

Session 207

“Using Customer Focus Groups to
Develop a Successful Marketing and PR
Growth Plan using a Case “



Who we are:

Fiona Libsack MA
Pourde Valley Health System,
Manager of Marketing and Public Relations

Michael Hamaker
Vice President of Operations,
Mercy Medical Home Care and Hospice

Successful Marketing and Physician Referral Growth - Consumer Focus Groups

This break-out session is about:

Using quality focus group facilitation to understand:

- your local marketplace
- your customers
- perceptions about your agency

Using quality focus group facilitation to find new

- products
- services
- messaging

That will drive business from your targeted accounts.

Today's Goals and Objectives

Goal: Obtain take-away information about the impact of consumer focus groups on patient volumes that is useful enough to apply to your own agency.

Objectives:

1. Discuss the value of integrating consumer focus group results into an agency strategic plan.
2. Explain the value of consumer focus groups in market development.
3. Highlight the need to create standards in marketing, sales and service that are based on customer focus group findings.

Case Study: The Hospice House Rationale

- Influential Board members exposed to Hospice House in other markets – great cause
- GIP best served in dedicated unit – no unit in 100 mile radius
- Strong capital campaign – Five star facility
- Pro-forma completed - \$7.5 million dollar enterprise
- Exclusive to health system hospice patients only
- Sixteen-bed full census – three year break even pro-forma, 90 percent general inpatient level of care

Case Study History and Demographics

- Population base: Approximately 800,000 lives
- Two major health systems serving four cities in the Midwest
- Fourteen hospice agencies in the market
- Eleven inpatient hospice beds at the health system competitor

Case Study: First Few Years of Operation Rationale Becomes Reality

- Opened in November of 2006
- Numerous facility overruns contributing to very high fixed costs
- House fails to achieve pro-forma goals two years after opening
- Census slow to build– average daily census after first year: 5.1. Second year only slightly better
- 60 percent respite or routine care
- Numerous marketing campaigns – no discernable effect on census
- Location became an issue

Case Study SWOT Analysis

Strengths

- Inpatient facility
- High satisfaction scores
- Hospice expertise

Weakness

- Price
- Non-system branded

Opportunities

- Capacity to fill beds
- Extend to other hospices

Threats

- Other competing inpatient beds
- Financial failure

SWOT Results - Not Enough Information

- SWOT results led to new tactics
- Tactics were only slightly and temporarily successful
- Tactics weren't hitting core issues
- Census not sustainable – increases followed by declines

Quest For More And Better Information Began

The Question: How could we find out why referrals weren't consistently increasing?

- Many indicators, no proof
- Needed to eliminate the guesswork
- Needed to find out customer perceptions

The Answer: Ask the Customer
But how?

Solution: Consumer Focus Groups

Brought in an outside consultant who helped us:

- Define our audience
- Direct our efforts to achieve results
- Integrate results into a long-term marketing and public relations strategy and overall strategic plan

What Is A Consumer Focus Groups

A consumer focus group is an open dialogue between a facilitator and a customer or group of customers designed to learn more about an entity's customer base and what the needs are of that customer base.

You Love It When People Ask To Hear Your Opinion

Especially about a subject that is important to you.

..... Your customers are no different.

Who Should Be In A Focus Group?

Your current customersYour potential customers

- Potential patients
- Patient families (past and current)
- Referring providers
- Low volume or non-referring providers

How Should Focus Groups Be Conducted?

- In small groups – no more than eight participants.
- Individually over the phone – interview
- Virtually, if off-site locations are an issue
- In groups of like-customers
- Often, at different times over a pre-identified timeframe

About the Focus Group Facilitator

- Asks questions consistently across the board
- Electronically records answers or uses a scribe - does not take notes
- Facilitates discussion but does not offer opinion or lead participants
- Ensures confidentiality for all participants

Developing Focus Group Questions

- Determine what it is that you REALLY need to know
- Keep the questions to a maximum of 10
- Questions should be open-ended
- Include a confidentiality statement
- Always include the question: "Is there anything else about this Hospice facility that you would like them to know that wasn't asked of you today."

Developing The Case Study Focus Group

The focus groups and interviews for this case were part of a qualitative research study. The project included:

- Five focus groups with non-consumers (community members)
- One focus group with consumers (patient families)
- One focus group with physicians representing three specialties (oncology, family practice & pulmonologists)
- One focus group with agency employees
- Four in-person interviews with administration
- Twenty-three telephone interviews over a three month period to consumers, non-consumers and physicians

Case Study Focus Group Questions

- Included an intro that stated the purpose of the focus group and an assurance of confidentiality
- Were prepared in advance with prompts included
- Consistent among participants, different among categories of participants
- Limited to 10 questions

Case Study Focus Group Result Summary - Physicians

- Uncertainty among physicians as to what type of patients to refer to hospice and when
- Communication dissatisfaction at the physician/hospice staff level – clinical and social achievements
- Physicians wanted to know that their referrals were having an impact on quality of life
- Location was a physician dis-satisfier
- No allegiance to the system's hospice service – decision by patient choice without provider direction
- Opportunities in the cardiology and pulmonologist markets
- Palliative care in high demand

Case Study Focus Group Result Summary - Employees

- Saw opportunity in maximizing employees and complementing system services to market hospice services
- Staff turn-over is a concern especially in community hospice
- Strong support of current leadership
- Saw opportunity in the cardiology and pulmonology market and want to see the palliative care option explored

Case Study Focus Group Result Summary - Consumers

- Overall satisfaction with hospice care – would recommend
- Identified dissatisfaction in regard to communication among physicians and patients and among hospice staff and patients
- Satisfaction of staff and facility

Case Study Focus Group Result Summary – Non-consumers

- Moderate to low-level satisfaction about what hospice services were
- Would rely exclusively on physician or nurse recommendation if ever in the market for hospice services
- Had never seen advertising for the hospice house

Integrating Results Into A Plan

- Updated web copy
- Direct one-on-one physician education
- Develop a Hospice discussion kit for physicians and nurses
- Patient Information Stat for physicians – clinical and social achievement
- Explore opportunity and pending results, build cardiology and pulmonary business development and palliative care into strategic plan
- Create easy referral resources for physicians

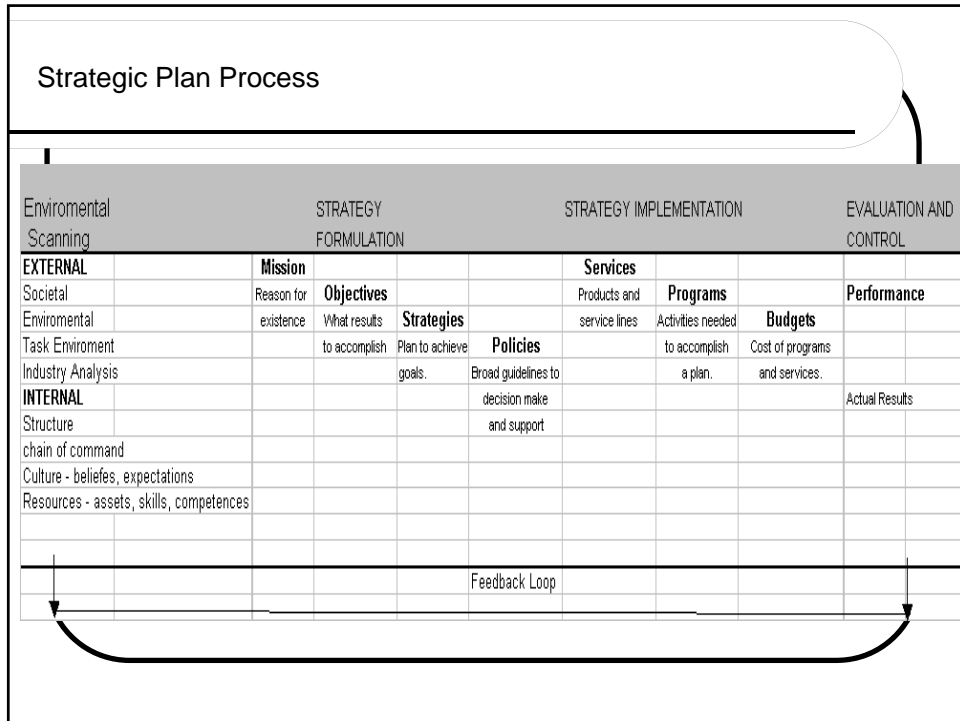
Integrating Results Into A Plan

- Educate employee base to promote and cross-promote hospice and home health service lines

Customer Focus Groups: A Strategic Initiative

Knowing customers perceptions – we can:

1. Target our messages
2. Higher rate of acceptance because we are addressing the customer needs as they defined them for us.
3. Find hidden perceptions (strengths – that resonate) we may not have been aware of
4. Benchmark and measure our referrals from our messages.



Creating a Sales Action: Using CFG information to target selling

- CFG goal was to hear customer perceptions
- For each group, we now know the perceptions, barriers to usage, reasons for using us over competitors
- We need a process for developing a targeted message for each of our CFG to meet their needs based on the direct information they shared with us in the CFG!

Developing a Sales Story: Process

- Utilize the “verbatim” and perception results
- Convene your sales team, marketing team, Liaisons, interested clinicians
- Recognize what your customers said was important to them and develop a “presentation” that directly meets that need.
- Differentiate

Close: Restate and call to action

5. Make sure to share any data you might have:
“Doctor, thank you for taking asking about rounding at the Hospice House, you might be interested in knowing our customer satisfaction is over 98% at the hospice house and patients state that their pain management was controlled 95% of the tome, well ahead of national benchmarks”.
- Doctors are scientists first,
 - You have now just directly addressed a concern that the doctors indicated are one reason they do not admit
 - Followed with another feature

Conclusion: Changing Customer Habits

- CFG very effective in finding out what your customers are looking for and what they are not.
- Use the information to create direct and effective sales messages to each of the targeted groups.
- Follow up by setting benchmarks and monitoring your activities and results
- Run another CFG to see if your messages are resonating or new perceptions are being created.

Thank You!!!!

Example: Physician Perception

“ I don't like being required to round at the Hospice House everyday when I am already rounding at two hospitals – so I tend to not use the house”.

Conclusion: This physician is not admitting to the Hospice House because he/she does not want to round on patients outside of the hospital and if he admits to the Hospice House, it will be one more stop on she/his rounding”

Sales Story to Counter Rounding Perceptions:

1. Acknowledge concern: "Doctor, we are aware that having to round at another facility would be a burden to your practice and this might be a barrier to you using the Hospice House"
2. Confirm your desired outcome: "Doctor, if you did not have to round on your patients yet maintained control of there care, would you be more likely to admit to the Hospice House?"
3. Neutralize Perception and concern: "Doctor, at the Hospice House we do have a full time medical director, much like the system provides you hospitalist services who will round on your behalf, were you aware of this service"?
4. Confirm solution and perception change: "Doctor, based on this new information that we provide a full time medical director at the Hospice House, does this provide the kind of inpatient hospice solution that would better meet your patients needs who choose facility care"?