

POLICY & PRACTICE

New Cigarette to Target Women

The planned launch of a new pink cigarette pack has many health organizations seeing red. The American Medical Association, the American Heart Association, the American Cancer Society, the Cancer Action Network, the American Lung Association, and the Campaign for Tobacco-Free Kids recently condemned Philip Morris for its plan to repackage its Virginia Slims cigarettes in small, pink purse packs in early 2009. The planned marketing push shows that the company is aggressively marketing cigarettes to women and girls, the coalition said in a statement. "The Virginia Slims pink purse pack is yet another tobacco industry slap in the face to women," the coalition said. "Far from making a fashion statement, the pink purse pack will encourage smoking by women and girls and expose them to its lethal effects." The coalition called on Philip Morris to stop the marketing effort and urged Congress to pass legislation that would give the Food and Drug Administration authority over tobacco products.

U.S. Gets 'D' on Prematurity Rate

The United States received a "D" on the Premature Birth Report Card issued recently by the March of Dimes. The report card compares actual preterm birth rates in each state with the national Healthy People 2010 objectives set by the federal government. The Healthy People 2010 goal is to lower preterm birth to 7.6% of all live births, while data from 2005 show that the national preterm birth rate is 12.7%. No state earned an "A" and only one state—Vermont—earned a grade of "B." Eight states received a "C," 23 received a "D," and 18 states, Puerto Rico, and the District of Columbia received failing grades. "It is unacceptable that our nation is failing so many preterm babies," Jennifer L. Howse, Ph.D., president of the March of Dimes, said in a statement. "We are determined to find and implement solutions to prevent preterm birth, based on research, best clinical practices, and improved education for moms." This is the first year that the March of Dimes has issued the prematurity report card, but it is expected to continue on an annual basis. In addition to rating state performance, the report card also calls on hospital officials to review all births by cesarean section and inductions of labor that occur before 39 weeks' gestation as a strategy to help curb preterm births.

Feds Finalize New Rules on FMLA

Last month, the U.S. Department of Labor issued a final regulation updating the Family and Medical Leave Act, including the establishment of new rights for military families. The final rule will allow family members caring for a military service member with a serious illness or injury incurred in the line of duty to take up to 26 work weeks of leave during a 12-month period. The rule also allows families of National

Guard and Reserve personnel on active duty to take leave to manage their affairs without risking their jobs. The final rule also clarifies some definitions. For example, the rule defines "periodic visits to a health care provider" for a chronic serious health condition as at least two visits to a health care provider per year. But the rule has been criticized by some unions and women's organizations for making it harder for workers to access benefits under the FMLA. Specifically, the groups object to provisions of the final rule that give workers less time to give notice that they will take leave and give employers more time to approve the request, Debra L. Ness, president of the National Partnership for Women and Families, said in a statement.

HIPAA Enforcement 'Limited'

The Centers for Medicare and Medicaid Services has not provided effective oversight and has taken only "limited actions" to ensure that covered entities adequately implement patient privacy regulations contained in the Health Insurance Portability and Accountability Act of 1996, according to a report from the Health and Human Services Department's Office of Inspector General. The OIG found that the CMS had not conducted any compliance reviews of covered entities, and instead relied on complaints to target investigations. However, the CMS has received very few complaints about violations, the report said. "As a result, the CMS had no effective mechanism to ensure that covered entities were complying with the HIPAA security rule" or that electronic health information was being adequately protected, the report concluded. The CMS has taken steps to begin conducting compliance reviews in an effort to identify security problems and vulnerabilities under HIPAA, the OIG said.

Mass. Blues Require E-Prescribing

Blue Cross Blue Shield of Massachusetts said it will require all physicians to prescribe electronically beginning in 2011 to qualify for any of the health plan's physician incentive programs. Currently, 99% of primary care physicians and 78% of specialists participate in the insurer's incentive programs, which reward physicians for meeting nationally recognized quality standards and patient safety goals. Currently, e-prescribing is an optional measure in the plan's incentive programs. The insurer said it realized that start-up costs involved with implementing an e-prescribing system continue to be a barrier to adoption for physicians, and said it would provide some financial assistance for doctors in 2009 to offset those start-up costs. A 2006 study by the plan showed that physicians who used an e-prescribing device were able to choose more cost-efficient drugs, and therefore saved 5% on their drug costs relative to physicians who did not use the technology.

—Mary Ellen Schneider

Expert: Nurture Relations With Referring Physicians

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Any plan for marketing a medical practice should include a strategy for nurturing relationships with physicians who refer to you, a medical marketing specialist advised at the annual conference of the Medical Group Management Association.

"Most of the medical groups I work with have spent so much time focused on other issues, such as recruiting staff and getting an electronic medical records system, that they don't know who's referring to their practices," said Andrea T. Eliscu, R.N., who is a medical marketing consultant based in Orlando.

"They spend very little time nurturing those relationships."

Getting a handle on who's referring patients to you is easier said than done, with "so much outpatient medicine and lost camaraderie between physicians these days," she acknowledged.

"The days of the doctor's lounge are gone. That kind of connectivity is not there anymore. Everyone is working longer and harder than ever, and the marketplace is changing."

One way to start is to create an electronic database that includes the contact information for referring physicians and tracks how many referrals they make on a monthly or quarterly basis.

Ms. Eliscu recommends contacting the referring physicians directly to introduce yourself and ask if you're meeting their needs.

"Find out what they want, not necessarily what you want to give them, because those aren't necessarily the same," she said.

Devise a way to say "thank you" for the referrals, she urges. Maybe it's hosting an occasional lunch for the referring practice's office staff, or something as simple as a personal, handwritten thank-you note to the physician.

"In our high-tech, electronic, mass media world, this unexpected 'high touch' approach can have a huge impact," she said. "Instead of the traditional holiday basket or gift, you could consider making a contribution in his or her honor to a local charity; it could be one that supports a health cause, the local university medical school, the food bank, or some other specific cause in which they are involved. The more personal and thoughtful the gift, the greater the value it will have to the recipient."

She recently surveyed patients from a variety of practices about what they expect from their physicians when they make a referral.

The majority of respondents expected their physicians to "know on a firsthand basis about the experience and expertise of

the doctor they're being sent to," said Ms. Eliscu, author of the book "A+ Marketing: Proven Tactics for Success" (Englewood, Colo.: MGMA, 2008).

Her term for today's medical patients is "prosumers" (people who are proactive about educating themselves before they consume health care services).

"Today's health care consumers shop around before making decisions," she explained. "They're better educated and better informed than previous generations, they're critical, and they're looking for second opinions. They want and demand the best for themselves and their loved ones."

In order to meet the demands of the prosumer, medical practices must increase awareness of their services and credentials and find a way to differentiate themselves from other providers.

"Get into story telling as a way to communicate," Ms. Eliscu recommended. "How many practices have a social networking component to their Web site, where patients can share experiences on a forum or e-mail the physician a question?"

The goal is for patients to "see themselves reflected in anything that you put out: your Web page, your patient brochures, your advertising."

Marketing "is a promise," she added. "The loyalty that you develop with your patients and their families is going to be the future of your prosperity."

Her "4As" for effective marketing include the following:

► **Access.** If prosumers are repeatedly placed on hold for 10 minutes when they phone your office, they may write you off and seek a provider who's more responsive. Being prompt with office visit appointment times is also key.

► **Availability.** Prosumers "want you to not only return a phone call or answer an e-mail, but they need you to be available on their terms," Ms. Eliscu said.

"Part of the success of the retail clinics in places like Wal-Mart is that timely delivery of service. You're in and out in an hour."

► **Accountability.** Prosumers "want to know [whom they're] dealing with and what their name is," she said.

"Every member of your staff should have a name badge that says where they're from. That way, if I think you've done something great in terms of service, I can call the practice and say 'Susie from Cleveland did a great job. She was so sensitive when I was feeling so distraught.'"

► **Accommodation.** Prosumers want your help to "work through the things they have to do, the appointments that they have to make," she said. "It's not about what's convenient for the practice; it's about what's convenient for the prosumer." ■

