



**ACHIEVING A NEW STANDARD IN PRIMARY CARE FOR  
LOW-INCOME POPULATIONS: CASE STUDIES OF REDESIGN  
AND CHANGE THROUGH A LEARNING COLLABORATIVE**

**CASE STUDY 4: MARKETING AND CUSTOMER SERVICE:  
ATTRACTING AND RETAINING PATIENTS  
AT THE URBAN HEALTH PLAN**

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**CENTER PROFILE**

Urban Health Plan, Inc. (UHP), located at Southern Boulevard and Westchester Avenue in the South Bronx, is a community-based health center that has offered a diverse range of primary care and specialty medical services for nearly 30 years. The facility oversees two clinics also located in the South Bronx, the Bella Vista Health Center and Plaza del Castillo Health Center. It also administers five school programs that bring health care to local public schools. UHP's main health center serves 25,000 patients annually; in combination with its other clinics and school programs, it provides services to 125,000 people a year.

In August 2001, UHP moved to a new building: a 36,000-square-foot, five-level facility designed for state-of-the-art primary care services. It also houses many ancillary services, including pediatrics, ob-gyn, adult medicine, adolescent medicine, HIV primary care, eye care, radiology, bone density, podiatry, dental, pulmonary services, cardiology, nephrology, urology, neurology and allergy treatment. The center also provides social services, psychiatry, HIV counseling, and nutritional counseling.

UHP patients are predominantly young, economically disadvantaged women and their children. Approximately 80 percent to 85 percent are Hispanic, with the remaining 15 percent to 20 percent African-American. Some 78 percent of all patients are eligible for Medicaid. The center sits in close proximity to six bus routes and two subway lines, bringing patients from nearby neighborhoods and from even farther afield.

## **CENTER CONDITIONS PRIOR TO THE MARKETING AND CUSTOMER SERVICE COLLABORATIVE**

### **A Highly Competitive Climate**

In recent years, the successful promotion of programs and services at community-based health care centers has become increasingly important. Hospitals now view managed care patients—traditionally the patients at community health centers—as a revenue source and actively compete for their business, most often by establishing satellite clinics in underserved neighborhoods. This new competition potentially draws patients away from the stand-alone community health facilities that had been providing the only medical care in those neighborhoods. To compete, community health centers must adapt marketing strategies that retain current patients and attract new patients. This new pressure to market themselves means that they must think of medical services as a product and adapt marketing methods used by product promoters.

This adjustment can be difficult for health care workers who think of themselves as caregivers, not salespeople or promoters. Health personnel are trained to provide one-on-one services to individuals. They are not trained to develop advertising or public relations campaigns, or to understand how adapting these campaigns can positively influence health care. Well-conceived and intelligently executed marketing strategies, however, are critical to the financial health of community centers.

### **Increasing and Sustaining Patient Volume**

Leadership at UHP recognized the importance of marketing, and was aware of its potential impact on increasing and sustaining patient volume. The staff has “put a lot of effort into it,” says Paloma Hernandez, UHP’s president and CEO. One example of the center’s marketing efforts is the promotion of the new building. Staff members were proud of UHP’s new facility and were eager to bring its expanded services to new clients. To accomplish this goal, the center launched an extensive media campaign. UHP peppered the South Bronx with flyers, brochures, billboards, bus shelter advertisements, local cable channel commercials, and print ads in the local press. UHP felt the campaign was costly but essential. The media blitz was accompanied by the creation of new programs based on community needs.

By all accounts, the campaign was a hit. “We increased our patient population by 30 percent and met our five-year projection,” says Hernandez. UHP was eager to assess how effective its promotional efforts were in bringing in new patients. It added an “info line” through which new patients informed the center how they heard about the new building and services. According to Hernandez, most patients came to the center because of word of mouth instead of the costly media campaign.

This feedback made UHP realize that it did not know what worked or did not work in its “shotgun approach” to marketing, adds Hernandez. There was a need “for us to understand how to do marketing, to understand the process you go through so we could do it on our own, without having to engage expensive consultants,” she says. To address this need, UHP turned to PCDC.

“PCDC has a very good reputation in terms of training and level of staff,” says Hernandez. “They have a quality organization.” The health center decided to participate in the PCDC program, Marketing and Customer Service (MCS): Attracting and Retaining Patients, which is specifically designed to address the marketing challenges facing community health centers.

### **THE MARKETING AND CUSTOMER SERVICE LEARNING COLLABORATIVE**

PCDC has provided extensive financial and operational support to community-based health centers for many years. In terms of marketing, PCDC teaches that health centers must first appreciate the importance of effective outreach, and then accept that their budgets will not support a dedicated marketing director or hefty advertising spending. The purpose of MCS is to train health centers in using contemporary marketing principles while empowering them with the skills needed to create an in-house marketing division with their existing staff. This program helps create short- and long-term marketing plans that boost patient volume.

The program’s two-fold, holistic approach includes marketing and customer service components. These two components are equally important. The marketing component stresses outreach through market segmentation. This strategy helps health centers customize their services and promotions to appeal to narrowly defined customer niches, instead of being aimed at broad, generalized groups. The customer service component focuses on creating and maintaining employee and customer satisfaction. This goal is accomplished through reward and communication programs for employees and the delivery of patient-centered care to customers.

#### **The Correlation Between Marketing and Customer Service**

There is a correlation between outreach marketing efforts and in-house customer service, says Cheraine Case, UHP’s director of community relations. “Ultimately, you can do all the marketing you want, you can get people into the center, but you will lose them without excellent customer service.”

MCS was a tremendous learning experience for UHP. Market segmentation techniques enabled the center to connect directly with target populations through focus groups and surveys. It was able to create programs based on what those populations said they needed and wanted instead of on UHP's assumptions. Customer service programs and training enabled the center to cement bonds among employees, enhance employee morale, and shift the center's focus to patient-centered care.

The program also helped UHP establish itself as a "brand"—an entity whose reputation and image is reinforced through a logo, signage, letterhead and brochure design.

Finally, it helped UHP identify how its previous marketing campaigns failed. The approach "was general. It wasn't specific to a particular target segment. We were basically marketing to the zip code of our primary community. And we were marketing all of our services together," instead of tailoring services to particular populations and needs, says Case.

"The program provided a systematic structure that we can adapt to our entire organization," adds Hernandez. "The system laid out for us permits us to get input from community and patients. We can figure out a marketing strategy [that helps us] serve the community better."

MCS engaged staff members in learning how to handle marketing on their own. And, notes Hernandez, "PCDC made that possible."

### **A Learning Collaborative Model**

The method PCDC uses to teach marketing savvy to community-based health centers is called a learning collaborative model. PCDC staff members facilitate this learning collaborative, which takes place over several months. They also serve as coaches for the process. The collaborative is led by marketing, public relations, and customer service experts with experience in health care. UHP's collaborative was led by Carol Bloomberg of Bloomberg & Associates; Lynn Nowak, vice president of public relations for Nancy H. Becker Associates; and Andrew Perler, general manager of Corporate Dynamics, Inc.

At the start of the collaborative, participants embark on an in-depth journey of discovery about the mission, goals, and untapped potential of their health facilities. They also learn to enhance their center's ability to communicate through concrete, effective

outreach methods. There are two critical elements of the learning collaborative: *collaborative principles* and the stages of the collaborative process.

### **Collaborative Principles: Identifying Roadblocks on the Path to Change**

Five strategic principles guide health centers throughout their journey.

*Principle: Build a high-functioning team.*

The UHP team included team leader Case; Gina D’Aiello, new patients coordinator; Minerva Santiago, patient advocate; Alex Sonera, administrator; and Lourdes Sots, patient referral coordinator. The marketing team even gave itself a well-considered name: the Urban Ambassadors. “Everyone brought their own special expertise to the team,” says Case, “and everyone came out of it learning something new, and something we can apply” to other aspects of the center.

Hernandez expands on that theme. “This little team was fired up and inspired and became the marketing experts for the center. And they don’t want to stop. They are eager to apply what they learned to another population.”

*Principle: Cultivate leadership support and involvement.*

Leadership support is as important to the program’s success as a strong team, because leaders ultimately approve any changes the teams recommend. MCS experts invite leaders to participate in the learning sessions in order to foster strong connections between management and the team.

Although CEO Hernandez was not a team member, she took a hands-on approach to creating the team. She understood that by participating in the collaborative, employees who were less than engaged in their jobs would have renewed energy. “Two members of the groups were pretty much losing motivation [before MCS]. I sensed that and I put them in there,” Hernandez explains. The result was a “complete turnaround” in the two employees’ attitudes and level of involvement.

By selecting team members strategically, Hernandez used her leadership position to empower those who work with her. “What the collaborative did for the staff,” she notes, “is allow them to become more of what they can be so senior management can recognize talent that wasn’t obvious [before].”

*Principle: Track data and map the process from the patient's perspective..*

Nothing provides stronger evidence of operational transformation than bottom-line numbers. This program's success relies heavily on the tracking, recording and analysis of numerical data; using data as a measurement tool; and using data to guide the creation of programs.

In the MCS learning collaborative, it is also important to track non-numerical data. At the encouragement of MCS, the Urban Ambassadors began surveying patients and employees about their needs and preferences, measuring patient satisfaction with customer service and tracking employee workplace morale. This non-numerical research information became the basis of new programs that were driven by patient and employee needs.

Before the team attended its first learning session, the PCDC coach helped analyze UHP's current and potential markets using data from secondary and primary sources. PCDC supplied some of the secondary source material, such as census data on demographics and income for UHP's zip code. Based on this data, the team expanded its plan for reaching the target market within UHP's geographic area. "The census figures showed us that there were over 3,000 women in our target market and we were targeting only 500," says Case. "There was a huge population we weren't serving."

With the secondary source data in hand, UHP began conducting primary research, including focus groups, questionnaires, and surveys. This research brought the Urban Ambassadors into direct contact with members of their target group. The team obtained primary information from the target group, such as the need for transportation to the center, Spanish-speaking physicians, and specialty services such as mammography. Guided by these consumer preferences, the team custom-designed new programs for the target group. "We were able to do primary and secondary research to find out who is in our community [and] who is out there who we are not reaching," says Case. "We were then able to develop a whole plan from A-Z to target them."

*Principle: Open lines of communication.*

Good communication is an important aspect of the MCS Collaborative. The execution of clear and consistent communication is the heart of the MCS message, and communication strategies are integral to many aspects of the program. The MCS team, for example, had to make an ongoing series of presentations to the UHP's Board of Directors, senior management, and a Patient Advisory Board. These presentations were designed to "keep everyone in the loop and to make sure we got leadership support," Case explains.

Customer service operations also benefited from better communication strategies. These included:

- A center-wide patient satisfaction survey
- Customer service training for employees
- An employee development program designed to improve internal communication between management and staff
- An employee wellness program
- Employee recognition programs, such as monthly birthday celebrations and the Urban Star Award (peers choose the employee of the month)

The Urban Ambassadors learned how important employee satisfaction is to excellent customer service. They placed strong emphasis on fostering better communication among employees and between employees and management. According to UHP's leaders, "Employee satisfaction translates into patient satisfaction. If employees aren't happy this translates into how they treat patients, and how patients feel about us translates into our success."

*Principle: Utilize the expertise of PCDC coaches and program leaders.*

The marketing experts tapped by PCDC to lead the MCS Collaborative have broad experience in helping health care organizations define themselves and communicate. They are trained in the latest marketing strategies and offer that expertise throughout the collaborative program. These experts are available for consultation at each of the learning sessions and by e-mail throughout the collaborative. PCDC staff members also serve as coaches for the centers participating in MCS.

Coaches meet with teams, often on a weekly basis throughout the collaborative journey. They also communicate with teams by email and conference calls and provide skilled guidance along the path. They keep teams focused on immediate tasks and on larger goals, motivate them, and instill teams with enthusiasm.

The PCDC staff member who assisted the Urban Ambassadors was Matt Chin. "He was very helpful in guiding us in the right direction. He helped us develop our tools, our questions for our community focus groups, and our assessments, and he cheered us on all the way," says Case.

## **MARKETING AND CUSTOMER SERVICE PRINCIPLES: MCS ROAD MAPS**

### **Time-Tested Principles that Bend**

Each PCDC operations program teaches core principles common to all collaboratives as well as a distinct set of strategies (organizing principles). These program principles are not a set of cookie-cutter operating instructions that are applied rigidly to all situations. Rather, the program principles work because each team can bend them according to its facility's needs.

The principles in MCS are drawn from time-tested methods that are used by effective marketing professionals throughout the commercial and nonprofit worlds. During Learning Session 1, the marketing experts present these principles in the form of marketing and customer service “road maps.” The visual imagery suggested by the phrase *road map* is deliberate, because the collaborative process is like embarking on a journey.

### *The Marketing Road Map*

The Marketing Road Map marks a traditional journey—linear, with a clear beginning and end. The first stop on this map is a situational analysis. During this step, the teams use marketing strategies to:

- ✓ analyze the demographic variables of the market they hope to target (market analysis)
- ✓ analyze the needs and preferences for services of that market (consumer analysis)
- ✓ evaluate whether the center is equipped to provide services for this market (internal assessment)

These additional steps take place next:

- **Marketing Objectives**

What the team hopes to accomplish when it reaches its target market

- **Marketing Strategies**

How the team will position itself competitively to appeal to its target market

- **Marketing Tactics: Product, Price, Place, Promotion**

The *product* in this case is customer service, and the team's job is to enhance that product. *Price* in this example refers to costs to the patient—waiting time, appointment availability, etc. *Place* in this example means where and when services



will be offered to respond to the target segment. *Promotion* means how the team will reach the target market through promotional materials.

- **Evaluation**

Assessing successes; identifying what changes the team intends to make; setting future goals

### *The Customer Service Road Map*

The Marketing Road Map marks a traditional journey—linear, with a clear beginning and end. In contrast, the Customer Service Road Map can be visualized as a hub. The patient is in the center of the hub, and radiating from that center are eight spokes, representing eight customer service principles. This is an interactive model; each principle has an effect on the patient, and the patient’s responses affect the principle. The eight principles are:

- leadership commitment
- service defined from a patient perspective
- service standards
- continuous improvement
- internal communication
- ongoing communication
- reward and recognition
- patient satisfaction measurement

### **Applying Principles Creatively: Generating Change by Following the Marketing Road Map**

By applying the principles of the Marketing Road Map, the Urban Ambassadors learned important details about the needs of women ages 45 to 64, some of them already patients at UHP, others who were potential patients. The team then created programs to meet these needs.

By catering to the market, UHP started the process of creating loyal customers who will come back to the center again and again—and who will tell their friends and family about the center. They also have begun to adapt their outreach and program development methods to other populations. “We now have the tools to pick out a segment, study it, and create programs geared to it,” explains Case. “We are target specific now, and no longer so global.”

The Urban Ambassadors employed several techniques from the Marketing Road Map that proved successful for UHP.

### *Focus Groups*

The Urban Ambassadors assessed the needs and preferences of women ages 45 to 64 through a consumer focus group. In a focus group, members of a target market are brought together to discuss, test, and evaluate a product or service. Hernandez endorses the effectiveness of focus groups in a health care environment: “By bringing your patients in and hearing from them, you have them help you tailor your programs.” To get comprehensive feedback from the target market, the team conducted two groups—one for existing UHP patients and one for potential patients.

### **Existing Patients: Creating an Inviting Atmosphere**

Setting up the focus groups taught the Urban Ambassadors something about their target market. The team originally invited female patients ages 45 to 64 to dinner, but the feedback on this plan let the team know that an evening session was inconvenient for this group. “We found out, by inviting women to a dinner and getting feedback, that this age group wanted to come out in the morning,” Case says. “They preferred not to come out late in the evening since many were caring for children at night and generally felt safer during the day.” Even this small bit of information about the target market helped the team understand the power of marketing.

Ultimately, 12 female patients, the majority of whom were Hispanic women ages 45 to 64, came to UHP for “a nice breakfast for which we tried to create a warm and inviting atmosphere,” including a gift packet of bath and body products, says Case.

A UHP gynecologist spoke to the group about the peri-menopausal and menopausal years and the changes women experience. Hernandez dropped by to greet them and thank them for coming. The team members hosting the event then asked the women to evaluate current services at the center and to describe their ideal health center. The breakfast was slated for 90 minutes but ran to two hours because, says Case, the women “felt they were being listened to.”

### *What the Team Found*

The Urban Ambassadors discovered that for the most part current patients were very satisfied with the services they were receiving at UHP. But they also identified services they would like UHP to offer, including:

- On-site mammography
- More health education
- More workshops addressing financial or social services issues, such as how to create a living will or how to save for retirement
- A provider specializing in the needs of specific age groups, such as a gynecologist or a geriatric specialist instead of a general practitioner
- Specialized care such as dermatology and cardiology, and a geriatric clinic

### **Potential Patients: Identifying Strengths and Weaknesses of the Competition**

The team hosted a similar breakfast for nine women who were not UHP patients. Most of these women received health services at a hospital-based clinic, although one or two went to a private practice. Most of the women knew about UHP but were not patients there because of long-standing relationships with other providers. UHP used the focus group to relay information about the center's services. Providers also introduced themselves and answered questions. Then team members asked the participants to describe their ideal health care setting.

“They gave us feedback similar to that from our patients,” reports Case. “One of the things a few people pointed out was that hospital-based clinics hardly have any continuity of care. Patients are seen by different providers all the time and their provider is not specifically geared to their age group. So many needs were not being met at the clinic. Yet they kept going because they had been there; their mothers went there so they stayed with them. They actually walked out of there very impressed with our services and what we offer in comparison to the competition. And we saw what we could provide that would improve on the competition.”

### ***What the Team Found***

#### *UHP competition:*

- hospitals
- community health centers
- private practice

#### *Strengths of the competition:*

- on-site mammography, specialty services, geriatric care
- long-standing relationship with provider

*Weaknesses of the competition:*

- long waiting time
- no continuity of care
- limited community involvement or patient-focused activities

## **APPLYING THE RESULTS OF THE FOCUS GROUPS**

As a result of the focus groups, the team was able to define its *marketing objectives*—what it hoped to accomplish in relation to the target market. “We are in the process of creating a holistic Women’s Wellness Program to include both health care and a strong social service component,” says Case. Designed for women ages 45 to 64, the program will focus on physical and social needs. As the team said in its presentation at the final learning session, the program “will empower the mature woman to enhance her lifestyle.”

The next step on the Marketing Road Map for the Urban Ambassadors was to create a series of marketing strategies and marketing tactics. The team first identified changes that had to be made to its product:

### **Changes in their “product”**

- Add to current services:
  - ✓ Alternative medicine
  - ✓ Enhanced social services
  - ✓ Educational classes
  - ✓ On-site mammography
- Enhance current services:
  - ✓ Emphasize staff sensitivity to patient needs

### **Changes in their “price”**

- Increase appointment availability
- Reduce waiting time
- Provide transportation assistance
- Participate in additional insurance plans
- Change waiting room décor

### **Changes in their “place”**

- Establish a program in a UHP satellite facility
- Provide more convenient hours

The team put in place an evaluation process that included surveys, questionnaires, and “opinionnaires.” The team also tracked data to:

- Assess success
- Assess satisfaction
- Identify changes the team intends to make
- Set future goals
- Quantitatively measure the number of women ages 45 to 64 who register each month at UHP’s new patient area

### **Applying Principles Creatively: Generating Change by Following the Customer Service Road Map**

Following customer service principles, the Urban Ambassadors used marketing techniques that addressed customer care and employee morale.

#### **Customer Care**

Four principles of the Customer Service Road Map directly relate to customer care:

- service defined from a customer perspective
- service standards
- continuous improvement
- patient satisfaction measurement

Guided by these principles, the Urban Ambassadors requested feedback from people in the neighborhood within UHP’s zip code through a community questionnaire. From existing clients, they gathered feedback through a centerwide patient survey.

#### *Community Questionnaire*

Team members designed a general questionnaire for the community, which asked where people received their health care (hospital-based clinic, community-based health center, family practice); whether they were satisfied with that care; and what problems they

encountered, if any. Then the team went out into the neighborhood and spoke to people in stores, in restaurants, and on the street.

The information they gathered mirrored the feedback in their internal surveys. People wanted specialty care, but were not necessarily receiving it through their current providers. They wanted continuity of care, but were not finding it at hospital-based clinics. They disliked long waiting times at office visits. But the most critical piece of information, reports Case, was “that many providers were not bilingual. Patients were dealing with translators and were not feeling related to. This was a plus for UHP because we are 90 percent bilingual.”

#### *Centerwide Patient Satisfaction Survey*

The team designed this survey to assess how well the center served its patients and to identify potential improvements. The survey was given to approximately 60 patients. “Overall, patients were pleased with the center as a whole,” says Case.

The survey identified long waiting times as an area of weakness at UHP. In response, the team plans to study waiting times in various sections of the center, such as reception or the walk-in clinic. The team will then implement more efficient procedures.

The survey also revealed that some patients were not comfortable with the attitude of certain staff members. “We realized it is hard for some staff to separate professionalism from how they may treat their whole family,” says Case. “There is a family atmosphere here—staff calling patients mommy or by their first names—but not all patients buy into this. Some expect more of a sense of professionalism or want to be called by their last name.”

The team used this input to design customer service training, which coached staff in how to relate to patients. New employee programs for the staff boosted morale. “Once you make your staff happy and make them feel appreciated, that affects the way they treat patients, which affects patient perception” of the entire facility, explains Case.

### **Employee Morale**

#### *Customer Service Training*

UHP engaged an outside consultant to meet with 90 percent of employees. Several sessions were held on Saturdays. The first session covered general information; the following sessions trained staff to deal with various situations. Through role playing, employees learned how to handle themselves on the job, from basic phone etiquette to

conflict resolution. Employees were also able to express their feelings about how patients and management treated them. The team used information from these sessions to help design programs that boosted employee morale.

#### *Employee Development Programs*

Assuming that satisfied workers make satisfied patients, the team designed and implemented many programs that addressed employee morale and opened lines of communication among management, staff, and patients. These included:

- Increasing internal communication through:
  - ✓ ongoing department meetings with UHP leadership
  - ✓ publishing a monthly staff newsletter
  - ✓ establishing a suggestion box for staff
- Increasing communication between staff and patients through:
  - ✓ developing a patient newsletter
  - ✓ encouraging patients to use suggestion boxes
- Employee recognition programs including:
  - ✓ monthly birthday celebration luncheons
  - ✓ Urban Star Award: an employee of the month award, chosen by peers
  - ✓ Length of Service Award
- Employee support programs including:
  - ✓ Heart-to-Heart: a peer group where employees feel free to discuss personal and social issues
  - ✓ Healthy Hearts: an employee wellness program featuring stress management classes and exercise classes

#### **Utilizing Principles Strategically: Channeling Feedback into the Design of Services**

Center teams began using marketing techniques during the pre-work stage of the collaborative, when they probed their target market through primary and secondary research. Early on, teams began to understand how to use marketing methods to collect feedback and how to use that feedback to create products and services that appeal to the preferences of the target market.

With the help of their PCDC coach, the Urban Ambassadors soon understood that the original market they wanted to target, adolescents, was too vast and complex a population for them to take on at this stage. They used feedback from their coach to adjust their assumptions. They reshaped their approach to learning about a market segment and reaching out to a specific population.

Once the MCS Collaborative was more fully underway, the team used feedback to redesign programs already under development. For example, the team assumed that an invitation to a focus group dinner would draw a good-sized crowd. But feedback indicated that this group preferred coming to events earlier in the day. The team then altered its original plan and hosted a successful breakfast event.

Similarly, the team launched a peer support group for employees called Heart-to-Heart, and scheduled meetings at the end of the workday. As it turned out, female workers could not stay after work, but surprisingly, many of the male employees participated.

The team used feedback from focus groups, questionnaires, and surveys to enhance the health center’s existing services and add new ones. The team recommended, for example, that UHP expand the availability of psychiatric services and offer on-site mammography and dermatology. The team also suggested transportation assistance for clients who found it difficult to travel to the center. Ultimately, the use of feedback taught UHP to listen closely to its target market.

**THE DATA**

The Urban Ambassadors used existing secondary research to help determine the scope of their target market, women ages 45 to 64:

*Census statistics indicate a growing population for the zip code served by UHP:*

<i>Zip code 10459:</i>	<u>1990</u>	<u>2000</u>
	2,882	3,697

*UHP statistics indicate an increase in patient volume:*

<i>Zip code 10459:</i>	<u>2000</u>	<u>2001</u>
	554 patients	689 patients



*An internal assessment of UHP patients indicated:*

<i>Patient volume:</i>	<u>Total users 2001</u> 18,721 patients
<i>Market segment:</i>	1,258 patients (zip code 10459)
<i>Patient revenue:</i>	17% of total revenues (zip code 10459)

*Patient satisfaction survey results:*

*Centerwide patient survey*

The Urban Ambassadors surveyed about 60 patients who gave their opinion of the center on a scale of 1 to 7, with 7 being the highest:

Opinion of center: 6

Customer service: 6

Rating of different programs: 6–7

Overall satisfaction: 6

Services requested:

- On-site mammography
- Dermatology
- More psychiatrists

*Focus group surveys of UHP services:*

Excellent: 25%

Very good: 50%

Fair: 25%

**BEYOND THE DATA**

UHP used numerical data to help understand the complexities of its target population, from demographics to its special needs. The center also was able to gauge the relative success of existing programs from data gathered through focus groups, questionnaires and surveys. This provided UHP with a platform from which it could proceed with new programs and enhance existing ones. The entire center will continue to use data to track the effectiveness of programs as well as patient and staff satisfaction. Beyond the numbers,

the health center enjoyed a permanent shift in organizational culture engendered by the PCDC collaborative approach. This shift enabled UHP to begin operating as a high-performance organization.

### **Realigning Center Priorities: Focus on the Patient's Needs First**

Perhaps the most fundamental organizational transformation at UHP is the way the center now focuses on patient needs first. It takes patient opinions into account through such marketing outreach techniques as focus groups, questionnaires, and opinionnaires. It also puts the patient first by training staff in customer service. It created a supportive work environment that boosts staff morale, believing that satisfied employees are productive and lead to satisfied patients. Patient satisfaction, UHP now knows, is dependent upon staff satisfaction.

*Opened lines of communication through ongoing meetings and presentations, staff newsletters, and patient newsletters.*

This new patient-centered approach extends to marketing outreach as well. Previously, UHP advertised its services by plastering the community with general information. Now the health center has narrowed its focus and views patients as members of narrowly defined niches with unique needs. UHP is better able to clearly identify these unique needs. Eventually, it applied the techniques it used to reach out to women ages 45 to 64 to market services to its original target market, adolescents. The health center is customizing programs for narrow slices of this population—pre-teens and teens with asthma—instead of attempting to tackle all adolescent patients.

### **SUCCESSSES THROUGH MARKETING**

- Clearly identified the unique needs of targeted market segment
- Established a method of tracking new patients within the market segment
- Secured support from providers, board members, and other staff members

### **SUSTAINING THE OUTCOMES: CONTINUING ON A STRATEGIC JOURNEY**

UHP is determined to maintain its new, patient-centered approach, with its attendant positive outcomes in patient satisfaction and employee morale. Management and workers both are aware that sustaining hard-won gains requires ongoing, vigilant effort. They are confident of success because the MCS journey taught them to appreciate the results produced by paying close attention to processes.