

Healthcare reform may mean marketing reform

by Anthony Cirillo

So I was thinking about health care reform. I have avoided writing about it somewhat because I view it less as reform and more as providing insurance to the uninsured. That said, CEOs should consider the following while thinking about how their organizations and how their marketing may need to change:

Think less about marketing services and more about patient education.

As 35 million people emerge from the shadows and access the healthcare system, the system may not be prepared. It is already hard enough to get in to see certain specialists, and emergency room wait times have always been an issue. Marketers may need to start educating the public on how to access the system. And they will have to pay attention to patient experience more than ever.



Realize that medical tourism is real.

Medical tourism is not just about people going overseas for care. When Lowes recently signed on with The Cleveland Clinic for all of its employees' cardiac surgery needs, it dealt a huge blow to local health systems. More and more of the big players will pursue national employers, and employers in turn will be eager to do business because the big players have volume expertise, sometimes lower prices, fewer never events and fewer readmissions. So even if the local system starts to compete on price, they still may not have the volume expertise to prove to employers that they are the undisputed experts in certain procedures. I continually counsel hospitals on drawing a line in the sand and developing a few, maybe even just one, service(s) that they can excel in and that people will hop over counties to seek.

Keep in mind that critical access may need critical marketing.

When people who were uninsured realize that they now have insurance and can go anywhere, what will that do to the critical-access hospitals that, up to this point, have catered to this population? They may need to market for the first time, showing not only why they are clinically better, but also why the overall experience is better and justifies someone continuing to come to them.

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Tax exemptions.

We have seen, once again, the [tax exemption of a hospital overturned in Illinois](#). With so much of exemption based on providing care to the uninsured, what happens when most become insured? Will more local, county and state municipalities seek to revoke the non-profit status of hospitals? Will hospitals have to do other things to show community benefit? Yes, hospitals will still be treating illegal aliens and absorbing the cost; yet their uncompensated surely will be reduced. Certainly this will require hospitals to tell their stories in new and compelling ways to set the long-term stage for protection to their status.

These will be interesting times going forward. And I have believed for a long time that hospitals CEOs need to be better educated about what marketing is about. Now that healthcare is poised to change and adapt, that education is needed more than ever.

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