

SHSMD Advisory:
*Principles and Practices for
Marketing Communications
in Hospitals and Health Systems*



SOCIETY FOR

Healthcare Strategy & Market DevelopmentSM

of the American Hospital Association

Much has changed in the fields of healthcare marketing and communications in the 20 years since the American Hospital Association last provided guidance on marketing communications to its member hospitals in a 1990 management advisory entitled Advertising by Health Care Facilities. That advisory was prepared by the American Society for Health Care Marketing and Public Relations, a predecessor organization of the Society for Healthcare Strategy and Market Development (SHSMD).

The principles and practices outlined in this resource reflect the changing environment in which healthcare marketing and communications professionals practice. They were developed by a SHSMD task force in response to requests from members for guidance in developing marketing communication strategies and messages that support their organizations' missions and advance their goals while expanding relationships with patients and communities that are built on trust and transparency. The Society for Healthcare Strategy and Market Development encourages those responsible for developing and disseminating communications on behalf of their healthcare organizations to use these principles and practices as a guide when reviewing current practices and as a resource when developing new marketing communications strategies.

Introduction

Hospitals have worked to maintain a special relationship with their communities and the people they serve since Benjamin Franklin founded the nation's first hospital in 1751. Because hospitals interact with people during the most joyous and the most vulnerable times of life, it is especially important that hospital communications provide clear, fair, honest, and accurate information at all times.

Today's marketing communications professionals have powerful tools to reach their patients and communities. No matter what the purpose of the communication (marketing, public relations, advocacy, etc.) or the vehicle used (print, radio, television, electronic mail, the Internet, text messaging), information should meet the highest ethical standards and be presented to the public in a readily comprehensible manner. It is the responsibility of marketing communications professionals to ensure that all marketing communications generated by hospitals are factually supportable and are presented with truthfulness and accuracy.

A Marketing Communications Checklist

The questions below should be carefully considered before your organization embarks on any marketing communications campaign. Only when you are able to answer “yes” to each question is the campaign ready to be launched.

- ✓ Does the product or service being promoted add genuine value for the patient (Catholic Health East 2004)?
- ✓ Does the communication set realistic expectations? Does it avoid embellishment (Catholic Health East 2004)?
- ✓ Are superlatives such as *first*, *most*, *only*, and *best in class* used only when such claims can be substantiated (Catholic Health East 2004)? If superlatives are used in relation to a geographic area or region (for example, “we deliver more babies than any other hospital in the area”), are they presented with truthfulness and accuracy?
- ✓ If quality measures are highlighted, are words such as *safe*, *high(est)*, *effective*, *painless*, *best*, and *top quality* used with caution and only when they can be verified and objectively substantiated?
- ✓ If data are being used (success rates, outcomes, and other statistical evidence), are they presented with great care and accuracy, and is all pertinent information, including the source of the data, disclosed? Are the data current?
- ✓ If the communication features results that may be atypical or specific to a single patient, does it also include a description of typical results (MarketingSherpa 2009)?
- ✓ If the communication features a “composite” patient reflecting the experience of more than one patient, is that fact disclosed?
- ✓ Does the communication state or imply a guarantee of successful outcomes or complete patient satisfaction only when there is a strong and reasonable basis for such a claim?
- ✓ Are direct or implied comparisons between healthcare organizations made only when such claims can be objectively measured, documented, or proven? (Legal review may be appropriate.)
- ✓ Does the communication avoid the use of stereotypes (Catholic Health East 2004)?
- ✓ Is the language in the communication readily understandable by the audience for which it is intended (Catholic Health East 2004)?
- ✓ Will the communication appear in an advertising or media outlet with which the hospital is proud to be associated (Catholic Health East 2004)?

Instituting a Formal Review Process

It is recommended that hospitals and health systems consider instituting a formal process for substantiating claims, verifying data and determining the appropriate permission needed to refer to sources used in marketing communications *before* the communication appears. Such a process could involve any or all of the following:

- Obtain review by an internal team, including a marketing representative, in-house legal counsel, the organization's risk manager, and senior leadership.
- Develop a fact sheet or backgrounder for each marketing communication.
- Identify the source of any claims in either the marketing communication copy or in a footnote to the copy.
- For specific service-line marketing, involve key clinical leaders/physicians of that service line in the review process.
- If using data (numbers), verify them with members of your quality and finance team, and work with product/equipment representatives to substantiate new data when appropriate.

Awards, Ratings, and Accreditations

When highlighting awards, ratings, or accreditations in marketing or advertising campaigns, hospitals and healthcare systems should adhere to the principles above regarding disclosure, honesty, and accuracy. The context of the award, rating, or accreditation should be disclosed so as not to mislead or deceive the public. For example, if the hospital paid consideration to the entity that rated or accredited the hospital or bestowed the award, or if the hospital is required to pay a fee (for example, trademark licensing fees) to reference the rating, accreditation, or award in its marketing communications, the hospital and its legal counsel should consider whether and how this should be disclosed. Only current ratings, awards, and accreditations should be promoted.

Conveying Price Information

In an era of increased transparency, hospitals are moving toward sharing more information to help inform and educate patients about hospital financial policies and practices. Healthcare marketing communications that include price information should be accurate, substantiated, and offered in the spirit of disclosure of all material information. For example:

- Procedures that may require additional screenings or may cause the patient to incur additional costs should be described fully.

- Communicating a low initial cost is unethical where there is reasonable probability that the patient will incur additional costs later.
- Health screenings that automatically lead to referral to additional health services are ethically suspect, and the costs to the patient associated with these services should be disclosed in marketing communications or at the time of the initial screening. In these types of communications, a statement to the effect that “Depending on results, additional screenings may be required” should be considered.

Use of Endorsements and Testimonials

Doctors, nurses, and staff who work in hospitals as well as the patients and families who are treated and cared for in healthcare facilities are often passionate spokespersons who can be successful messengers on behalf of the hospital or healthcare system. When using an endorsement or testimonial in an advertising or marketing campaign, the following should be considered:

- Endorsements should reflect the genuine opinions, beliefs, treatments, or experiences of the endorser (FTC 2009).
- The endorser should not be used to express opinions or messages that would be considered unethical or deceptive if made directly by the healthcare organization (FTC 2009).
- Endorsement messages do not need to be phrased in the exact words of the featured endorser, but words or phrases should not be rearranged or taken out of context so as to distort the endorser’s views or opinions (FTC 2009).
- Claims made in endorsements require the same substantiated evidence that is required for claims made directly by the healthcare organization (FTC 2009).
- If an endorser is represented directly or indirectly as an expert, the endorser must in fact possess the qualifications necessary to be considered an expert in the given field (FTC 2009).
- Pseudo-testimonials by actors should be identified as such.

The U.S. Federal Trade Commission (FTC) has issued guidelines regarding the use of endorsements and testimonials in advertising (2009). These guidelines should be consulted when endorsements and testimonials will be used. See *FTC Guides Concerning the Use of Endorsements and Testimonials in Advertising*.

Use of Physicians in Marketing Communications

Physicians are often articulate and well-respected messengers. When using physicians in marketing communications, consider the following:

- A physician may engage in marketing for his or her practice or be included in hospital campaigns so long as the communication does not contain false or misleading statements or omit important and necessary information (American Medical Association 1996).
- As in any other type of healthcare marketing, objective claims regarding the physician's skill level, training, competence, or experience should be made only if fully substantiated.
- Nonemployed physicians may be included in hospital marketing pieces as long as the piece is signed by the hospital and any call to action leads directly to the organization, not the specified physician.
- Any type of marketing that leads to a physician referral service should do so in the best interest of the patient. Referral services should provide patients with a choice of physician, rather than driving callers to one physician. An exception may be considered when a physician's services or skills are unique in the market.

Social Media

Much has changed in the field of marketing communications over the past 20 years, and engaging in social marketing efforts to reach patients and communities is becoming commonplace. When doing so, consider the following:

- The use of "fake" or "dummy" profiles on social networking sites is inherently unethical and misleading (Baumann 2010).
- Any hospital employee participating in social media directly related to his or her work should fully and clearly disclose his or her affiliation with the hospital.
- Personalized online medical advice between physicians and patients should be consistent with general doctor/patient standards. According to the American Medical Association's Code of Medical Ethics, "General standards include truthfulness, protection of privacy, principles of informed consent, and disclosures such as limitations inherent in the technology (American Medical Association 2003b)."

Pay to Play: Blogger Advertising

When using new communication media like blogging to reach patients and communities, consider the following:

- If a blogger is being paid to endorse or review a product or service, the blogger must conspicuously and clearly disclose that fact. It is the healthcare organization's responsibility to make sure that the blogger discloses this information (FTC 2009).
- A blogger must disclose if he or she has been given free care or other benefits in exchange for writing a positive review.
- Hospitals and health systems should provide guidance, training, and product or service information to bloggers to ensure that the blogger makes honest, substantiated claims about the product or service. This limits potential liability for the organization and the blogger (FTC 2009).
- Overall, any material connections between a blogger and a healthcare organization that could affect the credibility a consumer may attribute to the organization should be clearly disclosed.

Other Ethical Considerations

Treating patients with respect and dignity is a key component of the overall values of hospitals and healthcare systems. To ensure that these values continue to be reflected through marketing communications activities, consider the following:

- The use of tactics that induce fear or promote the use of excessive or unnecessary healthcare services is unethical.
- Healthcare marketing materials should disclose risks associated with procedures that may affect the person's decision to participate.
- Patients who are ill or have been diagnosed with a disease should be treated with dignity and increased sensitivity as they may be especially vulnerable to marketing messages. The use of superlatives, emotional appeals, and special claims should always be accurate and carefully monitored when marketing to patients.
- It is important to avoid stereotyping patients who are ill or depicting them in a dehumanizing or negative way. Marketing communications should make the distinction between the patient and his or her disease, recognizing that patients are not defined by their disorders (Baumann 2010). For example, saying that "Jessica has cancer" is preferable to describing her as a cancer patient, because it helps separate the patient from the disorder.

Responding to Another Organization's Unsubstantiated or Misleading Communication

If you believe that a direct competitor has engaged in unsubstantiated or misleading marketing communications, you may want to respond in an appropriate manner. It is recommended that you first consider contacting the organization directly, either by phone or letter. A simple phone call to the senior public relations or marketing professional may resolve the issue, especially when an untrue claim about being the “only” organization is stated. If an inappropriate use of a quality rating is discovered, you may wish to contact the appropriate rating organization, such as Thomson Reuters, HealthGrades, or *U.S. News & World Report*, to aid in resolving the misrepresentation.

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