

Here's a sample American Ass'n of Health Plans response:

"Anti-disparagement clauses are not intended to restrict physician-patient communication but to require that physicians discuss criticism of the health plan with the organization, the party in a position to address their problems, rather than with the members" (i.e. patients).

Some merit there, knowing doctors' tendency to sound off. But word about these things will get out, and then they'll be dealing with uncontrollable rumors. And looking like anti-free speakers.

## ITEMS OF INTEREST TO PROFESSIONALS

**TREND? AUDIOTAPES PULLING AUDIENCE FROM TALK RADIO?** Sales data show one formerly stalwart listening segment now into books-on-tape. "Truckers & long distance commuters are broadening their horizons & brightening their drives with great classics & the latest best sellers. They're sick of CB gossip & tired of talk radio, they say," reports Boston Globe front page.

**HOW HARD WE MUST STRUGGLE TO ESCAPE THE IDEAL OF "LOGICAL THINKING" & prove what common sense & daily experience show to be true.** Obit of behavioral scientist Amos Tversky makes the point. He showed academe that people depend on other things than logic to make decisions -- and became famous for this commonplace. He himself said he examined in a scientific way behavioral patterns "advertisers & used-car salesmen" already know all about. His research showed that 1) people do not always behave rationally, 2) they are more concerned about risk than benefits, 3) there are many quirks in the human decisionmaking process. Welcome to pr! (Obit, which recounts some of his studies, from [pr](#))

**POSITIONING IS VITAL IN THE EMERGING HEALTHCARE MARKET** and a pr pro has written a reader-friendly book that shows how. Andrea Eliscu's *Position for Success* is aimed primarily at physician group practices, but its detailed forms & computer instruction, how-to program descriptions, case studies & glossary are valuable for any healthcare practitioner. As hospitals & HMOs continue buying up practices, useful to give them as a training tool. Also valuable for employers struggling to stay current. Excellent chapter on patient relations. (148 pgs, \$49 + shipping, from Medical Group Management Assn, 303/397-7888)

## WHO'S WHO IN PUBLIC RELATIONS

**HONORS.** Frank Stansberry (retired mgr guest afrs, Coca Cola, Lake Buena Vista, Fla) receives 2:  
1) Orlando/PRSA hosted (roasted & toasted) Frank Stansberry Day, recognizing his contributions to PRSA (local & nat'l) & commitment as a teacher to students at U Cent Fla & Rollins College; 2) named

Outstanding PR Pro by Orlando/FPRA.

**RETIRING.** Jim Lovejoy, as vp corp comms, Wolverine World Wide -- better known as makers of Hush Puppies (Rockford, Mich). Previously with Gerber Products, Burson Marsteller. He'll consult after some time off.

## AMBASSADOR PROGRAM EFFECTIVE FOR MARKETING PURPOSES

Perceiving a need to emphasize relationship building, Kaiser Permanente (Portland) began an ambassador program last fall -- to get employees involved in reaching out to customers. Instead of the usual reputation building objective, K-P's is charged with a specific marketing goal -- attaining a higher customer retention rate. (For other ambassador programs, see [pr](#) 7/10/95, 9/4/95, 5/13/96)

### HOW K-P's AMBASSADOR PHONE-BANK PROGRAM WORKS

Employee volunteers call customers during open enrollment -- a time when current customers can choose their healthcare program. Specifics from K-P's program, which will repeat semi-annually:

1. **Ambassador committee** is made up of employees from various dep'ts thruout the region -- public affairs, operations, human resources, physicians group, dental group. An intern was used to help set up the phone banks.
2. **Volunteers** are recruited from among K-P's 8000 employees. About 500 volunteered from all areas of the org'n -- medical records, sales, marketing, physicians et al. Many have no contact with customers in their positions.
3. **Phone scripts** are tested by K-P's call center -- where evening-shift employees call to schedule dental appointments. Scripts are modified based on their input.
4. **Training** is done on site while employees have pizza & drinks supplied by K-P. Employees arrive at 6pm. Training takes about 30 minutes.
5. **Incentives** help keep volunteers motivated. A trip to Hawaii was given away last fall. Everyone who volunteered got a chance to put their name in the drawing. Other giveaways included Hawaiian shirts thru nightly drawings. "We have an ad campaign that says you can get a physician just your style. It shows a guy in a Hawaiian shirt & in walks his

A corollary benefit surfaced -- typical in these programs: **increased morale.** "A big payoff was an incredible response from our employees. We're going thru a lot of change & restructuring. Employees, who had never done anything like this, felt this gave them an opportunity to reach out & hear from customers. They were overwhelmed by the positive responses they got from the people they called. It was a huge morale booster," Mary Strebig, comty rels mgr, told [pr](#).

physician who also is wearing a Hawaiian shirt. So the Hawaiian shirt has become an icon around here."

6. **Help** is available on site to answer any difficult questions customers may have. This also puts volunteers at ease. Calls that can't be answered that evening are referred to the appropriate people for immediate attention the next morning.

## RESULTS

- "Our aim was to reach out to members & get people to retain because it's more cost-effective to keep a customer than to go out & get a new one," says Strebig. Consultant Bruce Landry said success rate from a percentage standpoint was in "single digits but statistically relevant. When you're talking about 400,000 people, a couple percentage points makes a big difference. In the first quarter, enrollment was up 10,000 members, compared to being flat the past couple of years. That was a primary objective, to regain marketshare."
- This past spring, K-P had an opportunity during open enrollment to have its ambassadors call customers from a major account it lost 5 yrs ago. K-P marketing reps gave a presentation to the account, asked if they would be willing to receive phone calls in the evening to learn about program changes. As an incentive, those who were willing to receive a call were given a phonocard worth 30 mins of long distance calling. When used, card reinforced K-P's message by saying "this phone call is paid for by K-P."

"With 24-hr notice we got a great response from ambassadors to turn out & call these people. They were able to talk about the changes in our organization -- many of which were driven by the wake-up call we had when we lost them as an account 5 yrs ago. We had membership services people present so customers could make service choices right at that point. We had a very good response with that group signing up as a result."

## ANOTHER AMBASSADOR OUTREACH PROGRAM

K-P is working in partnership with National Safe Kids Campaign as its 50th anniversary initiative. "We're finding ways we can take

children's health & safety messages out to events this summer in the community where families gather" -- e.g. K-P is sponsoring 5 concerts at the zoo. Ambassadors are trained to talk about child safety with people attending these events.

### Evaluation will be done in 2 ways:

- Reduction of injuries to children in the 10 areas that the National Safe Kids Campaign highlights. "We'll be working with state agencies to use their data to monitor that."
- Number of non-members who say they would be willing to try K-P. "We've done a benchmark survey & want to increase that several percentage points over the life of the National Safe Kids Campaign."

## DONORS & DONEES PONDER: ARE PEOPLE GENEROUS, REALLY?

With focused philanthropy, social responsibility & employee community volunteer programs increasingly viewed as ways to impact the bottomline -- and, in stock companies, to raise share price -- both the sponsors of such initiatives & the organizations whose causes benefit from them are warily entering a new era.

One underlying question, highlighted by the "Republican Revolution/New Democrats" & their approach of slashing social programs to pay for a tax cut, is whether citizens really are generous or selfish. Some evidence:

- People give from their hearts, not for tax deductions.** Cutting gov't services in order to give a tax cut will not increase charitable donations to make up the gap, researchers point out. The large Reagan tax cuts of '81 didn't move the needle. Americans historically give between 1.7% & 2.2% of GDP, reports Nat'l Soc of Fund-Raising Execs.
- Those who get the big tax savings, the wealthy, are poorer givers.** Treasury data show their charitable contributions declined from 6.2% of '69 after-tax income to 3.6% in '90.
- Corporations' donations are a drop in the bucket.** In '94 individuals gave \$105 billion to tax-exempt groups, corporations \$6.1 billion.
- Lawmakers sometimes seem just hard-hearted.** In the \$267-billion military authorization bill for FY97, \$3.5 million was for the Homeless Support Initiative. This lets the services help shelters near bases, give out blankets or open armories in winter. Senate Armed Services Committee canceled the program, saying it interferes with the nation's ability to defend itself.
- Japan now gives twice as much aid to Third World nations as the US,** \$14.5 billion vs. \$7.3 billion, reports Org'n for Economic Cooperation & Development. France & Germany each give more than US. US figure is less than 1% of budget, about \$34 per taxpaying family.

## APPARENT CONCLUSIONS:

- Many elected officials believe voters don't want to help those with needs.
- The rich are more self-centered in using their money than others are. The core of contributors are average Joes & Janes.
- Corporations can't possibly make up for gov't cuts in programs.

## CLOSED OR LIMITED COM'N STRATEGIES ARE ALWAYS DANGEROUS

Not only to the publics affected -- but to those who would impose them, since they usually backfire. But the trade ass'n for managed care plans has been defending clauses in HMO contracts that limit what doctors can say to a patient -- e.g. they can't "disparage" the HMO or its quality of care under any conditions, or discuss proposed treatment with patients before getting authorization (meaning they can't discuss medical options the plan doesn't want to pay for).