

# HCAHPS for Marketers

## Manage information, not crises

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# Meet the Speakers

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# Why issues management for marketing and PR professionals?

- Competition
- Lack of Trust
- Key professions labor shortages
- Revenue shortfalls
- Adversarial special interest groups
- Key stakeholder relations (and lack thereof)
- Industry concerns and issues
- Government regulation and challenges – from EPA and OSHA to Sarbanes-Oxley
- New and more expensive technologies
- Electronic records and communication
- The “Internet” world
- Workplace violence
- “Service Culture” transformation
- “Market” change – Boomers, X’s and Y’s and Hispanics, Asians and other immigrants
- Productivity, Six-Sigma, CQI etc. versus the “human” side of health care

# Issues management and crisis management

- Both issues management and crisis management start with environmental scanning
- Both issues management and crisis management require assessment of vulnerabilities
- Both issues management and crisis management require the practitioner to be prepared

# What's an "issue"?

- An "issue" is anything in the environment that could have an impact on an individual or an organization
- An issue represents a gap between corporate (organizational) practice and stakeholder expectations

# Issues Management Defined

- The phrase “issue management” was coined by Howard Chase in April 1976. Throughout the 1950s and 1960s, Chase was fascinated with the increasing influence that outside forces exerted on corporations. As a result he developed methods designed to anticipate issues and avert crises.

# Chase's Issue Management Process Model

- Issue Identification
- Issue Analysis
- Issue Change Strategy Options
- Issue Action Program
- Evaluation of Results

# Issues management

- Issues management is *PROACTIVE* in that it tries to identify the potential for change and influence decisions related to that change *BEFORE* it has a negative effect on the organization, while
- Crisis management is *REACTIVE* dealing with a situation *AFTER* it becomes public knowledge and affects the organization.

# Issues Management

- Key tasks:
  - Monitoring (environmental scanning)
  - Analyzing (including assessing risk)
  - Planning, and
  - Communicating
- Failing to examine how issues emerge, mature, and are resolved at a political, regulatory, economic, social, or technological level deprives an organization or an industry of its ability to continue to sustain a viable existence.

# Environmental scanning

- Systematic process designed to identify potential problems (or opportunities)
- Process in which an organization learns about events and trends in the external environment, establishes relationships between them, and considers the main implications for problem identification and decision making
- Identifying the risk, or adverse impact

# Purpose of environmental scanning

- Provide a system to organize information flow
- Detect trends and events important to the organization
- Provide early warning for management
- Define potential threats, opportunities, changes implied by the trends and events
- Promote a “future focused thinking”
- Enable decision makers to understand current and potential changes and determine organizational strategies

# External forces

- Economic forces
- Social, cultural, demographic & environmental forces
- Political, legal & governmental forces
- Technological forces
- Competitive forces

# Internal Forces

- Mission
- Goals & objectives
- Organizational/cultural
- Distinctive competencies
- Operations
- Support functions
- Etc.

# Effective issues management

- Relies on early identification and thorough analysis
- Assumes an organized response to influence the public policy process
- Assumes an “advocacy” role in the public policy debate
- Influences the development of the issue with outcome beneficial to the organization

# HCAHPS is an “Issue”

- Coming (like it or not) Spring 2008
- Comes from both internal (mission, culture, desired competencies) and external (consumerism, governmental action) environmental changes
- Hospitals (should) have an idea what their numbers will look like based on Picker, Press-Ganey, or internal monitoring
- Issues management processes will work in diverting public anger and will ADDRESS the issue - it won't make the issue go away

# Steps to establishing an issues management program

1. Anticipate issues & establish priorities
2. Analyze issues
3. Recommend an organizational position on the issue
4. Identify groups and opinion leaders who can advance your position (internal and external to the organization)
5. Identify desired behaviors and outcomes

# Issues management activities and tasks

- Task force set up and development
- Intelligence gathering and analysis (environmental scanning)
- Issue champions
- Background briefing materials
- Research databases
- Relationship management

# Issues management activities and tasks

- HCAHPS Task force set up and development (internal AND external)
- Intelligence gathering and analysis (environmental scanning) - all satisfaction measurement tools and results)
- Issue champions - (CNO, patient(s), board member(s), physician(s) - Does CEO make it credible?)
- Background briefing materials
- Research databases - transparency
- Relationship management with all stakeholders

# Issues management activities and tasks

- Opinion leader development
- Information/education programs
- Public affairs/government relations programs
- Media management
- Use checklists

# The practice of issue management

- Deploy resources to deal effectively with the issues
- Establish effective contacts with key stakeholders
- Assess the public impact
- Assure a good inward (as well as outward) flow of information

# The practice of issue management

- Disseminate messages to create the desired response
- Build rapport with key groups
- Accept responsibility for error
- Explain and defend the organization publicly

# The practice of issue management

- Provide media training (to key spokespersons)
- Build media relations
- Develop and disseminate ongoing communication materials

*Keith Jackson*

*Jackson Wells Morris White Paper*

# Issues management vs crisis management

- Issues can be managed so they don't become crises
- Issues get out of control and become crises - sometimes
- Crises can erupt, without being tied to an anticipated and prepared-for issue - sometimes

# How do we get to a “Crisis”?

- Lack of preparation
- Failure to identify an issue or a problem
- Failure to respond to an escalating issue or problem
- Poor communication in responding to an escalating issue or problem
- Poor operational handling of an escalating issue or problem

# What to expect in a crisis

- Surprise
- Insufficient information
- Escalating flow of events
- Loss of control
- Increased scrutiny by public, government (elected and regulatory)
- Threatens the organization's reputation
- Challenges human, physical & financial resources

# Harsh Realities of Crisis

- MANAGEMENT DENIAL is biggest obstacle to preventive crisis management
- The primary concern in crisis/issues management is the COURT OF PUBLIC OPINION not the court of law.

*Crisis Management & Control*

*IABC*

# Definition of crisis

- A significant disruption of an organization's normal activities that stimulates extensive media coverage and public scrutiny.
- Different types of business crises
  - Sudden
  - Smoldering
  - Perceptual
  - Bizarre

*IABC Crisis Management and Communication*

# Issues and crisis management processes similar

- Scan environment for vulnerabilities (threats)
- Select vulnerabilities (criteria):
  - Nature of
  - Probability of occurrence
  - Potential impact
- Develop strategies and tactics
- Implement
- Evaluate

# HCAHPS vulnerabilities

- Organization fails to monitor patient satisfaction
- History of low patient satisfaction
- Unresolved complaints
- Organization is not “service centered”
- Environment is highly competitive and competitors “tout” higher scores
- High physician or nurse turnover

# Scenario planning

- Tied to vulnerabilities
- Worst case
  - What if
- Prepare for “worst case”
- Multiple scenarios

# Smoldering crisis is similar to an issue

- Somebody should have seen it coming!
  - Power outage - at the power company level
  - Medicare fraud
  - Health code or accrediting body violations
  - Serial mercy killer in the hospital
  - Equipment malfunction
  - Training and staff failures
  - HCAHPS score below national or local numbers
  - Etc.

# Crisis or issue?

- IF the smoldering problem has not escaped the organization and has not yet received extensive media scrutiny, it's still an issues management problem
- IF the smoldering problem was not anticipated, has escaped the organization, and has received extensive media scrutiny, then it's a crisis.

# Use issues management techniques to manage and react in a smoldering crisis

- Smoldering crisis worksheet
  - Document fact finding
  - Assessment
  - Reaction analysis (potential or actual)
  - Business and financial impact analysis
  - Building the case to management and management recommendations

*Crisis Management & Control*

*IABC*

# Importance of transparency

- Failure to be transparent changes the story from “failure” to “cover up”
- Government reports “mandate” transparency by publishing HCAHPS - failure to respond transparently sets you up as “uncooperative”
- Moves the story from the front pages to the back pages

# Proactive HCAHPS preparation

- Publish your own figures on your Web site (all of them) and LINK to the HCAHPS report
- Survey, survey, survey - KNOW what your scores will look like and what the reaction in your community is likely to be
- DEVELOP your action plan - call in help if you need to
- Line up your external (third party) supporters (government agencies, patients, Press-Ganey, “experts” in your area, accrediting agencies, etc.)
- Media training for your spokespersons (internal and external)
- Forewarn affected stakeholders (physicians, units with low scores, etc.) and train to respond to questions

# Media reaction

- Media Relations PRIOR to HCAHPS is key - does the media understand HCAHPS?
- Who is educating media on HCAHPS before the report? (State?, you? - don't leave it up to the federal government)
- Identify likely story lines and be prepared
- Update “backgrounders” on Web site or press kits (number of beds, officers, etc. etc.)
- Understand media today is not like it was.....

# Baron's "Now is Too Late" theory

- Issues and crises are reduced to melodrama by the media
- Less than immediate response is "too late"



# HCHAPS News as Entertainment: *the melodrama formula*



- Good guys
  - Accusers: activists, whistleblowers, regulators, disgruntled employees, competitors, etc. - HCAHPS government reporting
- Bad guys
  - Those accused (you)
- The Maiden in distress
  - Public good: patients, health, safety, financial security, environment
  - Any dissatisfied patients who come forward



# Media reaction

- Understand media today is not like it was....
  - Develop “immediate response” to the melodrama created by aggressive media
  - Move to discussion of “process” and what we’re doing now...how we’re fixing it!
  - Use and understand “Social Media”
    - Monitor and use blogs, “push” e-mails, etc.

# Case Study: Baystate Medical Center

- Mid to late 1990s
- Statewide initiative between MHQP, MHA, the Picker family (Boston based family) and the statewide business coalition
- First round pilot, blinded results
- Second round, unblinded, publicly released

# Methodology

- All hospitals used standard Picker questionnaire...40+ questions at the time
- Distribution methodology was direct mail only
- OB, Med, Surg patients only, no control over sample size or ratios
- Public release was a list, ranked in order, by overall quality score, all results combined

# Advance Work

- Hospitals instructed to distribute surveys, and redistribute until satisfied with their response rates...response rates varied greatly
- Hospitals had 6-12 months to adapt to the new survey, its language, and its results
- 6 months prior to public release, each hospital received their blinded comparative results
- Hospitals were instructed NOT to use the scores or rankings in any advertising or promotion

# Baystate's Plight

- Baystate Medical Center is a 650+ bed tertiary academic medical center in Western Massachusetts
- They had a long history of doing patient surveys, collecting the data, and accepting a mid 80 average score
- The blinded pilot results had Baystate in the bottom quartile of the 50+ hospital list

# Baystate's Reaction

- Huge wake up call
- Operations
  - Multiple teams, multidisciplinary approach to understand and improve the scores
  - The first step in a now constant journey
- Marketing communications
  - Began to ask the state association how are you going to prepare the media?
  - Began preparing for the crisis

# The Aftermath

- Ultimately, the MHA did not prepare the media
- We convened the Western Massachusetts media outlets and held a two hour training around understanding the data, its strengths, its weaknesses, the methodology, the limits of the data, and most importantly, how this information helps hospitals and the providers

# The Aftermath

- Public Results put Baystate 51 out of 52
- The media made it into a statewide beauty contest....the big OB programs got the highest scores...
- Our staff, our physicians, our board were in a panic
- Calmer heads prevailed

# Today

- The media event was one day...we did what we could to temper the data, make the comparisons more meaningful, and manage the messages and our responses
- Longer term, the impact internally was significant
- This past summer, 12 units received Excellent rankings using the PRC Patient Satisfaction survey tools

# Today

- The hospital had six 4- and 5-star winning units among PRC's survey data set
- They are prepared for the public release, and while not overly confident that they will be at the top of the list, they are assured that they will NOT be at the bottom
- The hospital maintains and distributes an internal scorecard monthly tracking their performance in patient satisfaction and other quality measures

# Today

- Executive Variable Compensation has been linked significantly to Patient Satisfaction for over 10 years
- They have focused internal communication around understanding the survey process, the scoring and the rationale for participating so that every employee and physician will understand and be prepared for the next public release

## Q and A

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