

Marketing/Member Relations Team Recommendations

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The Marketing/Member Relations Team was tasked with the following case scenario and critical assumptions:

Women's health issues are an identified priority for your managed care organization (MCO) and its marketing strategy. Your organization's goal is to identify marketing opportunities that result from your organization's compliance with the National Committee for Quality Assurance Health Plan Employer Data and Information Set (HEDIS) 2000 Management of Menopause measure.

The team was asked to consider a number of questions regarding its objective, key audiences/ constituencies, marketing messages, and methods of communication, including, "How can compliance with HEDIS 2000 Management of Menopause measure be turned into a marketing advantage?" "Who are the key audiences to whom the MCO must communicate the benefits of menopause counseling?" "How do you create an effective story to support menopause counseling?" and "Can marketing play a role in uncovering member/provider/employer needs?"

Developing Objectives

The Marketing/Member Relations Team developed a marketing strategy that MCOs could use to identify their goals and opportunities and began by outlining its objectives. These included reducing morbidity and mortality of women; reducing costs and accruing savings associated with preventive and counseling measures, such as cardiovascular disease and osteoporosis; individualizing treatment for women versus men; and improving retention and enrollment by gearing marketing materials to women, who make decisions for themselves and their

families 90% of the time, and to the employers selecting benefits.

Other objectives included incorporating the 1999 quality measures to benefit from the halo effect of an emphasis on mammography screening; data collection, which is viewed as a sign of commitment to quality and speaks to the MCO's organizational skill as well as becoming a point of differentiation among plans; shifting the focus from price to quality of care, demonstrating to employers that it is a quality product, not simply the lowest priced product; and presenting objective data to women as a marketing tool.

Identifying Target Audiences

The Marketing/Member Relations Team identified 5 primary target audiences for its marketing messages: senior management, women, employers, practitioners, and legislators.

Senior management. The first target audience is senior management, both to “sell” it on the idea of instituting a menopausal counseling program and to secure appropriate funding. In presenting clinical data to senior management, it should be pointed out that not only is complying with HEDIS 2000 a relatively low-cost intervention, it also demonstrates a level of commitment to quality to employers. The clinical rationale is that compliance is good medicine, resulting not only in therapeutic benefits but also in medical savings realized within 2 to 3 years, as well as across the continuum of care. Finally, the business rationale is that it is good business to provide a program such as HEDIS 2000, because the financial implications of attracting and retaining women and their families in plans and in demonstrating member satisfaction are long lasting.

Women. The next target audience is women, who need a true, balanced risk-benefit presentation of the facts (ie, breast cancer risk versus cardiovascular disease). Education on the need to take action or understanding the consequences of not taking action is also essential. Women should be empowered to be responsible for and take control of their own healthcare, a message that should be individualized and personalized. They should also be able to access care conveniently, such as dual-energy x-ray absorptiometry scans, lipid screenings, and mammograms. Bundling care into a package and providing an easy-to-understand rationale for its use can help increase utilization rates.

Women should be made aware of options for care during menopause as early as possible by providers, who should initiate a dialogue with them

as early as age 40 years. The emotional connection of women speaking to other women, whether 1 on 1 or in a group, should not be overlooked; empathy from providers should also be emphasized.

Employers. The messages for the employer are similar to those of senior management, in that they are bottom-line driven and interested in costs. The benefits for their employees as well as their business should be pointed out. For employees, it is an opportunity to move to quality-of-life improvement and a clinical standard of care and away from access and office issues. This includes demonstrating the cost control of increasing interventions. For the business, productivity gains and a decrease in absenteeism will result in healthy employees and families and short-term savings, as well as a reduction in hip fractures that result in substantial long-term savings. The team also pointed out the importance of keeping the current generation of employees healthy and on the job, because they represent a much smaller pool of workers than previous generations.

Community outreach is also important to emphasize to employers. By creating a “center of excellence” and being a “good citizen,” good will is created within a community, which can attract new employees and plan members.

Practitioners. Provision of a standard of care algorithm for menopause and standardized guidelines are important components of the marketing message for practitioners. These practitioners also should be aware of new consumer expectations: As the level of education on menopause increases among women, they will have more questions, which they will bring to their physicians. However, given the current time constraints of the office visit, the team believed that if menopause counseling could be simplified so that it only took 7 minutes, the practitioner would be able to

present it more easily. Because it recognizes that this would not be enough time to discuss the long-term risk of estrogen deficiency adequately (ie, cardiovascular disease, osteoporosis), the team suggested supporting the physicians with additional patient interventions that could include menopause group discussion classes, supplementary reading materials, and healthcare educators, who would see the women after their physician visits to provide additional information and to answer questions.

For primary care physicians, the benefit of the menopause counseling program would be attraction and retention of members; for obstetricians, gynecologists, and primary care physicians, it would be the opportunity to provide education and training and awareness of materials.

Legislators. Women vote in larger numbers than men. The Marketing/Member Relations Team believed it was important for legislators to understand how menopause can affect this large constituency, including the bottom-line cost to society of the different illnesses. For example, the cost of caring for patients with hip fractures in long-term care facilities places a tremendous burden on Medicare. Legislators should be encouraged to act responsibly and proactively in improving women's health, obviating the need for legislation, to support NCQA measures, and to focus on improved outcomes rather than on process orientations.

Methods of Communication

Methods of communicating the marketing messages were identified for each of the 5 target audiences.

Senior management. A PowerPoint presentation with a focus on cost savings, marketing advantages, and a financial forecast was determined to be the best way of communicating to senior management. Such a presentation should include demographic support of women as decision makers,

including the numbers of women in the health plan, and emphasize that women make 90% of the healthcare decisions for themselves and their families. The benefit of any recommended pharmaceutical intervention, with a brief clinical rationale as to why treating now rather than later is preferred, should also be included. Member satisfaction surveys and accountability to purchasers are also important to review. The presentation would stress the need to be proactive rather than reactive with employers: Offer to help them meet the demands of women for better care, instead of waiting to be asked.

Women. A direct-mail piece discussing menopause and its effects, sent to women 45 to 65 years of age and older, followed up with a telephone survey, was seen as a way to create demand among members. Workplace educational programs for women and community outreach programs also were viable options. To create demand among consumers, public service announcements with an emotional emphasis could be created, with an overview of HRT tied into existing programs. Advertising and public relations efforts could feature practitioners and experts on menopause.

Once the demand is created, a Web site with links and an interactive self-assessment component will be needed. Other ways to meet the demand for more information is with a toll-free telephone number that triages, or sorts, inquiries. The hold message members hear while they are waiting for customer service representatives can also be tailored to deliver relevant information. Member newsletters should also be utilized, and the physician/patient interaction can be improved by having the provider send a letter to targeted women. Plan sponsorship of health fairs for women is another way of becoming proactive in a community, as is the use of mobile vans that are dispatched to different

employers and community outreach programs.

Employers, consultants, brokers. Brokers and consultants should be included with employers as a target for communications pieces because they help make—and sway—decisions. Some of the same PowerPoint presentations to senior management can be delivered to employers. These presentations should include a collateral educational piece to elicit interest in the form of a small brochure that highlights information with bulleted points. The business pitch should be to those who are decision makers and include mention of the value of data and comparative HEDIS scores versus other plans.

Other methods of communication include:

- Partnering with employer health-care coalitions and the alliances that support these programs, because many employers have 1 voice through such a coalition
- Direct-mail pieces sent to existing and prospective employers
- Turnkey materials for health fairs, including open enrollment forms, articles for newsletters, copies of articles, and editorial pieces (templates or samples)
- Public relations posters that support awareness
- Workplace programs, including occupational health materials that can be posted at different work sites
- Breakfast meetings to inform employers of healthcare initiatives that include expert speakers

Practitioners. Educational support is needed to communicate with practitioners. The pharmaceutical industry can help by providing unrestricted grants to develop Web sites such as <www.menopausalhealth.com>, co-sponsored by Duke University and MBK Associates, LLC. This Web site is easy to access and use and offers the

latest information on menopause as well as slides physicians can download and use in their own presentations. The team also viewed patient

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education support in the form of literature or videotapes as important, in light of the lack of office time.

On-demand teleconferencing with experts and arranging for local mentors to speak at meetings can also provide support for practitioners, as can physician-to-physician discussions that have the goal of moving one to the other's best practices.

When making appointments to speak with physicians, the marketing representative should tell them what the meeting is about. This will help physicians focus and give them time to develop questions. It results in a far more productive encounter than simply leaving brochures for the physicians to read. As discussed by the Multidisciplinary Team, physician profiling against clearly outlined benchmarks such as HEDIS scores for the Management of Menopause measure can help deliver a message, as can letting practitioners know the plan is marketing its expertise specifically to women members.

Legislators. Informal mailings on plan initiatives will help keep legislators in the loop, as will an invitation to visit the plan. Lobbyists and health maintenance organization (HMO) associations can also be used to deliver a message to legislators: in the State of Tennessee, the HMO association has sponsored health fairs, com-

plete with screening, specifically for legislators.

Potential Barriers and Solutions

The Marketing/Member Relations Team identified the biggest potential barrier to implementation of a menopausal counseling plan as being financial, both in terms of people and resources. Its solution: employer participation, links to cardiovascular health issues in disease management departments, and assistance from the pharmaceutical industry.

The second potential barrier is provider buy-in, which can be solved by providing standardized guidelines and to addressing the “WIIFM”—or, “what’s in it for me”—effect by letting providers know how it can help them and make their lives easier.

Low and competing plan priorities were viewed as another barrier whose solution is to develop synergies within the organization. These include incor-

porating the menopausal counseling program within an existing program to amortize resources, such as mammography screening, Pap smears, and care management, rather than establishing a separate unit.

The team identified the lack of national consensus guidelines as a barrier to implementation, which can be solved by educating physicians about HEDIS measurements and a major ongoing American College of Obstetricians and Gynecologists’ initiative in menopause management that features a quarterly magazine for patients.

Measures of Success

Measures of success of a menopausal counseling program include results on the NCQA’s HEDIS surveys, enrollment and percent of re-enrollment, member retention rates, and percentage of women on ERT/HRT.