



**Becoming  
*the* Voice  
for Oncology in  
Your State**

**ASCO**

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Our perspective is shaped by research & marketing work for a variety of health care associations; and others who weigh in on health care...



# Key Assumptions

- “The Voice” has two parts:
  - 1) Advocacy
  - 2) Communications/P.R.



Most of us lack extensive  
resources

But we have real strengths  
Ability to influence if not  
control local agendas

PR



# 1. Advocacy: Diverse Activities

- Recent “report card”--medical society affiliate network:
- Programs/constituencies included
  - Federal Regulatory Advocacy: policy analysis, agency comments, advisory panel testimony, educational materials
  - Federal Regulatory Updates: educational material on proposed or implemented regulation
  - State Legislative/Regulatory Advocacy: issue analysis, model bill language, committee testimony
  - State Legislative and Regulatory Reports/Updates: compiled research data, updates for introduced/enacted bills/regulations
  - Managed Care Meetings: strategic planning for meetings with local health care industry leaders
  - Private Sector Information/Advocacy: resource for insurance issues

# Advocacy: When it Matters

- Most of the time we are far better at advocacy than communications
  - Activities are more discrete
  - Often they seem to be less measurable
    - More ingrained in our association cultures
  - In membership surveys we often find:
    - Members don't value advocacy enough unless they are current "hot button" issues
    - In our report card, state level evaluations were far stronger than national evaluations
    - We often evaluate own performance very highly
    - Under-appreciate/under-use national support services

## 2. Communications

- We'll focus more on communications: the “voice” that can be applied to advocacy & awareness building
- What are your key issues?
  - Perhaps ....
    - Reimbursement
    - Scope of practice acts
    - Prevention/raising awareness
    - Research needs/fundraising

*.... Generally a mix: medical and practice oriented*

# Communications: Setting Goals

- Reasons why: **why** do you need to be the voice?
  - Fulfilling your mission
  - Increasing visibility
  - Control over message/perceptions
- Long term relationships, success
  - Engender trust
  - Yield new (proactive) story opportunities
  - Influence for quotes, greater visibility
  - Hard to anticipate stories, but being a “go to” source means guaranteed quotes/voice



## Current Controversies in Oncology

### The Controversy: Is PSA Screening for Prostate Cancer Effective?

#### Introduction

Robert G. Mennel, MD  
Associate Director of Medical Oncology,  
Charles A. Sammons Cancer Center,  
Baylor University Medical Center

To be effective, a screening test for prostate cancer must be of a high sensitivity and specificity. If the sensitivity is too low, the test will miss many of the cancer diagnoses oncologists want to find. Low-sensitivity screening tests may also increase the rate of false negative diagnoses and potentially give patients a false sense of security. If the specificity is too high, a screening test will potentially identify cancer where none exists, thus increasing rates of false positive diagnosis and subjecting patients to unnecessary and possibly invasive and dangerous diagnostic tests.

- For current critical issues
  - How do you determine your stance
  - How do you get the word out?
  - How do you select your spokesperson/media contact?

As with most marketing, it's a matter of getting the *right message* out at the *right time* to the *right people*



# Creating the “Voice” Today

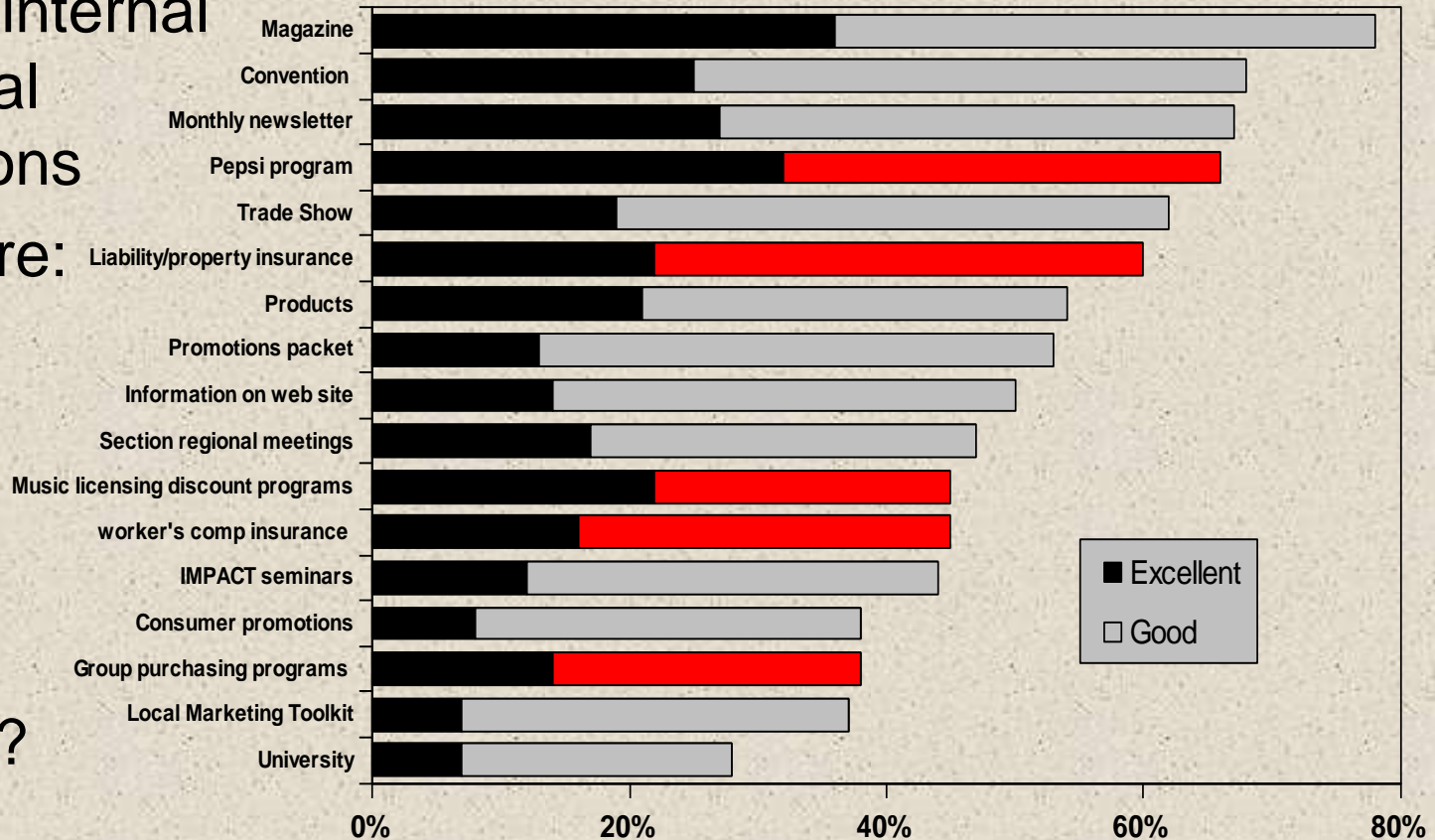
- Evaluate your past performance:
  - Have you been influential?
  - When have you missed opportunities?
  - When would it have mattered if you could have been more vocal, more prominent?
  - What is the risk in simply responding to crises, circumstances?
- Looking ahead:
  - Have you determined goals or defined success?
  - Are leaders, members committed to the program?

# Success Factors in Communications/ Public Relations

- Maximize your impact in all communications channels
  - Strong positioning, effective promotion
- Review the quality of your message:
  - What do you offer that the audience can't get elsewhere
- Right approach
  - More proactive than reactive
  - Patience: long-term relationships with short-term benchmarks
- Set goals, develop and adhere to plans/assessment
  - Keep re-evaluating your program impact...  
and future opportunities

# Measuring Your Performance

- Measure impact when you can: hits/reads/mentions
- Manage internal & external perceptions
- Mindshare: pre- & post
- Surveys
- Are you shaping attitudes?



*Use traditional metrics, build in quantitative measures of performance and provide context when possible.*



# Understanding Your Audience

## Keep an audience focus:

- What do readers believe
- Who are they: profile
- What do they already know
- What do they assume
- What is the desired outcome of your story
- What else are they reading
- Who competes for attention

## Keys to listening:

- Everyone processes information within an existing mental framework
- Changing minds means being able to assess deeper attitudes
- Nip negative attitudes in the bud
- Influence perceptions in a meaningful way, across a spectrum of beliefs.
- We often don't pursue consumer/patient awareness *because of its scope*



I never knew this  
You really got my interest



I didn't get that, I wonder  
what they meant?



*I'll consider this  
in the next session*

# *Oncology vs. Cancer*

Cancer attracts a great deal of public interest ...

- Fundraising & public awareness
  - Susan G. Komen, LiveStrong
  - Fred Hutchinson / MD Anderson regionals
  - St Jude Children's Hospital: pediatric
  - American Cancer Society
- Prevention, screening, research & therapy, cures
- When/are there opportunities to tie in
  - More often, how do you learn & borrow

# Maintain Integrity/Factual Accuracy

- Often associations are very cautious
- Trying to control message to support a point
- Be careful: don't sacrifice story worthiness for "spin control"
- Reporter/editors like their readers and to be read
- Factual accuracy is important but fact-heaviness is not





# Public Awareness Campaigns

- *Cancer* has a broad appeal
- *Oncology*, perhaps more narrow
  - There are opportunities to leverage interest in the disease state ... into interest in cures/treatment
- When does it make sense to use campaign tactics?
  - Themes
  - Public-oriented statements on the Web
  - Collateral material
  - Spokespeople
  - Events/or “Days”?

# Story Identification and Placement

- A little strategy can go a long way
- May not have a good chance to speak with the writers to place a story
- They are generally reactive, not proactive
- Get on their rolodex for background
- More likely to place stories and appeal to specialized audiences
- Trade & business reporters vs. public/press
- You will still factor your own PR/outreach agenda into the story placement



# It's a Crowded Marketplace for Information

- Cut through the clutter
- Campaigns require multiple media
- Get their attention and keep it when you need it
- Understand who visits you:
- Use a mix of media
- Have background: brochures, factsheets, landing pages
- Inbound: who takes calls
- Overall goals: cut through the clutter in a crowded market for attention





# *Some Probable Built-in Challenges*

Reporters, decision-makers, and public

- Come to any issue, even an arcane professional one:
  - With an awareness shaped at least in part by public/consumer causes
  - May look to sources for background or briefings who are most accessible
- Your challenge is to present that positive alternative

# Press Relations 101

Front Page Editor of *USA Today*:

- “To get my attention, keep calling”
- “Figure out who the right person is. I’m not a ‘desk’”
- “Remember, in this business we’re all kind of cranky”
- “*Anyone* can generate and distribute a press release.”
- Gimmicks--“Stop sending those huge pencils (to get my attention).  
Our room is full of them now.”

## Media Diversification

- There are many more channels than there were 50 years ago
- Press know it: “news” (attribution) vs. Web (less reliable)

# Using Your Network

## ASCO

- Tap into resources; observe their releases; news items
- Issues of a regional nature

## AACC

- Other potential coalition partners in your state capital
- Nonprofits, consumer advocacy groups

## Fellow state societies

- Lessons learned; success stories

# Mini-Case Studies Illustrations:

State/National  
Models of Pharmacy  
Associations



# NACDS: Retail Pharmacy

NACDS (Natl. Assn of Chain Drug Stores *early 2000's*)

- Major press/public victories on national scale
  - Prescription drug plan in 2000 presidential election
- National failures as well
  - Inability to secure greater concessions in CMS, reimbursement; Craig Fuller's departure
- State level program:
  - Issues such as prescribing authority
  - Staffing: network of state capital lobbyists, 5 regional services managers
  - No state chapters: only 150 institutional members



# ASHP: Acute Care Pharmacy

ASHP (Am. Soc. of Health-System Pharmacists) *1990s*

- National issues mostly focused on manpower
  - Established sole PharmD, abandoned BS Pharm
  - Co-created PTCB: 200,000 certified technicians
  - Cooperation with ISMP on 'drug misadventures' (100k die/year)
- National network of 51 state societies
  - Largest (PA) 2,000 members (ASHP 30,000)
  - Support system: affiliate affairs (2 staff) and a state government specialists (PhD reg/research/GR mix)

# Comparison/Contrast of Styles

Two organizations addressing sides of the same issues

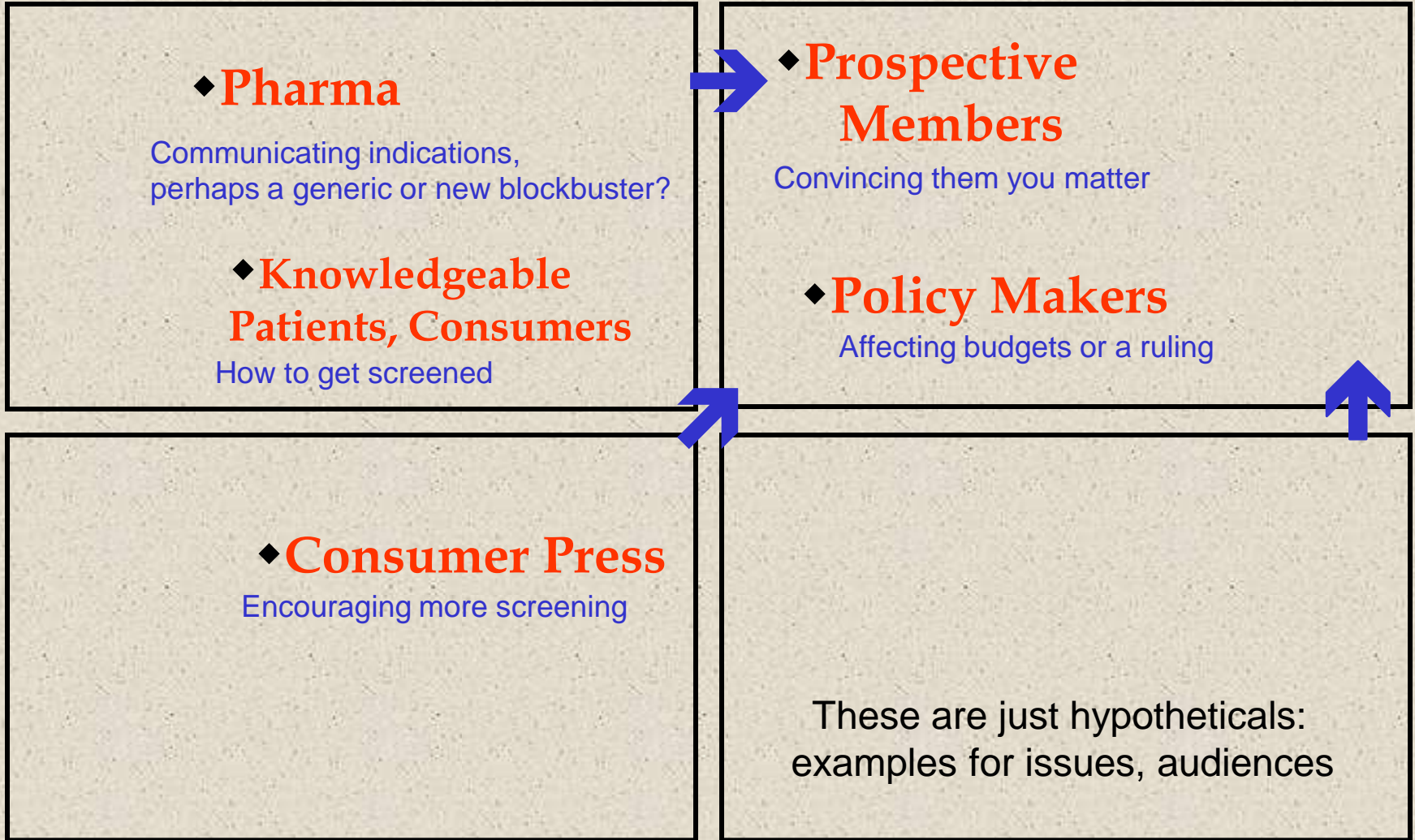
- Trade assn. (NACDS) *advantages*
  - Easy to bankroll new initiatives
  - Greater centralized staffing: more national resources to bear
  - More ‘top down’ strategic management
- Trade assn. *disadvantages*
  - Lack of local connections: if you need help, pay for it
  - Not much “bubble up” of issues, generally just company-specific problems (‘I’m expanding into DME’)
  - Lack of unique voice: everything done in coalition
  - Often with other state lobbyist clients!

# Messages & Audience

Choosing your battles/taking the right approach per issue

Technical Message

Layman terms



Low

Congruence with Mission

High



# Final Thoughts

QUESTIONS.  
ANSWERS.

Thank you!!