

University of Michigan Health System Pilots Experience Mapping in Patient-Centered Skin Cancer Program

A Framework for Destination Marketing; Creating Patient, Physician Advocates

by *Michele von Dambrowski*

“Characterize a day in the life” of a patient is what Gelb Consulting Group set out to do in studying the experience of a skin cancer patient at the University of Michigan Health System in Ann Arbor. In mapping the patient’s journey, the Houston-based strategic marketing firm studied all the various interactions – or touchpoints – that the patient had with staff, the physical environment, and written communications. The goal, according to John McKeever, Gelb’s president, was to understand “the emotional and functional needs of the patients” to maintain or improve the various aspects of the experience and gain insights for marketing.

The skin cancer program is “actually an exemplar of great patient experience management,” notes McKeever. For this reason, he says, the physician in charge of the program, Tim Johnson, MD, was reluctant at first to bring in the consultants. However, the case was made “to identify the authenticity of the patient’s experience,” even if only for advertising purposes.

Jim Macksood, associate director of brand strategy and communication at the University of Michigan Health System, notes that the skin cancer program is one of the organization’s centers of excellence and came under the organization’s leadership commitment to prioritize support for specific services.

To develop the experience map, Gelb consultants interviewed 50 patients with conditions ranging from melanoma to Merkel cell cancer, including candidates for Mohs surgery for basal and squamous cell cancers. During the same two weeks, they also conducted in-depth interviews with 21 referring physicians and 54 faculty and staff members. “You need to be holistic,” says Macksood. “Everybody has a different perspective.” Staff members may feel that their area is working well, but they don’t have a sense of other patient touchpoints.

The research showed that patients felt the skin cancer program was performing well in meeting their expectations. Touchpoints relating to scheduling, the visit, and follow-up were rated as high in performance. The need for the University of Michigan Health System location and arrival at the site ranked as moderate in performance, with anxiety relating to the organization’s size and wayfinding issues.

Referring physicians gave high marks to communication and being made to feel part of the treatment team. However, Macksood notes, they had concerns that program growth would have an adverse effect on communication and patient access.

Dermatology staff and faculty are proud to be part of the program, the research showed. At the same time, non-dermatology staff feel pressure to excel, but don’t have the same level of resources and control. Separate clinics for melanoma cancer patients and basal and squamous cell cancer patients can inhibit teamwork. Macksood explains that although Johnson heads the skin cancer program, he has a “dotted-line relationship” with the comprehensive cancer center, where melanoma patients are treated.

Market profiles for both the non-melanoma and melanoma patient were developed as a result of the experience mapping process. Nervous about their condition, but realizing it is not life-threatening, non-melanoma patients were characterized as being motivated by convenience, timely appointments, and positive cosmetic and medical outcomes. Melanoma patients were described as being anxious about their potentially life-threatening diagnosis. Few melanoma patients are self-referrals, and many arrive at the University of Michigan Health System without a confirmed diagnosis.

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Internal changes

Although the skin cancer program was already a model of patient-centered care, there were nevertheless areas for improvement. A cross-functional team of physi-

cians, nurses, administrators, and frontline staff is working to create solutions to fill gaps. Among the first initiatives is a phone decision tree for routing calls appropriately. Changes in the registration process, especially to accommodate out-of-town melanoma patients, are also underway, according to Macksood. Patients' files are flagged and slots made available in the schedule to ensure that patients are seen by appropriate multidisciplinary team members in a timely fashion.

These new processes also directly address referring physicians' concern about the effect of program growth on communication and patient access.

Messaging and external communications

The insights gained in the mapping process helped drive consumer and physician messaging and promotion. "We're here to help you help your patients," Macksood explains, was the message sent to existing referring physicians as well as new targeted doctors outside the system's service area. A special issue of a newsletter on skin cancer, along with a personal letter from Tim Johnson, went out to the referring doctors. They also received cards they could hand out to patients on skin cancer identification and prevention.

Print and radio ads address patients' anxiety, while also emphasizing the organization's medical expertise and reputation, its multidisciplinary approach to melanoma, and a lack of red tape. "We really did take what we learned from the mapping process to help us develop our creative," says Macksood.

A microsite, www.umskincancer.org, and phone number are promoted in the advertising and through paid search. The goal of the Web page is to prompt a phone call and offer assurance of a personal patient-centered approach. Among the areas featured on the site are descriptions and photos of the care coordinators who staff the phone line. There are also two videos testifying to the compassionate, no-hassle, expert care that patients (one local, one from South Carolina) received through the program. A third video features Tim Johnson talking about cancer stem cells and the University of Michigan Health System's capabilities and approach.

Results

According to Macksood, the planning, mapping, implementation of administrative changes, marketing plans, and creative development took about one year. In the first quarter of the marketing launch, the program acquired 33 new patients as a direct result of the effort. About one-third of phone inquirers converted to becoming patients. Importantly, as it relates to the

organization's goal of becoming a destination for skin cancer care, 60 percent of inquiries are coming from outside Michigan.

There's also early, anecdotal evidence that patients are turning into advocates. A former patient, he says, recommended that her out-of-state sister go to Michigan's program for skin cancer care.

Macksood adds that plans call for six other University of Michigan Health System centers of excellence to follow a similar experience management process to turn customers into advocates. Critical to success, he says, are a physician champion and a commitment to ongoing, comprehensive internal communications. It's also important "to give people an objective view of how the whole process works and that they are one piece," he says.

McKeever and Macksood shared their insights during a presentation at the Fourteenth National Forum on Customer Based Marketing Strategies held earlier this year in Las Vegas. ■

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