NHPCO Palliative Care Playbook for Hospices

Branding, Messaging, Outreach, and Marketing

This toolkit is part of NHPCO's comprehensive Palliative Care Playbook that is available to members as a benefit of membership. Learn more about Community-Based Palliative Care Resources at www.nhpco.org/palliativecare.

NHPCO
Leading Person-Centered Care

NHPCO.ORG

Table of Contents

Every hospice has one or more people, teams, or departments responsible for education, outreach, and marketing to providers and the community. This chapter focuses on leveraging those resources to market all your service lines, including palliative care.

Branding

Thinking of all your service lines, does your current brand name accurately reflect your full continuum of care? Many providers originally established their organizations solely with hospice care, and their brand names still focus on hospice.

A brand name that features hospice can be a barrier for patients and referrers who are seeking services upstream from end-of-life care or "aren't ready for hospice." Numerous organizations have attempted to remedy this situation by changing their brand name from "Hospice" to "Hospice & Palliative Care." The trouble with this structure is that it lumps hospice and palliative care together, and there's already much confusion about differences between the two. Plus, "Hospice" is still prominent in the brand name, complete with the barriers it can cause for non-hospice services.

Another approach has been to give palliative care and other non-hospice services a different brand name to separate them from hospice care. Some difficulties with that approach are that organizations then need the resources to support and promote two or more brands … and different names can be an obstacle in facilitating transitions from one service line to the next along the continuum. For example, organizations build a relationship with its brand name for palliative care then want to transition patients when appropriate to their hospice services, but the client/patient does not have the same or perhaps any relationship with the different brand name.

So, what's the solution to this challenge? One viable approach is to create an umbrella brand.

Structurally, brand names have two components: (1) The actual trademarkable name or "first name" of the brand; and (2) a descriptor that identifies the type of product or service. The structures of some well-known consumer brands include Oreo® Cookies, Kleenex® Tissues and Goodyear® Tires. The "umbrella" part comes in when you extend the equity of a brand to cover multiple products or services. For instance, Reese's established a reputation for its Peanut Butter Cups. Over time, they've made "Reese's" the umbrella brand for Reese's Pieces, Reese's Puffs (peanut butter-flavored cereal) and Reese's Peanut Butter (sold by the jar). Each of the latter products succeeded on the reputation of Reese's for delicious peanut butter flavor.

In the hospice and palliative care world, a growing number of organizations are following this umbrella strategy as they expand their continuum of care. For instance, Hospice of Wake County (based in Raleigh, NC) originally tried separate brands for non-hospice services – Horizons Palliative Care and Horizons Home Health. In 2014, they consolidated all services under a new umbrella brand – Transitions LifeCare. All of their services now have the consistent umbrella brand name – Transitions HomeHealth, Transitions PalliativeCare, Transitions HospiceCare, Transitions GriefCare, and so on. This structure builds the relationship with the brand at whatever point along the continuum patients enter (and the earlier, the better). Then transitioning patients along their own continuum is easier because they already have a relationship with the brand. Since changing to an umbrella brand supported by operations and marketing, Transitions LifeCare has experienced significant growth – especially in hospice and palliative care.

What is the current status of your brand structure? Does it aid or impede engagement with your non-hospice services? Of course, changing a brand name is a big deal and requires a substantial investment. If your hospice brand has a longstanding, strong relationship in the community, you may not want to have to start over to establish relationships with a new brand. But consider the implications of your brand name for growth over the long term. An umbrella brand provides the structure for utmost consistency, cohesiveness, and connection.

Messaging

After solidifying your brand name, the first step in all outreach and marketing is identifying the key message(s) you want to convey. This is something you do already for hospice, however the messages for palliative care are different. Palliative care serves a different need, the payment model is different, typically the extent of services is different, and the objectives are different. And because you are providing palliative care now, your messaging for hospice will also need to change to reflect the distinct benefits of hospice.

There are four steps to the messaging process:

1. Identify/elicit needs/fears of your target customer or customers (patients, families, providers, etc.)
2. Communicate the unique value you offer in response to those needs
3. Check to see if you've correctly matched your services to their needs/fears
4. Repeat

Needs and Fears

Messaging begins with identifying the needs of your customers. Begin by securing answers to these questions specific to the community providers.

- Are you familiar with palliative care? Can you explain what you understand palliative care to be?
- What are you worried about?
- What is your decision-making process?
- What criteria will you use to make a decision?
- Who influences your decision to contact palliative care (hospice)?
- What keeps you up at night?
- Who do you trust to provide information?

Do not guess how they feel and what they think. Find ways to get answers to these or similar questions from a variety of provider stakeholders. Then do the same with seriously ill patients and family caregivers. Some of this can be done during a needs assessment if you do interviews or focus groups. Hiring a neutral third-party researcher or facilitator may be helpful as you conduct these roundtables to avoid injecting your personal or organizational bias or advanced understanding of hospice & palliative care into the conversation, allowing you to glean more actionable insights.

Below are the questions you can ask providers and a format that can help you compare and find similarities between the responses each provider gives you.

	Provider #1	Provider #2	Provider #3
Do you know what palliative care is? What is your definition of palliative care?			
What are you worried about?			
What is your decision-making process?			
What criteria will you use to make a decision?			
Who influences your decision to contact hospice?			
Who influences your decision to contact palliative care?			
What keeps you up at night?			
Who do you trust to provide information?			

It's also important to understand what your customers already think about your organization and the types of services you offer (hospice, palliative care, private duty, etc.). Below is an example of a table you can use to identify what the customers think (not what you think they think) about each service line (or potential service line) you operate.

What Providers Think	Hospice	Palliative
What is the reputation?		
Best aspects		
Key words		

Below is the same table filled out for a generic hospice with a palliative care program. If you have more services, such as Medicare Care Choices Model, private duty, home health, and so on, be sure to list those as separate columns.

What Providers Think	Hospice	Palliative
What is the reputation?	Excellent program for those who are dying	May know palliative care -- may confuse with hospice
Best aspects	• Expert pain and symptom management • Care coordination • Family decision-making and support	
	• 24/7 • Comprehensive benefit - meds/DME	• Resolving conflict • Available to all seriously ill patients
Key words	• Symptom management • Counseling	
	• Comfort • Care • Compassion • End of life	• Advanced serious illness • Point of diagnosis, on • As needed, when needed

Communicate the Unique Value

Once you've identified the needs of your audience you must delineate how your services uniquely meet those needs. The information collected in the process outlined above, helps you understand the needs of the audience and match the value-add your program offers to match their need. The next table is for you or your team to complete using the input from your stakeholders.

Key Questions	Physicians
How can palliative care uniquely meet their needs?	
Why is palliative care the best choice to meet the needs?	
What is the added value to them of palliative care?	
What can palliative care provide that hospice can't?	

Here's an example with some wording to help you craft your messages. Yours should be specific to your services, so be sure not to just use this language.

Key Questions	Physicians
How can palliative care uniquely meet their needs?	• What you love about hospice while continuing treatment • We help resolve conflicts between patients / families regarding achievable care goals
Why is palliative care the best choice to meet the needs?	• We are specially trained in to manage pain and symptoms associated with treatment • We address social, emotional, and relational suffering
What is the added value to them of palliative care?	• Patients have 24/7 access to our on-call • We provide holistic, supportive care so you can focus on medical treatment • We coordinate with other providers • You refer, we'll determine if they qualify or identify another solution
What can palliative care provide that hospice can't?	• Concurrent care • No prognostic barrier = Care for seriously ill individuals with greater than 6 months to live

Check to See if You You've Got It Right

Checking to make sure you've correctly matched your messaging with the customer's needs/hopes/fears is a critical step that should not be skipped. If you get your messaging wrong, it could seriously damage your brand and the service line's success. For providers, pick a few trusted, long-time partners or referral sources and asking them to respond to your messaging. You can do the same testing with a focus group of community members as prospective patient/families. Ask them:

- Does our messaging resonate?
- Does it match your experience of us?
- Does it give you confidence we can meet your needs?
- Does it inspire you to contact us?

Then tweak as needed before you invest in extensive marketing materials or roll-outs.

Decision point: Are you interested in promoting the entire organization and the range of services you offer and/or each individual service line? The umbrella brand approach described at the beginning of this chapter can allow you to do both. But if you want to stick with your current brand structure, there are benefits to both approaches:

Promote	Pro	Con
Entire organization	• Promotes range of services • Presents a unified, integrated continuum of care • Facilitates transition from one service line to the next from the same trusted provider	• Confusing messaging - "XYZ Hospice provides palliative care" • Service line differentiation can be lost May create confusion between organization brand and individual service line brands • Some families may not want non-hospice services from a hospice provider
Individual service lines	• Build on name recognition of first established brand (e.g., hospice) • Allows you to differentiate palliative care from hospice for those who may associate it with actively dying or withholding treatments.	• Diluting the potency of your brand identity • Having to establish or forgo a connection of trust among the two or several service lines

Clarifying Key Messages

All these questions, roundtables, and decisions about how to define your service offerings will eventually lead you to define your key messages. This process may not be straightforward and will require significant discussion and analysis of what your provider stakeholders and seriously ill patients and their families have told you is important to them.

Key messages are not unlike an organization's mission and vision statements. They are the north star for how you talk about your agency and the service offerings you provide in every setting. At their core, your key messages are the main points of information you want your stakeholders to understand and remember. They succinctly and accurately describe the value you offer, how it is different or better, and why your audience should care. In fact, your key messages should reflect your mission and vision: The two are intricately tied together. Any new service line or offering should be grounded in the mission, vision, and values of your organization. Tying the palliative care program back to your core principles allows your staff and leadership teams to understand why palliative care is an extension of the work your organization is doing in hospice or home health. It aligns every member of your team to your organization's higher purpose, regardless of their role or division within your company.

Take time with your leadership team, clinical team, and trusted community stakeholders to develop these key messages. Analyze the results of your roundtables and look for themes and repeated phrases. For example, did the providers you interviewed in your roundtables consistently say that what influences their decision to refer to a particular palliative care provider is that they give consistent feedback and patient updates? If so, you may want to develop a key message about how your palliative care program emphasizes coordinated multidisciplinary care for the patients you serve. It will take time to develop these messages, and there are many online tools to help facilitate their creation. But defining them early ensures that every marketing effort that follows is strategic and ties back to the community needs your research has identified to be the most important.

The key messages you develop are useful tools, but only if you use them and weave them into all communications about your palliative care offerings. Every pamphlet or flyer you develop to educate patients, families, or referral sources should clearly and concisely reflect the value proposition you have developed in your key messages. The same applies for the language your clinicians and community liaisons use when talking about your program in any form of communication.

Outreach

Community education and outreach aren't optional parts of your palliative care strategy. This isn't "Field of Dreams": Just because you build it, doesn't mean they'll come! A comprehensive outreach plan is a core part of both your palliative care startup and your ongoing operations.

What form this takes will ultimately depend on your local community needs, your budget, and the services you'll be offering. However, there are some commonalities across many types of palliative care programs:

Education

With the definitions of palliative care differing from professional to professional and the community still evolving, education is a key component of your outreach efforts. Identify your main referral sources and learn from them how they'd like to receive education, including:

- In-Person Inservices: Many hospitals, skilled nursing facilities, and physician practices have conference rooms with A/V capabilities where you can give in-person trainings. Developing strong inservices for your upstream partners in caring for patients is a worthwhile endeavor. It allows them to gain a deeper understanding of the benefits of palliative care for their patients and positions you as an expert on palliative care delivery. Take time to develop a series of inservices that fill the knowledge gaps you see in your communities. While not always feasible, you should consider taking the time to have your inservices certified and approved for CE / CME. If you can offer this value to physicians, social work discharge planners, or RNs, you're more likely to be able to secure their valuable time so you can educate them on the benefits of palliative care. Potential topics might include:
  - Palliative care 101: basics and definitions
  - Medication reconciliation and pain management in palliative care patients
  - Advance directives and how physicians can bill for having ACP conversations
  - Grand rounds: complex case management and how palliative care can support these patients

Written Materials

Consider the value of developing collateral specifically for healthcare practitioners who may refer a patient to your palliative care. This may take the form of a referral form or pad with your fax or intake number, or perhaps a flyer highlighting your specific differentiators. An attractive, well-written "What Is Palliative Care?" fact sheet that providers can use to educate their patients would likely be very welcome.

Person-to-Person Encounters

If you have a particular physician or referral source who tends to wait too long to refer to palliative care or who serves a seriously ill population, proactive one-on-one encounters over coffee or even at the nurses' station can be valuable teachable moments that can lead to a greater understanding and utilization of the services you can provide to their patients. This may also be a good place to utilize your own physician team for "doctor to doctor" conversations/education.

Community Engagement

Many palliative care referrals come from healthcare professionals who understand the value of palliative care to those living with advanced illness. However, there are people in many other roles who may interact with people who may need palliative care services, including social work caseworkers, patient advocates, religious or community organizations, or volunteer groups like Meals on Wheels. By reaching out to these individuals or organizations and offering to partner or provide them with education or inservices, you can develop ties to groups that can serve as your eyes and ears with a larger patient population for your community-based palliative care program.

Remember: Throughout any educational offering, engagement, marketing material, or other event, always view the content you've created through the lens of your key messages for consistency and potency.

Marketing

When developing your business plan, your leadership team should consider dedicated resources for marketing your palliative care offerings. The ultimate shape this may take will depend on your strategy, external partnerships, goals, and targets. However, every program should consider having either a full- or part-time staff member dedicated to marketing your palliative care service line. As mentioned above under outreach, proactively working to inform the community of your offerings and benefits is a key part of marketing. Having a robust palliative care team does you no good if patients, referral sources, and the community aren't aware that you exist!

Considerations for Staffing Your Marketing Program

Clinical versus non-clinical

Having someone in a marketing role with a clinical background such as an RN or social worker can be very useful. Marketers with clinical backgrounds can speak from their lived experiences to assist referral sources with determining whether palliative care may be right for a patient. However, their experience may come at a higher price point than a nonclinical marketer would command. New hires from either background will require intensive training: non-clinical hires in the clinical aspects of palliative care and the structures of healthcare environments; clinical hires in the techniques of marketing, communication, and sales.

Roles and responsibilities

Clearly defined expectations are critical to the success of the marketer. With the assistance of the leadership team, they should develop quarterly or semi-annual business plans that reflect the larger goals of your program. Business plans should include action items and expected results such as:

- Anticipated numbers of referrals needed to make the program sustainable
- Targeted areas and referral sources to market services toward, in alignment with larger business plans. Geographic area, case mix/acuity of patient population, local understanding and acceptance of palliative care should all be factored in.
- Inservices, health fairs, and community event presence

Daily activities

A marketer works autonomously because they are traveling between various physician practices, clinics, skilled nursing facilities, and hospitals. Having clear expectations for productivity allows them to be successful and understand exactly what is required of them as a part of your palliative care team.

Setting realistic goals for your marketer and developing ways to track their activities will ensure they are contributing in a sustainable way to your operations. Consider using customer relationship management (CRM) software so that your marketer can enter the visits and activities they've done on behalf of your program and can also make notes about their interactions. A CRM can also be helpful for strategically analyzing future marketing efforts. For example, if your marketer has delivered 2 inservices and made 15 visits to a physician practice in a 6-month period, but that practice hasn't made any palliative care referrals, it may be worth discussing if you should focus your marketing efforts elsewhere.

Education and collateral

The marketer should also have a basic understanding of how to educate referral sources and tailor their tactics to fit the types of situations they may encounter. Ensuring that a referral source knows how to make a referral, where to send it, and what information needs to be included are all critical parts of your operations, and your marketer should expect to routinely educate on these points.

As mentioned above in the outreach section, your marketer should have ample collateral that describes your service offerings, defines key terms, and lists the process for making a referral. All collateral will benefit from utilizing your key messages and should also have a consistent, identifiable branded design and easy-to-find phone and fax numbers.

Depending on the structure of your program, marketers may also meet directly with patients and families who are interested in palliative care. Your marketer should have training in how to facilitate these discussions, and your program should have dedicated collateral explaining your palliative care offerings to patients and families.

Patient updates

Marketers can and should assist their clinical counterparts in providing updates to referral sources about the patients your program is serving. If a patient's status improves, if they decide to elect hospice, or if your team helped create a meaningful moment for the patient via your palliative care, that is an excellent reason to reach out to the referring physician. Many referral sources will be more open to these communications than they might be to pure marketing efforts. They'll be thankful for the update as a part of the coordinated plan of care you've created, and it's an opportunity for your marketer to reinforce

the value of your partnership in a soft-marketing manner. Time should be built into a marketer's schedule to provide these updates.

Ethics and compliance

While marketing efforts are essential to the sustainability of a palliative care program, it is important to develop a culture of compliance with local, state, and federal regulations around your efforts. Practices such as giving gifts or money for referrals should be strictly avoided for any patient-focused program. Similarly, high-pressure sales techniques or management of sales staff through expectations purely focused on revenue or volume can easily run afoul of local or national regulations. Ensure your in-house counsel or legal consultants review the roles and responsibilities of your marketing team, and make sure you provide your team with well-documented ethics and compliance training on a regular basis. NHPCO has a list of ethical principles for marketing, and while many of them specifically apply to hospice, they are a good foundation to build a similar culture of ethical marketing for your palliative care program.

Understanding the credentialing process

Many hospitals require marketers to be credentialed before they can visit patients or referral sources within their facilities. Some of these processes can take time to complete, so insure you have factored this time, effort, and potential cost into your business plans.

The Role of Data in Marketing

Your palliative care marketing plan will benefit by being informed by actionable data. With an increasing focus on fee-for-value within healthcare, it's critical to understand what data payors and risk-bearing entities look at, and how a well-run palliative care program can help them manage risk and cost, while increasing quality.

- **Publicly reported data:** Hospital Compare, Physician Compare, and Nursing Home Compare contain troves of information that can help guide your marketing efforts. If a hospital has higher-than-average readmission or mortality rates, focused attention on marketing your services there may lead to more referrals for your program, and better outcomes for the hospital. Similarly, if a physician participates in an advanced payment model or quality reporting program, they may be interested in the holistic, wrap-around care that a palliative team can provide their high-acuity patients. All these data points (and many others) are reported by the Centers for Medicare and Medicaid Services, and understanding how these sites work is critical to informing your business plans.
- **Proprietary data:** If you have a health system, Accountable Care Organization, Managed Care Organization, or skilled nursing facility as one of your main payors for palliative care services, they will have extensive patient-level data beyond what is publicly reported. Take time to meet with your partners and examine this data. Often it can be used to "hotspot" physicians or referral sources with larger-than-average patient costs who may be good targets for education on your palliative care offerings. Data can also be used to identify patients who may not have advance directives, have multiple chronic conditions, or have multiple rehospitalizations; all of whom are ideal candidates for palliative care.
- **Your data:** As your program grows, you'll be able to use your own data to drive your marketing efforts. If you can track statistics that prove the value of your offerings, these can be used in conversations with health systems or payors. How many patients do you convert to DNR in less than two weeks and/or two consults? How many ER visits do you prevent for patients receiving your palliative services? How many of your patients aren't re-hospitalized within 60 days after starting palliative care? How quickly do you drive down Self-Identified Threshold symptom scores for your patients? Understanding the data your own electronic health record can provide will give you actionable data to use to responsibly expand your program.

Linking Palliative Care to Quality and Performance Measures for Referrers

Another factor in marketing the value of your palliative care program is in communicating how it can support quality and performance measures of your referral sources.

As noted above, tracking your own performance data can show how you can help a referrer improve their outcomes and performance scores. For instance, you can quantify how referring patients to your home-based palliative care program can help a hospital or health system:

1. Reduce hospital re-admissions for the same condition within 30 days, avoiding Medicare penalties
2. Reduce ER visits, which often lead to a hospital admission or re-admission
3. Reduce ICU bed usage
4. Reduce hospital inpatient mortality rates

As your data set becomes deeper over time, you can even track performance by disease state and offer targeted to solutions if a referrer is experiencing special challenges with diagnoses such as COPD or CHF.

When you demonstrate the value of your palliative care program, it may even open doors to for you to become a preferred provider beyond home-based care. For example, numerous hospitals and health systems have no formal palliative care program or it's limited to only an inpatient consult because of the current reimbursement structure from CMS. However, two of the main criteria of HCAHPS scores for hospitals are centered specifically on pain management and transition of care to home – two areas where robust palliative care can have a very positive impact. A growing number of palliative care agencies are contracting with hospitals to provide inpatient palliative care as an extension of the hospital team, then following the patients home to help with ongoing pain management, as well as a smooth transition in keeping patients home after discharge.

Extending Palliative Care Performance to Your Hospice Quality Measures and Evaluations

Another advantage of palliative care is that it can begin strong relationships with patients and families upstream from hospice care – especially with palliative care's appeal of not having to discuss "six months or less to live" and no need to give up curative treatments. As the relationship and trust deepen with families benefitting from palliative care, it can be easier to discuss a transition to hospice care as early as appropriate. And the attributes your brand establishes during palliative care can become great marketing tools and performance standards for your hospice services.

Consider, for instance, featured categories of CAHPS Hospice surveys and scores:

1. Communication with family
2. Getting timely help
3. Treating patient with respect
4. Emotional and spiritual support
5. Help for pain and symptoms
6. Training family to care for patient
7. Rating of this hospice
8. Willing to recommend this hospice

Family expectations and criteria for these performance areas can be firmly established at the pre-hospice palliative care stage. In fact, the two areas where palliative care should be making the greatest impact are the same areas that are tied for the lowest national average scores among CAHPS survey categories: The median ratings for "Help for pain and symptoms" and "Training family to care for patient" were 75 and 76, respectively, out of a possible 100.[1] Survey questions in the latter category specifically mention training to recognize side effects of medications and knowing if/when to give more pain meds. If best practices are established at the palliative care stage and continued into the hospice stage, providers can realize improvements in CAHPS scores (Hospice Item Set metrics, too) and Hospice Compare ratings to ultimately strengthen their hospice marketing as a halo effect.

1. The CAPHS survey items are scored on a 0/100 value, where the top (best) response is scored as 100 and all the other responses are scored as 0. (Parast, L., Haas, A., Tolpadi, A., Elliott, M. N., Teno, J., Zaslavsky, A. M., & Price, R. A. (2018). Effects of caregiver and decedent characteristics on CAHPS Hospice Survey scores. *Journal of Pain and Symptom Management*, 56(4), 519–529. Retrieved from https://hospicecahpssurvey.org/globalassets/hospice-cahps/scoring-and-analysis/5-30-19-updates/cahps-hospice-survey-national-percentiles-q4-2016---q3-2018-final.pdf

Every Member of the Team is a Marketer

Finally, it's important that regardless of whether you decide your program requires a dedicated marketer in any capacity, your team understands that everyone has a role in marketing.

Every touchpoint or conversation with a referral source has implications for future referrals. Patient updates or discussions about plans of care are critically important moments to reinforce the value of your program and your desire to support and serve the seriously and chronically ill populations in your area. Making sure your entire PC team knows they need to always have a customer service-oriented attitude provides for better patient outcomes and contributes to the sustainability of the program.

NHPCO Palliative Care Playbook for Hospices

NHPCO
National Hospice and Palliative Care Organization