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Health professionals often think of "branding" as packaging or marketing, and so not their problem or job.

That's inaccurate. It also undermines our goals and effectiveness.

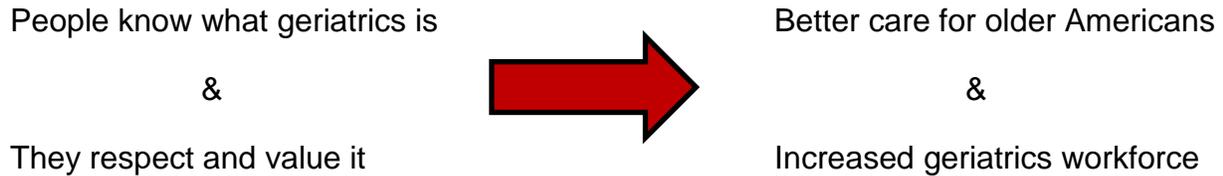
Real branding is about cultivating stakeholders and communicating our mission to them so they believe in and/or want to be a part of what we do.

Why rebrand geriatrics?

- Geriatrics is "The Unknown Profession" (see Campbell et. al <http://tinyurl.com/klqhe4z>)
- Many in health care don't value or respect geriatrics
- Older adults get bad care too often
- Effective programs don't get replicated and disseminated
- The geriatrics workforce shortage is growing

- Health professionals are inadequately trained in the care of older adults
- We miss too many opportunities to claim our successes

Goals of the Geriatrics Rebrand



Defining the terms

Reframing is changing the way people see things in order to change their minds. It provides alternative (improved) ways of viewing ideas, events, situations...even fields of health care.

Rebranding is the creation of a new name, message, symbol, design, or combination thereof in order to develop a new, more appealing identity in the minds of customers, investors, potential allies, and competitors.

Both aim to communicate a new, more effective and relevant message to increase visibility, appeal, interest and market share.

Reasons for reframing and rebranding

General	Geriatrics
<ul style="list-style-type: none"> • Respond to external issues 	<ul style="list-style-type: none"> ✓ “What’s geriatrics?” ✓ “I take care of older patients all the time; you don’t need a geriatrician” ✓ “There’s no value added there”
<ul style="list-style-type: none"> • Respond to internal issues 	<ul style="list-style-type: none"> ✓ Specialist/generalist/LTCist debate ✓ Medicine-centric approach ✓ Recycling of messages that don’t work ✓ Too modest, too nice, too generous
<ul style="list-style-type: none"> • Stay current with the times 	<ul style="list-style-type: none"> ✓ Showcase our excellence at many of the latest health care trends: transitions, team care, technology, interprofessional education, person-centered medicine ✓ Look to the cutting edge: technology, communications, quality and safety, cost-effective

	care
• Differentiation from competitors/set themselves ahead of the competition	<ul style="list-style-type: none"> ✓ “Just right” care – neither too much, nor too little ✓ All settings ✓ 85 ≠ 55, no matter how healthy ✓ Goal and function-based person-centered care
• Development of identity	✓ We specialize in the care of older adults and their families
• Elimination of a negative image	<ul style="list-style-type: none"> ✓ Ageism in society ✓ Ageism in medicine ✓ No added value ✓ Anyone can do it
• Lost market share	<ul style="list-style-type: none"> ✓ To palliative care (lots of overlap of concepts and people, of course) ✓ To hospitalists, via transitions, quality & safety, etc. ✓ To people repackaging our ideas
• Emergent situations	<ul style="list-style-type: none"> ✓ ACA, never events, death of fee for service ✓ Record numbers of older adults ✓ Innovative care models

Geriatrics reframing and rebranding so far, a brief history

Reynolds 2012

Working group born

Identification of 5 key stakeholder groups: 1) health systems leaders; 2) patients and caregivers; 3) policymakers; 4) non-geriatrician colleagues; 5) trainees

Delineation of benefits of geriatrics for each, followed by selection of 1-3 *key* benefits for each group

Development and refinement of a brand brief

Presentation and rallying of the troops at AGS 2013

Establishment of a national, interprofessional leadership team

Drafting of talking tools targeted to 3 of 5 stakeholder groups

Reynolds 2013

Next steps... 2014 and beyond

- Draft last 2 talking tools for stakeholder groups

- Review of rebranding efforts that did and did not work, within and outside health care
- Convert messages into language that's compelling and memorable
- Find key data points for each message
- Build support and consensus via presentations at conferences, publications, blogs, etc.
- Preliminary pilot testing of messages with focus groups and via social media
- Devise action plan for dissemination within and outside geriatrics
- Recruit allies/ financial support – foundations, organizations, health systems, individuals
- Dissemination, phase 1
- Measure and track outcomes
- Refine, revise, disseminate, assess, and repeat as needed

The final frame/brand should be

- true to itself and our purpose (or it will lack credibility)
- meaningful and compelling (so people take notice and care)
- powerful enough to make the difference we hope to achieve

5 ways you can help

One: Be ready for change. To thrive (not just survive), we need to 1) be willing to think of new messages and 2) consider new ways to communicate our messages

Two: Agree to speak with one voice

Three: Help determine the mission and messages -- let's make sure this work helps and is relevant to all of us, our field, and older patients and their caregivers.

Four: Help pilot test the new messages. Do they work in your setting?

Five: Create and seize opportunities to rebrand and promote geriatrics.

Want to learn more or get involved?

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The Geriatrics Brand: A Brief

This brief articulates the attributes, benefits, and promises of the field of geriatrics.

Together, these represent key elements of the geriatrics brand. Created by the Geriatrics Rebranding Working Group, this document can serve as the basis for development of a shared national communications platform and creation of tools for practitioners and others interested in promoting the field and ensuring optimal care for all older Americans.

Core Definition

Geriatrics provides high quality health care for older adults and their caregivers.

The Current State of the Brand

- There is a broad lack of awareness of the field and our services among those in the general patient population/general public whom we have not touched directly.
- Ageist societal views about growing older indirectly demean efforts to raise awareness of the needs of older patients and their caregivers and the importance of the field.
- There is confusion among health professionals and others about whether geriatrics is a specialty or part of primary care.
- In health professions schools, geriatrics is often viewed as a low prestige career path, with modest earnings prospects (particularly in comparison to other specialties) and a low “cool” factor (few high-tech gizmos or procedures).
- The clinical value added of geriatrics health professionals and geriatrics knowledge is not clearly understood by either non-geriatrics health professionals or health systems, and geriatrics health professionals themselves generally are not able to articulate this value in terms that all agree upon and that matter to these audiences.
- **We lose ground by not speaking with one voice and set of priorities.** Too often we: devalue our specialized skills; get distracted by internal distinctions including academic/community and primary care/specialty; waste time and energy debating self-definitions that don't include old age; are too nice and/or unwilling to assertively advocate and market ourselves.

Key Audiences/Stakeholders

In addition to understanding the environment in which the brand operates, it is important to clarify the audiences or stakeholders that are most important to the brand's success. The top priority audiences for geriatrics include:

- Older patients and their caregivers
- Health care systems, institutions and their leadership
- Policymakers
- Clinicians in other fields
- Health professions students and residents

Critical Attributes

We have identified several critical attributes with which we would like our stakeholders/ audiences

to associate geriatrics. These include:

- Older-adult focused
- Comprehensive/whole patient-centered
- Function- and quality-of-life-oriented
- Facilitative/coordinating
- Practical, problem solving
- Innovative (as in models of care)
- Meets national/institutional needs

Value Proposition/Benefits

A brand's value proposition describes the benefits stakeholders will reap if they spend time, resources, or dollars engaging with the field/geriatrics professionals. Geriatrics distinguishing benefits for:

Patients and caregivers include:

- Providing customized, coordinated care for patients and families with a complex array of difficult choices; and
- Care provided by a team of health professionals that addresses the broad needs of older patients and their families.

Health systems and their leadership include:

- Reducing the total cost of care by reducing utilization by high cost patients (especially relevant for ACOs and integrated systems); and
- Providing experience with feasible, evidence-based care models that offer cost effective ways to manage high-cost, multi-morbid patients across settings, and improving ACO and JHACO quality metrics.

Policymakers include:

- Providing solutions that benefit older adults and in doing so improve cost-effectiveness and quality throughout the health care system.

Clinicians in other fields include:

- Taking care of the most challenging (time-intensive, medically and socially complex) and end-of-life cases;
- Improving patient outcomes and decreasing length of stay;
- Providing special expertise on geriatric syndromes (e.g., frailty, falls, incontinence, etc.); and
- Enabling specialists to focus on their areas of interest and expertise while being confident their patient's other issues are well managed.

Health professions students and residents include:

- Providing stimulating work in multiple care settings that allow for meaningful ongoing patient relationships, deeper understanding of illness trajectories, interprofessional teamwork, and refreshing work variety; and

- Delivering high career satisfaction in clinical work, and in academic geriatrics, a controllable lifestyle and flexibility in day-to-day work.

Proposed Brand Promise (First cut)**

With these attributes and benefits in mind, we propose the brand promise, that every time a stakeholder encounters a geriatrics health professional or geriatrics, she/he will:

- **Get a practical solution to (often complex) problems involving older patients**
Geriatrics health professionals and teams are expert problem solvers, able to find sensible, patient-centered and generally cost-effective, collaborative approaches to the care of older patients with multiple chronic conditions and challenging life situations.
- **The win-win: better care for patients at less cost to health systems and society** 10% of Medicare patients account for 63% of spending, and they and their families are unhappy with much of their care; we have personal and systems approaches to improve satisfaction, prioritize patient goals and comfort, and decrease costs of care.
- **Experience 21st Century medicine that combines patient- and family-centered values with cutting-edge technology and treatments**
Good geriatrics care is based on rigorous science *and* a commitment to incorporating the individual goals and needs of patients and families.

Thoughts on the Brand's Tone or Character

Things to consider in developing messages, materials and campaigns for geriatrics:

- **Start simple, be concrete**
It is important in all messaging and communications, particularly to non-professionals to remember that virtually no one knows what geriatrics professionals do. Geriatrics' basic definition should be reinforced. And given the lack of knowledge, it is important to show audiences--in clear, practical examples and stories--what geriatrics does.
- **Stay upbeat**
To many, aging is a downer, so language, colors, design, messages should be positive, and uplifting. Using the most current social media and sophisticated presentations can also challenge negative stereotypes about the field.
- **The cutting edge clinician with the heart of gold**
While highly trained and current, geriatrics professionals also do old-fashioned things well: listen, they pay attention to patients others sometimes ignore or shunt. This warm and fuzzy part of the brand needs to be included along with harder hitting messages.
- **The best kept secret in medicine**
Geriatrics has great, under-realized value for patients, families, health systems and society. Taking care of complex older adults is challenging. We enjoy and excel at meeting that challenge.