



Please Stay on the Line

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What is the most powerful and cost-effective tool that healthcare marketers have at their disposal to get “the message” out to their valued constituents—doctors, employees, and healthcare consumers? Where can healthcare marketers find the ideal demographic to target? I would make the case that hospitals, managed care organizations, and physician practices are already connected to their optimal audiences—through their phone system.

*The phone is the financial conduit
to success in healthcare.* BY ROBERT LOEB

Even with the evolution of technology, the phone is still the tool of choice for those of us trying to connect within healthcare. Web sites, cell phones, banner advertising, electronic signage—even traditional advertising media like radio, television, and print—are primarily designed to stimulate phone calls. And who is calling your facility? Those who are ready to hear more about your services, people referred by word of mouth, and those who followed your campaign lead by responding to your call to action.

Rest assured that every segment of the population we serve today and in the future relies on the phone. The potential downside of this reliance is that staff shortages inevitably mean placing our most valued audiences on hold for a period of time. According to David Maister in “The Psychology of Waiting Lines” (published in *The Service Encounter*, Lexington Books, 1985), “Each of us can attest to the fact that the waiting-line experience in a service facility significantly affected our overall perceptions of the quality of service provided. Once we are being served, our transaction with the service organization might be efficient, courteous, and complete: but the bitter taste of how long it took to get attention pollutes the overall judgments that we make about the quality of service.” That being said, how do we make the time spent waiting on hold more valuable and less stressful to callers? The answer lies in creating the perception of a shorter wait.

The phone system in any health environment is the primary tool for communicating with patients, friends, employees, family members of employees, doctors, board members, and even potential donors. The phone system is the conduit for generating revenues in healthcare. With the exception of the emergency room, few patients just drop in to a hospital, managed care plan, or physician practice. They typically gather information before their visit and almost always make a call. A caller to a health facility is demographically an ideal target for cross-selling and educating about your services and products. Creating an initial positive experience for patients and potential patients is, for the most part, dependent on the reliability of the many elements that surround and support the phone system. Yet most marketers have no plan in place to address this important aspect of the patient experience. They often rely solely on healthcare telecom professionals who are typically available to handle technical problems and system upgrades.

Partnering with telecom is a good idea. However, telecom professionals are not marketers, and they’ll need some assistance because they’ve never been positioned internally as the authority on most non-technical elements that pertain to the phone system. It’s important to keep in mind that telecom

hears all the complaints about “the music” they are playing now, and frankly many will view on-hold messaging as a risky challenge they cannot handle alone.

On-hold messaging may, to some, seem less relevant than other media; however, the operative word here is “messaging.” Isn’t marketing all about messaging—getting the right message to the right audience at the right time? If your goal is to get the message out, in context with the needs of those you serve, hold time is an appropriate place to accomplish that goal. The key is to be sensitive to the many points of view of your callers and to understand where they are within the customer experience. Knowing that callers to healthcare facilities are typically in a high anxiety mode, we must avoid offering them a lot of marketing hype.

On-hold messaging has become a valuable tool over the years. When properly executed and tracked, it has been able to yield tangible results, including saving lives, generating revenues, even selling clinical trials. On-hold messaging can give voice to your CEO, a satisfied employee, physician, or patient. All of this can be accomplished on an annual arrangement for less money than a one-time ad in the local paper.

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Healthcare marketers spend millions on advertising campaigns designed to make the phone ring. Every human being knows how to use the phone, and most hospitals with over 200 beds generate thousands of calls every day. A luminary SoundCare client, located in the Midwest for example, generates about 50 million inbound and outbound calls a year at its main campus alone.

Bring in the Professionals

So how do you find a vendor whose experience ensures your success with on-hold and/or queue messaging? I would recommend a few important criteria when selecting a company to outsource your on-hold messaging.

Work with a company that understands the challenges inherent to healthcare, specifically healthcare marketers. Make sure the company you choose can thoroughly assess the technical compatibility issues of its announcing equipment and your phone system. The company should be able to stand

behind the health content they create for you and should have trained health professionals on staff to ensure the clinical integrity of every message they create. Even more important, the company you work with should help you assess the internal political climate in context with your doctors, who are an influential and powerful, but sometimes an irrational, on-hold audience. They do not want to be treated like patients; they are special.

A healthcare-savvy on-hold vendor should help you assess the risks associated with on-hold messaging, based on its experiences within healthcare. This is critical. Getting the proper buy-in from all of your important constituents within your organization is often the basis for success on any new marketing venture. Has the on-hold company done many phone and/or on-site interviews with your healthcare leaders, employees, patients, even doctors? This will minimize the anxiety and risk for you if you decide to include its voice in the production. Can your on-hold messaging company serve your crisis communications needs 24/7? When there is a crisis in healthcare the phone typically rings off the hook, which means more callers are placed on hold.

Beyond these basics, your vendor should have the insight and experience to help you determine the political and clinical risks associated with this medium. What happens when a patient hears a message on hold that relates to his specific illness or the illness of a loved one? How do they get more information? What if a message is not clinically accurate? Even further, a solid on-hold company should be able to share with you its past failures in launching on-hold messaging within healthcare to enable you to avoid those pitfalls.

A case in point: Our first experience with a healthcare client 17 years ago was a fiasco. I knew the COO, and they paid us in advance for our efforts. However, when we launched we found out that two competing hospitals were on the same phone system, and both were hearing my client's health-related marketing messages! Not a good start to a new business venture. Once we had resolved that issue, a key referring surgeon, a high-volume referrer, sent a letter to the CEO stating that he did not feel the family members of his patients would want to hear about early detection of breast cancer when they were placed on hold. Suffice to say, the doctor won and our on-hold system was turned off.

Our clients are committed to those who call their healthcare facilities. Here are a few examples of the unique applications that make on-hold messaging so effective:

24/7 Crisis communications. Before, during, and after Hurricane Katrina, our New Orleans clients relied on our health writers to research the potential impact of the hurricane and change their on-hold messages daily—sometimes hourly—to adapt to their changing needs. We helped them communicate vital information such as which facilities were open and seeing patients, how employees should report their whereabouts, and hurricane safety tips. Our clients know that the phone rings off the hook when a crisis occurs, which

Measuring Call Volume

Let's delve a little further to seek answers to some obvious questions: How many callers are placed on hold and for how long?

Technologically, there is no easy way to identify the volume of calls or the average hold times, except for those callers who are placed in queue, within an automated call distributor (ACD) group. This phone system feature, widely used within healthcare, automatically puts callers in queue and, with a few key strokes from the caller, directs them to the right person and/or resource they seek. ACDs are designed to put callers in queue, based on the order that they called. ACDs can be extremely valuable in reducing abandonment, by keeping callers holding longer. Also, when a caller is placed in queue, they can be offered alternatives to waiting and/or content that is relevant to them. ACDs in some cases, may also be used to create abandonment by offering the caller information that enables them to hang up and redirect their efforts to another venue, site, or phone number. Most healthcare call centers have ACD groups designed to address unique audiences. This configuration gives queue messaging a unique opportunity to relate information to a specific audience vs. one series of messages addressing all issues for those who are on hold.

Gathering call volume within an ACD is fairly straightforward. For hold times, your telecom vendor may need to do a traffic study, or you can ask the telecom manager to access this information, if it's available. Once you gather the inbound and outbound call volume, you can divide into it by days, weeks, or months. Then extrapolate to determine the percentage of calls placed on hold and guesstimate for how long. That's the only way, on current vintage phone systems, to demonstrate the actual hold times for your respective calling audiences. However, the future for phone systems is bright as they evolve and become completely digital with voice over Internet protocol (VOIP). The new digital phone systems allow numerous new capabilities for on-hold messaging that can affect marketing. Marketers can track multiple variables, including hold/queue times, anywhere within the phone/health system, even data such as who called whom and often for what reason. VOIP merges the voice capabilities with the data of the healthcare system, with unlimited possibilities for hold and queue messaging.

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Cross-selling. Many of our clients track every dollar they spend in marketing. After reconciling retrospectively for 60 days, one academic center we serve was able to clearly demonstrate that one on-hold message generated \$28,000 for it within two months. The center pays us about \$10,000 a

year for our services. Imagine if it tracked the ROI of on-hold messaging for a year or two.

Politics. A physician in New Jersey felt strongly enough about tort reform that he let us interview him to be heard via on-hold messaging. This allowed him a forum for asking his constituents to contact their congressman to help in the case. Other political scenarios include integrating the voice of the CEO, or the voice of an employee, or doing a series of interviews that capture politically sensitive sound bites from your lead physicians to be heard by the right audience at the right time.

New CEO. Once a new CEO joins your hospital, with on-hold messaging, you can enable him to speak directly to callers about the platform for success in the future. Our feedback on this feature of the on-hold medium has been excellent over the years. It also enables marketing to make direct contact with the new CEO, using a unique and cost-effective tool to get his vision out to the market. It's an excellent platform for welcoming the CEO.

Awards and recognition: Without a doubt, most of our clients feel it's appropriate to share their successes with their callers, whether the accolades are from The Joint Commission, *U.S. News & World Report*, Magnet, Malcolm Baldrige, or HealthGrades. We just have to be careful because some cynics may say, "If you are so good, why am I on hold?"

Patient, employee, and doctor satisfaction. What could be more meaningful to your valued audiences than hearing a candid message of support from a satisfied employee, patient, or doctor when placed on hold? Testimony from such a source validates your success from a perspective that is well-established and credible.

Product marketing. If word of mouth marketing is what you're seeking, on-hold messaging is the venue of choice for sharing your new products and services with a receptive audience. Ever wonder how many of your employees and/or their family members don't really know the range of services you offer?

Saving lives. At a client hospital, an employee heard a message about a national lung cancer screening and attended the screening, which detected a lesion on her lung. The lesion was subsequently removed, potentially saving her life.

Foundation. Within the first month of installing our on-hold system, a St. Louis children's hospital received a call from a donor, driven by a message heard while on hold. We have not discovered a strategic initiative that can't be communicated through this medium, even within some of the most sensitive issues.

Faith-based: One of our clients in Kentucky continues to leverage on-hold messaging by including the voice of a prominent board member, also a community spiritual leader, for callers to hear while on hold. Through a 10-minute interview, he was able to communicate his passion for the far-reaching faith based heritage of his institution.

Missed Signals

And, as with anything, there are downsides. Here are few that we have discovered in the past 17 years:

Many doctors do not like being placed on hold. However, when they discover that most of what is being shared on hold ultimately promotes their business and their unique clinical capabilities, they quickly learn to enjoy it. Many doctors feel that being placed on hold is an enormous waste of their time, and we cannot agree more. We recommend that our clients avoid placing doctors on hold, at all costs.

As marketers, we walk a very thin line between selling health services to callers placed on hold and educating them. We agree that there is a huge difference. We prefer the latter because the ultimate decision maker on the value of the experience is our customer. We'd prefer that our customers use the power of their word of mouth platform to our benefit. We can accomplish even better results through branded education while never viewing this targeted medium as a tool for traditional advertising. High anxiety callers to healthcare prefer not to be sold on hold.

Early detection saves lives! It does, but often times it does not, so we have to be sensitive to the callers who have done everything they can to prevent serious health issues. They never smoked, they eat healthy foods, have a routine exercise program, do yoga to relieve stress, yet they had genes that were not cooperative. We have to be careful not to focus too much on negative outcomes, such as cancer, while we encourage early detection and wellness.

Here's a big one: Make sure all tenants of your phone system are owned and/or affiliated with your health system before you launch an on-hold system. A healthcare-savvy on-hold message vendor will take you through this demanding exercise to identify all tenants who may not be inclined to share your excitement for promoting and branding your services to "their" patients. This aspect of the technical assessment is often not handled by healthcare telecom personnel, and it can be a deal breaker. The good news is that many of the current phone systems used in healthcare can partition out tenants who prefer that their patients not hear your messages when placed on hold.

Most everyone values current and timely health information, especially when it is in some way relevant to an upcoming healthcare experience. If we are sensitive to the needs of callers placed on hold, and if we offer them information that can potentially affect their life and the experience, we have done our job. And at some point in time, at a point of care like the phone system, "the message" will be heard loud and clear. **MHS**

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