

# Healthcare Public Relations Shifts Gears

*By Roselle Green*

**T**hose who view healthcare as doctors, hospitals, medicines and insurance are going to be left standing at the station when the train pulls out.

Healthcare is an industry and much of the activity is taking place in the private sector.

## The Canadian Experience

Canada uses a single payer public insurance model but has fee-for-service funding for physicians.

Universal healthcare services is part of the Canadian culture and mind set. But healthcare services as it is practiced in Canada is gradually being redefined. Implicit in this redefinition is cost containment through reduced services and reimbursement based on efficacy of treatment and measurable outcomes.

Reform calls for a paradigm shift to wellness, illness prevention and health promotion.

The shift in focus is giving rise to a range of issues and trends. The most significant are:

- Traditional healthcare models are eroding. They are being replaced by alternative therapies and providers.
- Public healthcare policy is being defined by a host of influential target groups (lay and professional) who are now part of the decision making process.

This is a time when new drugs and drug delivery systems are coming on stream, when new disease states are appearing, when chronic conditions associated with aging are on the rise, when illnesses once thought eradicated are reappearing, and when advocacy groups are reacting to the social implications arising from new and different technologies and treatments.

These issues and trends are not unique to Canada.

And as Americans begin the process of reshaping their own healthcare system, Canadians are monitoring the American debate closely.

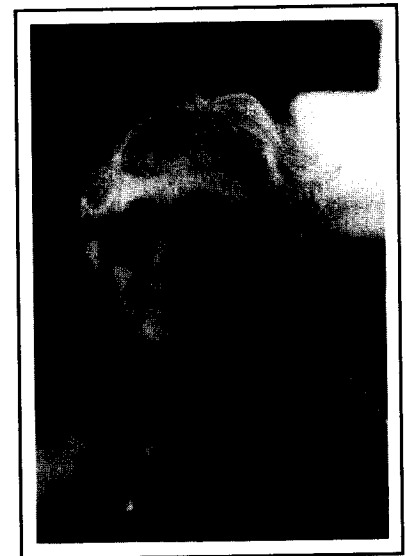
For public relations practitioners in Canada and the United States, the forces at work represent opportunities. But if public relations practitioners fail to track issues and trends, the result could be missed target audiences and markets.

## The Forces at Work

The traditional practice of medicine is at a crossroads everywhere. A number of factors account for the change. Reimbursement based on a fee-for-service is giving way to capitation as governments try to rein in costs.

Technological advances in diagnosis, treatment and procedures are also redefining the role of the physician.

Physicians are not only being educated on the



Roselle Green

financial implications of their decisions but they are making decisions as part of an integrated network of knowledge workers.

Physicians will move from “diagnose and treat” to “predict and manage.” They will move from caregiver to coach.

Reimburseurs and consumers will expect evidence-based treatment protocols, competent caring practices, and measurable outcomes.

### Allied Health Professionals

Like physicians, allied healthcare professionals are experiencing change — encroachment by new providers or by ones that are in some cases unlicensed, unregulated. The traditional allied professionals too will be expected to provide in addition to their current skills, the analytical methods used to evaluate the effectiveness and costs of their services and procedures. The emphasis now is on CQI and TQM, risk assessment and management.

There is a blurring of professional roles as the system moves toward integrated seamless delivery systems or skill clusters. The patient's point of entry to the healthcare system may very well be a health information specialist or an advanced practice nurse instead of a physician.

The traditional health professions are being confronted by a growing interest in alternative medicines and practices at a time when there is a move by providers currently outside the “traditional loop” to lobby for changes in licensure and accreditation so they can be reimbursed by payers.

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## Hospitals will have the mobile accessibility of a gas station, the high tech of a bank, and the hospitality of a hotel.

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### Hospitals

Hospitals as we know them will disappear within five years. Because of heavy debt loads, they are instituting extreme cuts in staff and services.

Hospitals will become business centers, contracting out services, engaging in venture capital projects, issuing bonds, becoming involved in “for-profit” developments such as retirement communities, home nursing services, nursing homes, and launching community-based programs such as ask-a-nurse, cancer helpline, and hot-line health advisory programs.

Hospitals will contract out services and become part of large health networks so they can tap a pool of speciality services and people.

Hospital services can and will be housed in satellite locations such as shopping malls replete with traveling MRIs and radiology clinics. The system will not be linked by brick and mortar but by a common management structure and a uniform electronic information system.

### Alternative Therapies

There is a growing interest in experimenting with mind-body therapies with an array of different healthcare providers. These providers will offer everything from intervention programs to modify behavior, to treatment and product options sold at the local health food market.

### Health Benefit Industry

Insurance carriers are experiencing fierce competition within and outside their own industry. Health benefit packages are being negotiated in a variety of formats. In some instances, carriers are being by-passed entirely by health provider coalitions which offer comprehensive care to employers and their staff.

Consumers groups such as business health coalitions are springing up. Their sole purpose is to evaluate the quality and performance of health benefit plans. These evaluations are appearing as health report cards and supplied to consumers who are shopping for health coverage.

### Pharmaceutical Industry

About 200 new products are coming on the market each year — many of them are “me too” products. Drug formularies are being revised, with the elimination of some products that up to now have been covered by carriers.

Pharmaceutical manufacturers are also shifting gears. Witness the increase in direct-to-customer advertising.

Pharmaceutical companies are heavy into the business of developing new drug delivery systems and gene technology. But rather than spend heavily on R & D in-house, companies are investing in high tech firms that are already working in the field.

Treatment options for tradition chronic disease states such as arthritis, osteoporosis, diabetes and hypertension are being tested. But different problems are surfacing — some bacterial strains are immune to traditional forms of treatment; old diseases once thought to be eradicated (TB) are reappearing; and new illnesses (AIDS) that require funding for treatment, research and public education programs.

## New Technologies an Issue

The debate about the cost and application of new technologies is heard everywhere. The rationale for their use is based on proof of their cost-effectiveness. Those that are, will attract the interest of investors, healthcare providers and payers.

Many of the technologies (i.e. reproductive technology, treatment for diseases caused by genetic defects or mutations) have ethical connotations. Concern about their application is being conveyed to public policy makers as are issues related to the environment.

## Poverty an Issue

Poverty and education have social implications that must be addressed. If people lack education, they will be ill-equipped to absorb and act on the information presented to them as they enter the healthcare delivery system. Poverty also has links to women, who by and large, make the healthcare decisions in the family.

## Other Trends

The forces at work are indicators of where the audiences and the markets are for public relations purposes.

We will witness the establishment of a variety of *personal health management programs* such as cardiac care centers, women's health centers, sports medicine centers, wellness clinics — some will be in hospitals, other will be private, stand-alone operations.

Demand for cost effective measures will encourage the *growth of software vendors* marketing a variety of products. It is already creating a demand for professionals with special talents. IBM, for example, employs what the company refers to as "engagement managers" with skills in planning and market analysis, managed care, clinical operations and processes, information technology, management accounting, and business process re-engineering.

## Baby Boomers as a Public

The youth era is over. The only game in town is the expectation of the baby boomers.

At every stage BBs have reached, they have influenced society to fit their needs (schools, university education, feminism and general equality, lifestyle choices, exercise).

Sometimes referred to as the demographic balloon or the sandwich generation, they do not accept physical decline. They want products and services that promote wellness and successful aging.

## Women as a Public

The person who said, "Reach a woman and you

have probably reached her family," was correct.

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To improve access to healthcare education and preventive care, decentralized community-based programs designed to deal with women's issues (reproductive services, breast cancer screenings, menopause issues, child care and adult day care) are in the process of being mounted.

Public health clinics which currently act as hubs for community education programs will become comprehensive women's health centers or facilities.

The numbers tell the story. Outside the doctor's office, 54 percent of women receive health information from women's magazines, 14 percent from television, and 12 percent from health magazines.

The "do-it-yourself" market represents an opportunity for growth among women consumers, both in home products (i.e., pregnancy tests) and information sources (including hot lines and interactive computer software).

## The Gray Lobby as a Public

Retirees will work longer to keep money coming in. They will be seeking different kinds of financial planning advice on how to cover their healthcare costs as they grow older and their healthcare needs change. But we will also see 80-year-old, healthy seniors.

There are other observations to take into account. Seniors are a major activist group. Some consultant groups and companies are dedicated exclusively to advising businesses (i.e., K Mart, J & J) on how to service needs and expectations of seniors.

## The Players and the Markets

In addition to the traditional ones already being serviced, there are broad market niches.

- **Consulting Companies** — in economics, health policy analysis, accounting, healthcare planning, industrial relations, human

resource management, risk assessment, personal health management, and market/survey research.

- **Corporate Sector** — financial planners, insurance carriers, banking and investment institutions.
- **Public Sector** — research institutions, regulatory agencies, economists, planning and policy analysts.
- **Advocacy Groups** — organized labor, consumer coalitions, environmentalists, anti-bioengineering activists, civil libertarians, and conflict resolution specialists.
- **Special Industries** — agri-food and aquaculture, and cosmetics at the research, manufacturing and retail levels.
- **Law** — specialists in health law, patents, government regulations, licensure, civil rights, and the constitution.
- **Select Professionals** — engineers, immunologists and molecular biologists.
- **Health communications strategists.**

- **Allied Health Personnel** — nutritionists, psychologists, ergonomists, geriatric care professionals, exercise physiologists, pain managers, acupuncturists, and rehabilitation management consultants.
- **Fringe Services** — alternative medicine and therapies, health foods, libraries and book publishing.
- **Exercise/Lifestyle Industry** — equipment and exercise personnel.

A word to the wise. Don't look at healthcare delivery with blinders on.

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