

Spectrum

Society for Healthcare Strategy & Market Development®

September/October 2015

STRATEGY

Prepare Your OR for the Future with a Surgeon-Focused ‘Micro Strategy’

The key to OR growth is to build your strategy one surgeon at a time

By Robert Dahl

Traditionally, hospitals have taken a top-down approach to strategic planning. The focus has been on creating a comprehensive, system-wide plan based on hospital needs and capabilities.

But while many hospitals continue to use this approach, it is rapidly becoming obsolete. According to SHSMD’s *Bridging Worlds: The Future Role of the Healthcare Strategist*, top-down planning is no longer able to meet the complex demands of the emerging healthcare environment.

This insight is especially important for OR strategy. Hospital ORs today face a number of challenges including increasing competition from outpatient surgery centers, complex payment models, and an uncertain outlook for many profitable procedures. Surgeons’ incomes are declining while their career expectations are evolving. In this environment, ORs can no longer create a comprehensive strategy that matches the complexity of the surgery marketplace.

What is the alternative for hospital strategists? Instead of seeking a “macro strategy” to fit the entire surgery market, hospital ORs must create a series of “micro strategies” tailored to the market’s diverse and rapidly evolving needs. The key is partnering with surgeons to drive incremental



changes that cumulatively result in a powerful transformation of your OR.

Aligned with ‘Bridging Worlds’

The micro strategy concept dovetails with key points in *Bridging Worlds*. According to this innovative report, the foundation of strategy should be understanding needs and motivations to intentionally design experiences (“Tell Stories, Create Experiences”). OR micro strategy is based on understanding surgeons’ goals in order to create an OR experience that allows them

to achieve their objectives and aspirations. The report also stresses the importance of facilitating conversations to understand market needs and engaging stakeholders in the design of solutions (“Integrate and Co-create”). OR micro strategy relies heavily on dialogue and collaboration with surgeons to solve shared problems.

But shouldn’t OR strategy be centered on the patient? While patients are the core focus of a surgery department’s activities, the OR’s true customer is the surgeon. Surgeons still drive most decisions about

..... (Continued on next page)



President

Christine Gallery

Senior Vice President, Planning & Chief Strategy Officer
Emerson Hospital
Concord, MA

President-elect

Larry Margolis

Managing Partner
SPM Marketing & Communications
LaGrange, IL

Immediate Past President

Mark Parrington

Vice President, Strategic Transactions and Development
Catholic Health Initiatives
Englewood, CO

Executive Director

Diane Weber, RN

Society for Healthcare Strategy & Market Development
Chicago, IL

Editor

Brian Griffin

Senior Editorial Specialist
Society for Healthcare Strategy & Market Development, American Hospital Association
Chicago, IL

Design and Layout



Spectrum is the bimonthly newsletter of and a membership benefit for members of the Society for Healthcare Strategy & Market Development®. SHSMD welcomes unsolicited manuscripts, which will be used on a content and space-available basis. Preferred article length is from 1,200 to 1,500 words, and graphics (figures, tables, photos) and suggestions for sidebars are welcome. Please e-mail articles to shsmid@aha.org.

The editorial office is located at:

**155 North Wacker, Suite 400
Chicago, IL 60606
Phone: 312-422-3888
Fax: 312-278-0883
E-mail: shsmid@aha.org
Website: www.shsmid.org**

Opinions expressed in these articles are those of the authors and do not necessarily reflect the opinions of SHSMD or the American Hospital Association.

©2015, Society for Healthcare Strategy & Market Development. Reprinting or copying is prohibited without express consent from SHSMD.

Prepare Your OR for the Future

(continued from page 1)

where surgery takes place. In addition, a surgeon's views on your OR and its operating processes are meaningful in a way that patient perceptions cannot be.

The bottom line is that to achieve a strong strategic stance for the OR, hospital leaders must understand the needs of individual surgeons and find ways to help surgeons achieve their personal and professional goals.

First, Ask Questions

The heart of OR micro strategy is a "consultative" approach to surgeon relations. This means engaging surgeons in discussions to identify their needs, goals, problems, and concerns.

A key competency of the consultative approach is simply the art of asking questions. When talking to surgeons, focus on questions like:

- Is your practice growing, shrinking, or flat?
- What needs do you foresee for your practice in the short term? What about the long term?
- As a customer of the OR, what are your top two satisfiers?
- What are your top two "dissatisfiers"?
- What can our OR do to gain a higher percentage of your business?

Always follow up with questions like "How will that help you?" and "Why is that important to you?" The goal is not just to identify the surgeon's need, but to understand the reason behind the need.

Second, Find Solutions

Every issue you identify can be the seed of a powerful surgeon-centered solution. The following scenarios illustrate how to turn surgeon needs and goals into growth-driving micro strategies:

Scenario #1: Orthopedic surgeon wants more volume. Discussions with surgeons will often uncover concerns about low patient volumes. Say an orthopedic surgeon tells you her procedure volume is flat-lining just as she is entering her peak earning years. OR leaders are often aware of this concern, but they count on medical staff development planning

to provide the solution. A more active micro strategy approach could be to create an occupational medicine (OM) program to cultivate patient referrals. A well-designed OM program can funnel significant case volume to orthopedic surgeons while strengthening OR financial performance.

Scenario #2: General surgeon needs control over lifestyle. When you ask surgeons about "dissatisfiers," you can often expect an earful about lifestyle issues. Say a general surgeon talks about how the OR schedule often extends into evening hours and cases frequently spill over to weekends. Further questioning clarifies the underlying need: The surgeon wants to be home in time for dinner with his family and not miss his kids' weekend events. Theoretically, the OR could open more rooms to handle more cases earlier in the day, but the most effective solution is simply to make the OR more efficient.

OR efficiency is too complex to address here in detail. Suffice it to say, leading hospitals have learned how to collaborate with physicians to reduce case delays, operating time, and turnover time to enable surgeons to maximize their volume while minimizing time in the OR.

Scenario #3: Cardiovascular surgeon just wants to be heard. When you engage surgeons in dialogue, be prepared to hear some complaints. Say a cardiovascular surgeon expresses his frustration with OR processes, staffing, equipment, and a list of other issues. He strongly feels that no one is listening to his concerns and threatens to take his case volume "somewhere I'm appreciated." Traditionally, hospital leaders might react by making knee-jerk decisions regarding staffing, spending, and OR policies. A more targeted strategy is to create a Surgical Services Executive Committee (SSEC).

An SSEC is a surgeon-led governing body for the OR. It serves as a forum that allows surgeons to air their concerns about the OR and take part in finding solutions. In leading hospitals nationwide, SSECs have led successful efforts to smooth patient flow, strengthen operational processes, control materials costs, strategize technology spending, and maximize utilization.

Case Study: Memorial Hospital

Memorial Hospital in Belleville, Ill., is a 316-bed community medical center located 15 miles southeast of St. Louis. The hospital

has traditionally enjoyed a good community reputation. But by 2013 a significant percentage of surgical market share was migrating “across the river” to urban medical centers. The problem was particularly concerning in general surgery and orthopedic surgery, service lines that should have been serving as the mainstay of OR revenue.

To address this problem, hospital leaders worked with outside experts to develop a surgeon-focused OR strategy. Frank discussions with physicians uncovered several issues, including the desire to enhance the level of surgical care available at Memorial Hospital.

Under the guidance of a newly formed SSEC, OR leaders developed several targeted responses to surgeon needs. For example, they began developing a “surgical home” model of care to strengthen patient management across the continuum from scheduling through rehabilitation. OR leadership also worked with orthopedic surgeons to develop a joint replacement center of excellence. This comprehensive, multidisciplinary program allows surgeons to practice in a setting that optimizes patient outcomes.

Through these and other initiatives, Memorial Hospital helped key surgeons achieve their personal and professional goals. This had a powerful effect on OR strategic outcomes. For example, between 2013 and 2014 orthopedic surgery volume increased 27%.

Two Prerequisites

If you are considering pursuing a micro strategy approach for your OR, keep in mind two important requirements:

1. High-level commitment. In most hospitals, physician relations staff function as goodwill ambassadors. They visit surgeon offices to talk about new OR capabilities, hand out brochures, and maybe leave a box of donuts. Hospital executives occasionally try to catch surgeons between cases for a quick “meet and greet.” These efforts do little to forge substantive links with the surgical staff.

The strategy described in this article requires the dedicated involvement of the OR medical director and the OR nursing director. Why? Surgeons need to trust that their concerns will be acted upon, so it is important that outreach is led by a high-level team. The OR medical director and nursing director have the standing to initiate a substantive discussion with surgeons and the authority to enact changes as needed.



2. Training. For the best results, perioperative leaders should receive training in consultative selling. Members of the outreach team must understand how to initiate, conduct, and effectively conclude consultative discussions. Training should include how to use open and closed questions, listen for keywords, and uncover underlying motivations. Outreach leaders also need to understand how to work past barriers such as surgeon objections, skepticism, and indifference to craft mutually beneficial solutions to shared problems.

Strong Partnership

Change and uncertainty in the surgery market is making traditional

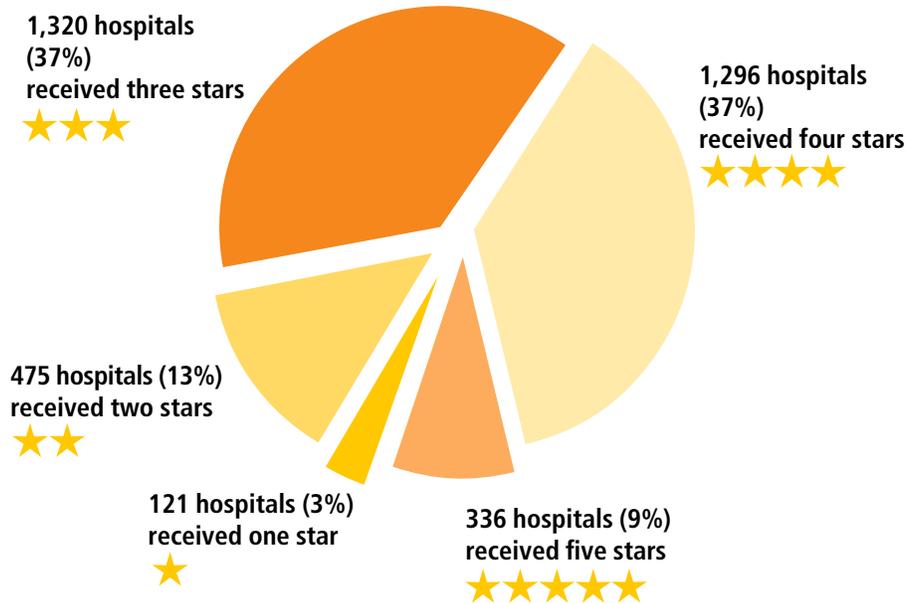
comprehensive OR strategy obsolete. A micro strategy approach allows hospital ORs to serve their markets by responding to the individual needs and motivations of a disparate surgical staff. This creates not only interconnected interests between surgeons and the OR, but parallel missions. Surgeons see your OR as a partner, which sets the stage for strong growth and a sustainable strategic future.

Robert Dahl

Senior Vice President &
Chief Operating Officer
Surgical Directions
Chicago, IL
rdahl@surgicdirections.com

Are You Seeing Stars?

Nationwide Hospital Performance in New Star Rating System



Star ratings based on HCAHPS survey results for the reporting period from October 2013 to September 2014.

By Ginny Kevorkian

If you regularly visit the Hospital Compare website to see how your scores stack up against your competitors, you probably noticed a new feature this spring. The Centers for Medicare and Medicaid Services (CMS) unveiled a five-star rating system for Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores. This follows CMS's previous implementation of star ratings for nursing homes and dialysis facilities. Star ratings for home health providers became available in July, and other areas will be added in the near future.

As a required part of the Hospital Quality Initiative, HCAHPS was launched in 2007 and is designed to:

- Measure patients' perceptions of their inpatient care
- Set a national standard for these measures
- Publicly report the results to consumers, payers and businesses

The results are now tied to Medicare reimbursement, although the survey is not limited to Medicare enrollees. While there are a few exceptions, most patients over the age of 18 at admission are eligible. The July 2015 update includes patient responses from over 3,500 hospitals across the country.

Why, after eight years of reporting, did CMS decide to add the star system? The simple answer is that it supports the government's digital strategy to make more information more accessible to consumers. To understand why stars address this goal, let's examine the structure of the survey itself.



The HCHAPS survey is a set of 32 questions, 21 of which are about a recent inpatient hospital experience. These questions use a few different rating scales. Some (nursing and physician communication, for example) are measured on a four-point scale of “never,” “sometimes,” “usually,” and “always.” Questions about discharge information are answered “yes” or “no,” and the overall rating of the hospital experience is on a zero to 10 scale, with zero being “the worst experience” and 10 being “the best experience.”

The scores displayed on Hospital Compare only reflect the percentage of patients giving the most desirable answer or, “top-box.” Since responses are on a different scale with either 2 or 4 categories, it’s hard to tell what a good, fair, or bad score is. If a rating of 91 percent for “discharge information” is the 90th percentile, why is a score of 75 percent for “quietness” also at the 90th percentile? Unless one understands the structure of the questions, these differences can be confusing. On the other hand, almost everyone understands what a five-star rating is, so CMS developed a methodology to convert the percentages to stars.

The Star Formula

One big difference between the HCAHPS stars and most star ratings we are familiar with is that patients do not assign stars to hospitals; instead, CMS converts patient scores to stars. Ratings are recoded with new weights, totaled, and divided by the number of responses to determine averages. Scores are also adjusted for factors such as age, type of service, language spoken at home, educational level and self-reported health status.

Once the averages are calculated, they

are statistically clustered into five groups for each of the 11 measures. Hospitals with scores in the lowest group get one star, those in the highest group get five stars, and so on. An overall score is determined by combining and averaging all the star ratings. As with the original system, the stars represent a rolling four quarters of data.

Another key aspect of the new star methodology is that all patient responses are represented in the star calculations. This addresses hospitals’ longstanding contention that their performance has been better than HCAHPS scores indicated because they were only “getting credit” for the highest patient ratings.

It’s also important to note that the number of hospitals that receive each of the star ratings varies from reporting period to reporting period. For example, in CMS’s most recent report released in July, three percent of hospitals received one star, 13 percent received two stars, 37 percent received three or four stars, and nine percent received five stars. (See chart on page 4.)

Hospitals Need to Be Prepared

Will the transition to star ratings lead to greater use of the Hospital Compare website by the public? Clearly, that’s CMS’s intent, but the results of a 2014 national health care trend omnibus study conducted among 407 adults by Klein & Partners show that while 34 percent of respondents say quality ratings would be helpful, none of those who had actually been to a hospital reported utilizing HCAHPS data to make their selection.

Still, with the increasing emphasis on transparency and the trend toward health care consumerism it’s vital for hospitals to be prepared. Following are some recommended

action steps for strategists, marketers, public relations and media relations professionals to consider:

- Review your quarterly HCAHPS scores with your senior management team and staff on an ongoing basis; don’t wait for the ratings to be posted on the Hospital Compare website. (CMS enables hospitals to preview the data beforehand and most vendors offer close to real-time reporting.)
- Identify your hospital’s strengths and weaknesses and develop a prioritized plan of action.
- Determine how best to share your star ratings internally and externally — including highlighting your organization’s quality improvement initiatives.
- Understand that most HCAHPS data is at least nine months old. If your current scores show progress, be prepared to communicate it.

While the focus of this article is on the changes to Hospital Compare, it’s also important to apply these strategies to other hospital rankings by health insurers, Healthgrades, the Leapfrog Group, and *US News & World Report*, to name a few.

To learn more about the HCAHPS star rating system and what it means for your hospital, visit shsm.org/ratings.

Ginny Kevorkian

Manager of Market Research and Planning
Beacon Health System
South Bend, IN
Phone: 574.647.3235
gkevorkian@beaconhealthsystem.org

The Impact of Patient Reviews on Physicians

Doctors must become more effective at engaging with increasingly wired patients.

By Brian Sparker and Logan Ferguson

In today's Yelp age, online reviews for everything from restaurants, to hotels, to places to shop have the power to influence consumer behavior and guide purchase decisions. A study by international market research firm YouGov reveals that 78 percent of Americans check out reviews before making a purchase decision, and that they do so in order to assess the quality of a product or service.

But foodservice, hospitality, and retail are not the only industries where reviews are making a significant impact. Answers to bigger questions — such as those involving important life decisions like where to seek physician care — are also becoming more dependent on the opinions and experiences that people share online.

Consumers Are Turning to Reviews to Find a Doctor

According to a survey by the American Osteopathic Association, as many as 33 percent of adults consult either a physician ratings site (e.g., Vitals, Healthgrades) or a consumer review site (e.g., Yelp) when selecting a physician for themselves or for a loved one. A report by Vitals, meanwhile, asserts that nearly one in four patients want to see at least five or six online reviews before feeling they are reliable indicators for assessing a doctor's ability and qualifications.

“More people than ever realize that online resources can help them find a

better match when it comes to finding the right doctor,” says Vitals CEO Mitch Rothschild. “(Specifically), other patients' feedback on doctors has become a critical part of the process of selecting a doctor.”

In case you didn't know, even the ever-ubiquitous Yelp, an online review site and mobile app more commonly known for its reviews of restaurants and hotels, has its own category for “Health and Medical” services. In fact, CEO Jeremy Stoppelman claims he created Yelp as a way to find doctors.

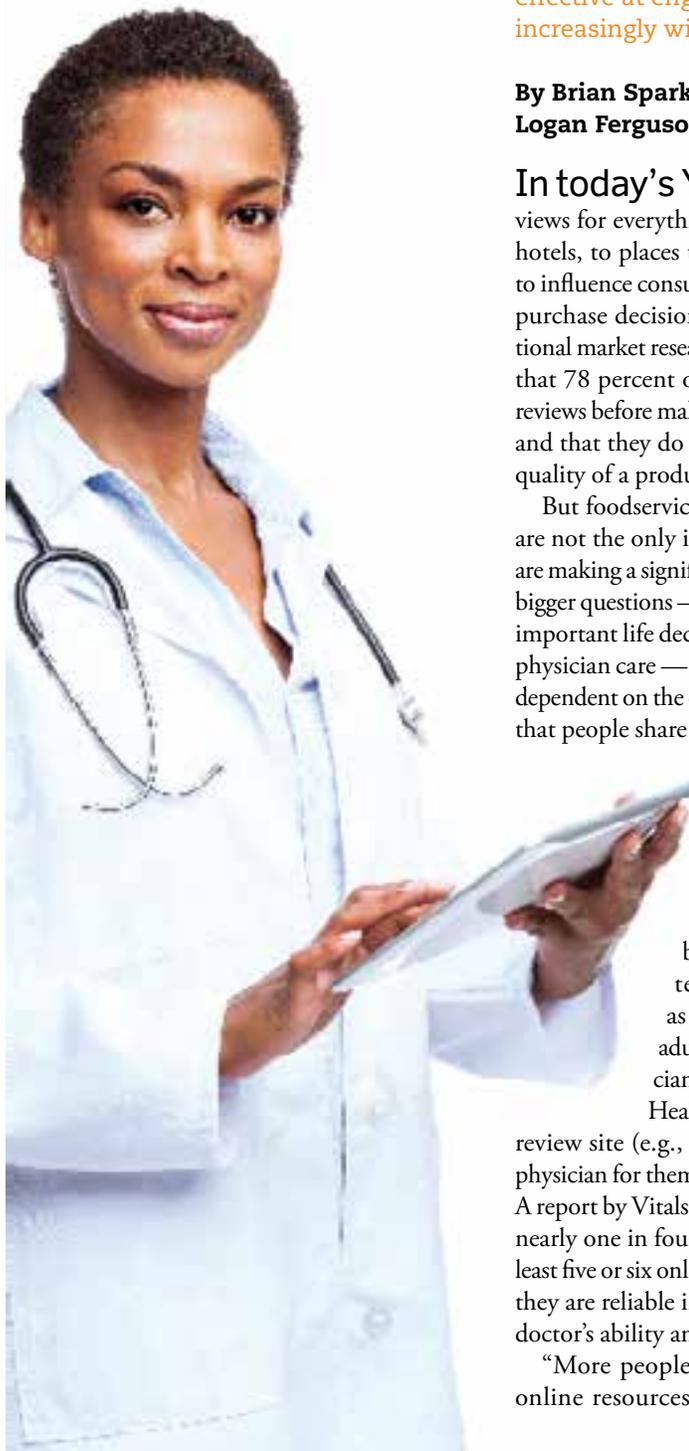
“It all goes back to 2004,” Stoppelman says. “We were kind of looking for the next big thing on the consumer Web: the next big Internet idea. But the first month, I got sick. I wanted to go to a doctor. So I did a search online to see what physicians were near me and who was good, but I couldn't find one. There was no information available that would lead me to a good doctor, and that just stuck with me. I was like: ‘I should be able to know who the best doctor in the city is.’”

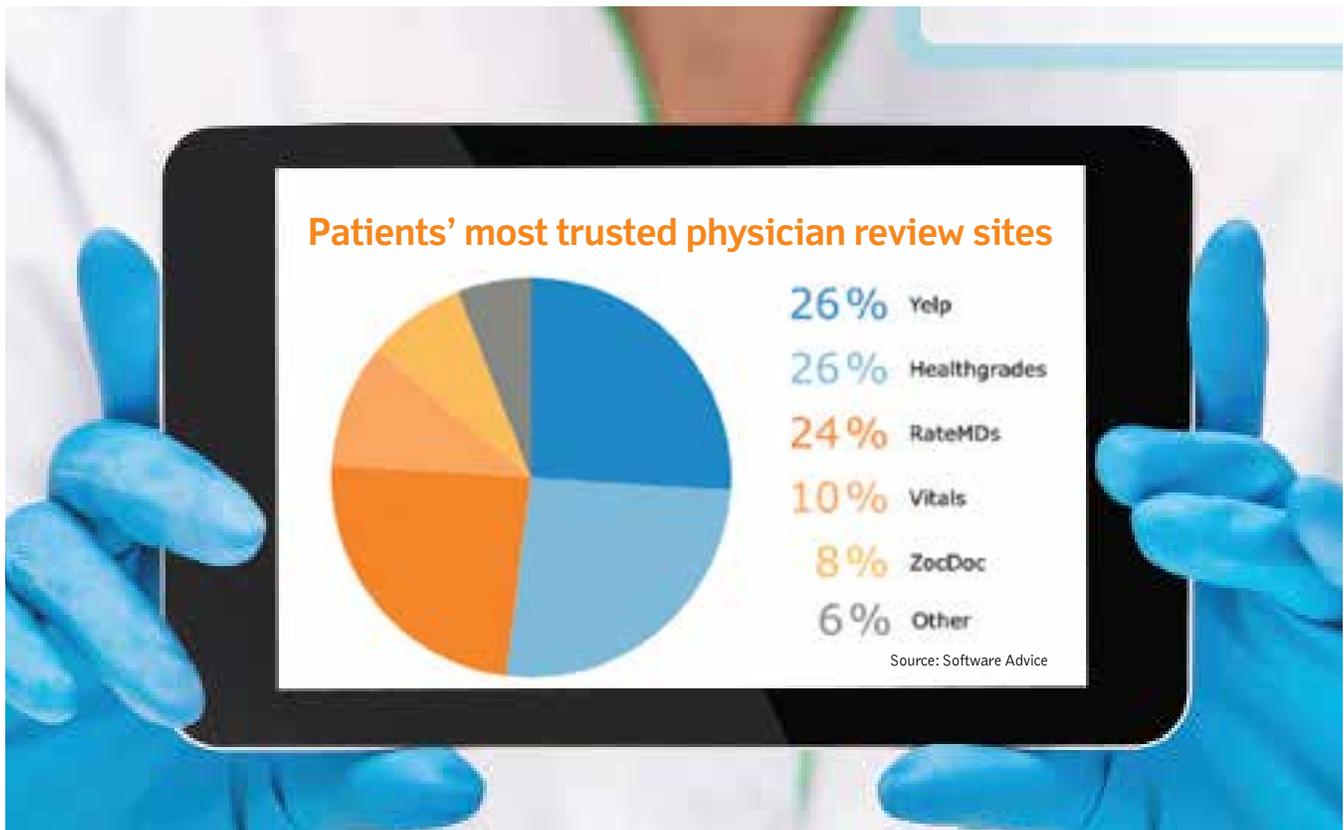
With a growing number of consumers relying on reviews, ratings, and similar user-generated content to make healthcare-related decisions, there is no shortage of patients volunteering to supply the information. And they usually have something nice to say: In Software Advice's report on patients' use of online reviews, 71 percent of survey respondents say they usually write positive or neutral reviews, and 32 percent say that their main motivation for writing reviews is to help other patients.

Embracing the Power of Online Patient Feedback

Whatever the patient's sentiment, the implications are clear: word-of-mouth has gone digital. Physicians must invest the time and resources necessary to manage online reviews and become more effective at driving engagement with today's increasingly wired patients.

This begins with a willingness to





monitor all relevant review sites, hear what patients are saying as a source of critical insight, and explore ways to deliver the kind of healthcare experiences they're looking for. Does the receptionist in the waiting area have strong customer service skills? Do the doctors introduce themselves to patients often enough and sit down to talk eye-to-eye? What kind of adjustments can be made to establish more personal connections amidst a high-emotion environment that can so often be daunting to patients?

Review data can help answer these questions, allowing physicians to go beyond the mere treatment of symptoms, so to speak, and pinpoint the causes of negative patient interactions. Once the causes have been identified, doctors can implement solutions that will help to improve patient care and generate positive online feedback.

Physicians Need to Manage Their Online Reputations

According to Software Advice, Yelp and Healthgrades rank as the sites most trusted by patients, followed by RateMDs, Vitals, and ZocDoc — so it's a good idea for providers to get started by claiming

their listings on these sites. Star ratings are also of particular importance: Nearly half of patients (44 percent) are willing to travel and go out of their own network to choose a doctor whose reviews are rated higher than those in-network.

Moreover, a survey by healthcare technology company Digital Assent shows that 85 percent of patients are not comfortable choosing a physician if more than 10 percent of the reviews have a one-star rating.

In these cases, responding to reviews professionally, promptly, and politely creates an opportunity to improve low ratings and change conversations for the positive.

"It won't be long before doctors' online reputations are as important — perhaps even more important — than their offline reputations," said Digital Assent CEO Andrew Ibbotson. "This may already be the case for physicians in elective and semi-elective healthcare specialties."

In fact, data by Vitals suggests that when it comes to determining professional qualifications, reviews are often perceived by patients as being just as important as a physician's years of experience.

"Online patient feedback is here to stay," said Dr. Tara Lagu of Baystate Medical

Center. "We might as well use it to make ourselves better doctors. I recommend physicians encourage their patients to leave reviews and regularly examine their 'digital footprint' as part of maintaining their online reputation."

Brian Sparker

Head of Content Marketing
ReviewTrackers
brian@reviewtrackers.com

Logan Ferguson

Relationship Manager
Advanced Orthopaedics
lferguson@advancedortho.me

1 *Americans Rely on Online Reviews Despite Not Trusting Them*, YouGov, November 2014. (<https://today.yougov.com/news/2014/11/24/americans-rely-online-reviews-despite-not-trusting/>)

2 *Finding Dr. Right: New Survey Reveals Word of Mouth the Most Used Resource When Looking for a Physician*, American Osteopathic Association, September 2013. (<http://www.osteopathic.org/inside-aoa/news-and-publications/media-center/2013-news-releases/Pages/OMED-2013-finding-dr-right-new-survey-reveals-word-of-mouth-most-used-resource-when-looking-for-a-physician.aspx>)

3 *Top 5 Health Care Consumer Trends for 2014*, The Vitals Blog, January 2014. (<http://spotlight.vitals.com/2014/01/top-5-health-care-consumer-trends-for-2014/>)

4 *Patient Use of Online Reviews*, IndustryView 2014, Software Advice, November 2014. (<http://www.softwareadvice.com/medical/industryview/online-reviews-report-2014/>)

5 *Survey Confirms that Online Reviews of Doctors Influence Patient Behavior*, Digital Assent, November 2013. (<http://www.digitalassent.com/news/2013-11-04/>)

6 *Online Doctor Reviews*, Vanguard Communications, April 2013. (<http://vanguardcommunications.net/online-doctor-reviews/>)



Community Partnerships

Vital to Improving Access to Behavioral Health Services

By Rebecca B. Chickey

“Our minds and our bodies cannot be separated; a health care system that treats them as if they can be cannot reach the optimal levels of population health to which we all strive. ... Hospitals can play an important role in convening community discussions about the best ways to provide behavioral services locally.”

American Hospital Association (AHA) President Rich Umbdenstock, 5/8/15 Vantage Point

As the field moves toward population health management, health care providers are increasingly concerned about behavioral health care issues. Recent research has shown that people with untreated

behavioral illness drive up total health care costs because they use non-psychiatric inpatient and outpatient services three times more than those who receive treatment and are at a heightened risk for readmission. Aside from cost implications, providers are raising increased concerns about the lack of community resources, including social support services, to provide the scope of care needed.

The AHA has had a long-standing commitment of advocating for issues related to behavioral health. The association supports a health care system that treats the whole health of the individual — both physical and mental — and is increasing its activities to support members’ efforts to improve access to behavioral health services. A key component is building community partnerships. Many AHA member hospitals are leading the way in these efforts, as shown by the following four examples.

St. Charles Health System and the Central Oregon Health Council

The Central Oregon Health Council (COHC) is a community collaborative of public and private health care interests, including St. Charles Health System in Bend, Oregon, dedicated to improving the health of the region and providing oversight of the Medicaid population and the state’s coordinated care organization (CCO), Pacific-Source Community Solutions.

The state gives the CCO a “global budget” of Medicaid funds to spend, emphasizing that providers across specialties work together to create holistic treatment plans for patients. This includes addressing not only their physical and behavioral health needs but the social determinants of health — such as transportation, housing, and food.

Initial results include a 5.7 percent drop in inpatient costs and a 21 percent drop in emergency department (ED) use¹.

Middlesex Hospital and the Community Care Team

Middlesex Hospital in Middletown, Conn., has successfully implemented various initiatives in support of community behavioral health care needs including an award-winning Community Care Team (CCT) project. The CCT was formed as part of the local End and Ten Plan to end homelessness and in response to a community needs assessment that found a disproportionate prevalence of behavioral health diagnoses related to ED utilization compared with benchmark.

The CCT partners — Middlesex Hospital, Rushford Center Inc., Advanced Behavioral Health, Gilead Community Services Inc., Connecticut Valley Hospital (Merritt Hall), Community Health Center (Middletown), Value Options Connecticut, River Valley Services, Columbus House, Mercy Housing, The Connection Inc., Community Health Network of Connecticut, and St. Vincent De Paul — offer patients coordinated intervention.

Team members, including the partners and a health promotion advocate, meet on a weekly basis to review cases, uncover service gaps, and develop individualized care plans. Since 2012, the CCT has managed a cohort of 205 very complex patients with a subset managed for more than six months. The first

year result¹ was a 52 percent reduction in ED and inpatient visits for this subset. The average Medicaid saving per patient was \$915.

Billings Community Crisis Center

A partnership between the EDs of St. Vincent Healthcare in Billings, Mont., and Billings Clinic, as well as RiverStone Health's community health center, has had a broad impact on the community.

By default, these organizations received the bulk of patients in an acute behavioral health episode, which was often the most expensive, and sometimes least appropriate, source of care. So senior staff from each health provider organization came together and developed the Community Crisis Center (CCC), which included the South Central Montana Regional Mental Health Center.

The CCC, open 24/7, is staffed with registered nurses and licensed mental health professionals who provide assessment and referral services for people in crisis.

The community has seen reduced total wait times in EDs, reduced psychiatric evaluations in EDs, and a significant reduction in the number of short-term inpatient hospitalizations for mental health and substance abuse diagnoses.

The CCC has also produced "real dollar" savings via a reduction in short-term inappropriate intensive care unit (ICU) admissions to St. Vincent Healthcare (the local hospital without an inpatient psychiatric unit) and fewer payments for one-on-one monitoring by a nurse or security officer throughout a patient's crisis episode. Moreover, the CCC has saved the county in excess

of \$1.5 million in inmate operating costs and avoided the need to expand the jail, a taxpayer savings of up to \$20 million.

Perhaps even more significant, the CCC has reduced the criminalization of mental illness while providing these persons with appropriate care.²

JPS Health and the Mental Health Connection

JPS Health Network, a publicly funded county health organization in Fort Worth, Texas, is a founding member of the Mental Health Connection of Tarrant County (MHC). MHC is a partnership of public and private agencies, as well as individuals in need of behavioral health services and their family members.

The network was formed in the aftermath of a mass shooting to develop a formal mental health service delivery system for its community. MHC members assess the short- and long-term behavioral health needs for the community and provide the resources necessary to care for those who require assistance.

In addition, MHC engages its community through a number of initiatives, such as anti-stigma campaigns, and provides a foundation for evaluating research and evidence-based practices to ensure the implementation of appropriate supports, programs, and services. It also successfully advocated for the addition of a 16-bed adolescent psychiatric inpatient program.

In the 11 years since its formation, Mental Health Connection has generated more than \$45 million in funds and in-kind services to improve mental health care. With one

staff person and an army of volunteers the Mental Health Connection continues to focus on its vision: No wrong door to the right mental health resources.

Hospitals' Roles in Community Partnerships

As the examples highlighted in this article demonstrate, providers can lead or participate in these types of community partnerships in a variety of ways. To help you determine the best approach for your organization, consult the AHA guide, *In Pursuit of Excellence, Hospital-based Strategies for Creating a Culture of Health*. The AHA's Community Connections initiative is also an excellent resource. Both can be accessed online at shsmd.org/communitypartnerships.

Hospitals and health systems don't need to be at the forefront of every initiative to improve access to appropriate behavioral health care, but they do have an opportunity to play an important role in convening, shaping, and supporting a robust system of care to meet the behavioral and physical health needs of their communities.

Rebecca B. Chickey

Director, Section for Psychiatric & Substance Abuse Services
American Hospital Association
Chicago, IL
312-422-3303
rchickey@aha.org

¹The Blog, Robert Whitcomb, Providence-based editor and writer *Better and Cheaper Medicaid*
Posted: 05/26/2015 4:54 pm EDT Updated: 05/26/2015 4:54 pm EDT

²MarCee Neary, Program Director, Community Crisis Center, mfarrameary@billingsclinic.org, <http://collaboration.foundationcenter.org/search/narratives.php?id=3936>

Factors to consider as hospitals collaborate with community partners to foster a culture of health:



Hospital

- Mission alignment
- Leadership commitment
- Resources



Community

- Needs
- Readiness
- Shared goals



Stakeholders/Partners

- Availability
- Resources
- Shared goals

The SHSMD Advantage

Highlighting the benefits of SHSMD membership

SHSMD is proud to present the MySHSMD Online Member Community, your new hub for member-to-member discussions and more.

Through MySHSMD, we've made it easier than ever for you to benefit from and add to SHSMD's greatest asset—the wealth of ideas and insights of 4,000+ healthcare strategy professionals across the nation.

This new benefit of membership replaces the Special Interest Group (SIG) listservs and provides a much more robust forum for sharing solutions and solving issues.

Log into **My.SHSMD.org** using your SHSMD username and password to get started. Be sure to personalize your MySHSMD experience by tapping into the discussions, resources, and members in the targeted group or groups that interest you most:

- Marketing
- Physician Relations
- Public Relations & Communications
- Strategic Planning



Do you have questions or feedback to share?
Contact SHSMD at **312.422.3888** or **shsmd@aha.org**.



SHSMD Datebook

October 11-14
SHSMD Connections 2015,
Annual Educational
Conference and Exhibits,
Washington, D.C.

*To view the conference's
lineup of sessions,
workshops and more,
visit [shsmd.org/
connections](http://shsmd.org/connections)*



The following Q and A's came from some of the most active discussions on the Society for Healthcare Strategy and Market Development's listservs, which have now transitioned to MySHSMD (my.shsmd.org). The exciting new Online Member Community provides you with opportunities to engage in lively exchanges with your peers in marketing, strategic planning, public relations/communications and physician strategies.

Edited by Lisa Newcomb
Multimedia Marketing Specialist
Teton Valley Health Care
Driggs, ID

Patient Portal Signups

Q *What are you doing to get patients to sign up for your patient portal?*

A We sign up outpatients at registration and we sign up inpatients in their rooms using a designated staff member.

A For us, the best way has been face-to-face. Our nursing staff signs up patients in their rooms (some organizations use tablets for this). We're also asking every patient if they've signed up for the portal when they schedule an appointment or check in. Additionally, we have junior volunteers go to hospital patient rooms before check out to see if they need help signing up. We do display posters and have information on the Web, but we've found the in-person encounters to be the most effective.

Celebrating Important Milestones

Q *What do your organizations do to celebrate milestones such as a hospital's 50th anniversary?*

A We changed our logo to reflect our 75th anniversary and ran ads in print and online. We also put a float in our local Fourth of July parade, and we're having a celebration this fall that will include a tour of the facility, dinner and guest speakers.

A We held a gala to commemorate our 50th. We invited employees past and present and created a video celebrating our organizational accomplishments over the years.

A For our 40th, we had a public event and created and buried a time capsule of items that best represent our hospital community. Employees submitted ideas for the capsule and the top 40 suggestions were included. We also had a cake that was a replica of what our hospital looked like when it opened. The cake cutting ceremony was led by two men (accompanied by their mothers) who were the first babies born at our facility.

Physicians and Billboards

Q *How do you respond when physicians tell you they need a billboard to promote their services?*

A Refer to your overall strategic marketing plan. Does the billboard fit in with your goals? If not, communicate that clearly.

A Start with the desired outcome in mind. Are you trying to build a physician's practice, brand awareness or a service line? Use data available regarding your specific objective to show how your target audience responds to different types of outreach including radio, print, web, and billboards.

A If the request is for a specialized billboard, research the data on the percentage of your target market that has the need tied to the specific service. Often, the numbers will show that only a small percentage of your overall population would benefit from such a promotion.

A Explain the overall transition in marketing and advertising from traditional methods to digital formats. We often respond that digital advertising is the new billboard. Discuss the effects of targeted campaigns and how your target market has responded to updated techniques.



SHSMD CONNECTIONS

bridging worlds for the future of healthcare

october 11 – 14 | washington, dc

Join Us in Washington, DC!

Inspired by SHSMD's *Bridging Worlds: The Future Role of the Healthcare Strategist*, this four-day event equips professionals like you with the information and resources to face challenges head-on and implement solutions that deliver measurable results.

Register today at www.shsmd.org/connections



SOCIETY FOR
Healthcare Strategy & Market Development™
of the American Hospital Association