, patients and families will deeply appreciate if palliative care services include explaining options and guiding them through decisions that can become increasingly complex as an illness progresses. A program's value in helping reduce stress through education as well as emotional and spiritual support cannot be overstated.

To referrers – Start by making sure that other healthcare professionals know the difference between palliative care and hospice care, especially the fact that palliative care does not require a life expectancy prediction and patients don't have to forgo curative care. Position your palliative services as complementing, not competing with, the care from a patient's primary healthcare provider. It's particularly significant that palliative care can be provided in conjunction with curative treatment to ease side effects.

Another way to supplement care from a primary provider is to offer to take over the conversation about care options as they evolve during an illness' progression, including end-of-life care. Healthcare professionals often don't have the time or the training to discuss issues such as emotional and spiritual support, and they're focused on managing the disease not the symptoms.

If the palliative care program provides home-based palliative care, that option also can appeal to primary care providers. They may appreciate having support that extends into patients' homes and provides extra eyes and ears on their patients' conditions between appointments.

To hospital C-suites – Offers to partner with hospitals and healthcare systems must be backed by solid data, both clinical and financial. Collect and analyze data to show how palliative care improves patients' quality of life, reduces ER visits and lowers hospital re-admissions, thus avoiding Medicare penalties. Analyze hospital performance data by diagnoses and compare to national or local averages to see if there are specific diseases – such as CHF and COPD – where hospitals are struggling with re-admissions and where the palliative program can help. Suggest that the hospital or health system participate with the palliative care provider in a research trial to measure precisely how their patients fare with and without palliative support, and how palliative care can impact costs.

Hospital performance data is available through Medicare. Help in analyzing data or categorizing it for a service area is offered by companies who specialize in this type of data mining, including Hospice Analytics (www.hospiceanalytics.com) and Healthcare Market Resources (www.healthMR.com).

Package data reports on branded spreadsheets presented in a branded folder to emphasize that the proposed advantages are from the palliative care program. Be certain to include a quantified financial outcome and make a very specific request to speak to the hospital or health system's CEO and/or CFO – "Can I schedule 30 minutes of your time to share how partnering with our palliative care program could potentially reduce your costs and penalties by over \$500,000 a year?" A proposal like that will surely get their attention.

OPTION: Start on a smaller scale to fine-tune successful methods for promoting the palliative care program and for controlling the demands for your services.

When audiences truly start to understand the benefits of palliative care and recognize the expertise in providing it, interest may skyrocket. But with the current lack of strong reimbursement, a palliative care provider won't want to take on so many palliative care patients that the financial losses can't be recouped further downstream. Nor does a program want to stretch staff too thin on providing palliative care if/when they are needed for hospice care or other services.

Be mindful of the exposure given to palliative care program promotion. Avoid mass marketing. Start by targeting one physicians group and/or one hospital to test which marketing methods and messaging resonates best, and to see what type of objections or other obstacles are raised. Use these small scale experiences to fine-tune the palliative care marketing strategy and slowly build a census that can be converted to hospice care when appropriate. As those conversions happen, it may be time to consider expanding your palliative care marketing scope.

SUMMARY

The public and healthcare professionals alike still need significant education on the true meaning and advantages of palliative care. As palliative care providers educate these audiences, the information can be tied to the specific palliative care program. Frequently, educators also become the experts in the eyes of the audience.

In putting together a strategic marketing plan for the palliative care program, keep these recommendations in mind:

- Differentiate the program by explaining the exact services offered, identifying the credentials of your team and communicating the locations where care is provided.
- Establish an umbrella brand that includes the palliative care program to create clear continuity for the entire continuum of care and build relationships for smooth conversions along the continuum.
- For patients and families, promote the palliative care program with language that convincingly describes its benefits (without being too clinical). Include an offer to help families understand and navigate their care options as an illness progresses and decisions become more complex.
- For referrers, position the palliative care program as a partnership that complements, not competes with, the care they provide. Emphasize that palliative care is an excellent companion to curative treatment.
- For hospital C-suites, have well-analyzed data that quantifies positive clinical outcomes and clear cost savings/cost avoidance when patients receive palliative care. Present the data in branded formats that tie directly to the palliative care provider.
- Start palliative care marketing on a small scale to fine-tune the methods and control the influx of palliative care patients as the impact on resources is tested.

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