



Turning Customers Into Crusaders

Leveraging word of mouth through a systematic process can improve target marketing and customer satisfaction.

IN LONG TERM CARE, PROVIDERS are marketing something people do not want and may not need for years. The health care industry spends most of its marketing dollars advertising to audiences that may not need such services until well in to the future. By leveraging word of mouth, providers can identify and create an army of no-cost marketers by ensuring that those who encounter the service have a great experience and spread the word. Consider these facts:

- The auto industry, which has a tangible product, increased its mass media spending 1,378 percent during the last 20 years, while sales went up by just 17 percent;
- According to McKinsey, an international company that tracks finances around the world, two-thirds of the U.S. economy is influenced by word of mouth; and
- One word-of-mouth referral is equal to 600 advertising exposures, according to McKinsey.

The Power Of Word Of Mouth

According to Jupiter Research, a New York, N.Y.-based market research firm, one-third of online users turn to social media, such as chat rooms, blogs, discussion groups, and specialized Web sites like Facebook and MySpace, for their health care information. In other words, people talk to each other, and they talk often about their health care.

Why is word of mouth so important? Because it is spread by “customer crusaders”—those individuals who use the services, are passionate about the company, and recommend it to others.

If they are not crusaders or loyalists, then they can be antagonists, spreading negative news.

Not every experience carries the same value. Although it costs pennies to buy whole beans to make a cup of coffee at home, people will gladly pay

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three to five dollars for a cup of coffee at Starbucks. Why? Because going to Starbucks offers more than coffee. It is a place to socialize, sit all day, connect to the Internet, buy nothing, and not be bothered. It is a place to experience music and talk about books. In short, Starbucks offers a total experience—and people pay for it.

Delivering a great experience involves three key elements: collecting the data, auditing the experience, and monitoring the environment.

Collect Robust Data

Detailed data about prospects and residents can be used to create a better experience and to target marketing programs. Following are some suggestions for collecting such data:

- Inventory all feedback loops, such as satisfaction, perception and awareness, and online surveys; online e-mail; toll-free numbers; telephone calls; con-

versations; and training—any setting that elicits information from a targeted audience.

- Utilize e-mail addresses from visitors to a facility’s Web site in order to provide something in return, such as a newsletter. Follow up with some surveys in the facility newsletter that let readers reveal a little bit more about who they are (for example, a caregiver or the person in search of care). Once this is achieved, offer something else.

For example, offer something that is germane to their needs, such as a customized caregiver newsletter. Continue this process in order to collect more information over time. The more information a facility has about a prospective customer, the better it will be able to customize and target the facility’s message.

- Post photos and e-mail addresses of the executive staff on the Web site. It sends a strong message when people know they can communicate directly with the top of the organization.

- Observe people interacting with the facility staff. Mystery shoppers, long employed by retailers, have become a method for some health care entities to check on their processes, staff, and physical environment.

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Information collection does not have to be scientific. It can be simply a matter of conversation and observation.

Visitors pass through every day. Does the facility know who they are? How much is known about them? Are they persons of influence? In some cases, a simple conversation can reveal these things.

Having a central place to record this data for future reference is important. Here's why: Mary Smith is 65. She visits the assisted living facility during an open house. She is healthy and does not yet need services. When staff engage her in conversation, Mary reveals that she is a dog lover—a cocker spaniel lover, especially. Following the conversation, someone notes this in a database.

When the facility sends her a thank you card, it is not a generic card but a card that has a picture of a cocker spaniel. Moving 10 years down the line, the facility has built a relationship, and now, because of that, she has chosen that facility for care.

Utilize The Data

Since the facility already has a robust record of Mary's tastes and needs, instead of placing a generic book about gardening or such in the resident room or in the lobby, the facility could place a book about dogs. In her room, paintings of flowers are replaced with beautiful dog pictures.

Think of the reaction and the immediate bond Mrs. Smith will have to the facility. Think about what she will say to others, and think about what visitors and family will say to others. This is marketing.

Utilize the data to make corrections immediately. When a facility acts on people's concerns quickly, they notice and they talk about it. Trend the other information so that over time more suggestions can be incorporated into actual practice.

Be sure to publicize successes. This doesn't have to be extravagant or expensive. Consider using tasteful signs

or announcements that get the point across that the provider is constantly listening and improving.

Next, look at the information to identify influencers. They will have certain characteristics: They attend public meetings, are active in the community, write letters to the editor, or have their own Web sites or blogs. They could be leading the support

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groups the facility hosts or be members of an affinity program. They could even be donors.

Audit The Experience

Take an inventory of the audiences served by the facility—community, residents, rehabilitation patients, donors, suppliers, regulators, physicians, and others. Then inventory every touch point—the point of interaction between the facility and its constituents. Conduct in-depth interviews with selected audiences to uncover their touch points. Ask them to define their ideal experience.

Compare the facility inventory to interview results. Does this map of touch points match that of the interview subjects? What needs to change? What are their needs and expectations at each stage in the process? The facility now has a blueprint for mapping a great experience that people will then talk about.

Monitor The Environment

Facility administrators are often not aware that people are talking about their facilities. Google the name of the

facility, and see what search engines unearth about it. In addition, research negative phrases related to the industry, such as medical errors, and see if the facility pops up.

There are millions of people writing blogs. It is not only important to find positive and negative word of mouth, but to engage in the discussion. If someone is speaking negatively about the facility in a blog, and the blog has a comment section, respond. Or, start administrator and resident blogs as a way to expand the facility's reach and create marketing opportunities. Treat blogging as a vital part of public relations' responsibilities.

Create Community, Adopt A Cause

Harley-Davidson has its road rally; Saturn has its picnic. Both companies bring together communities of people who congregate and communicate. They talk about the very thing that brought them together—the company. They then go home and talk to others about it.

Find a reason to bring communities of people together. Convene a group of resident families who have similar interests or problems. Pair and introduce residents with similar interests. Have a reunion dinner for caregivers or a reunion dinner for those who rehabilitated in the facility.

Facilities probably participate in many community causes. That is fine. But the key is having a cause that the facility owns. It could be a slip and fall prevention program, for example.

Show real concern for people's safety so that when they really need the services, the facility will be at the top of their list.

In doing all of this, the profession achieves something even nobler. By forming relationships early on and educating people about the challenges and choices, the profession helps people approach these situations not in crisis but through informed, planned decision making. That, in turn, elevates the image of long term care. ■