

# Hospital growth: Strategies to reach new male patients

May 1st, 2013

by [Andrea J. Simon](#)

In my [last blog post](#) for *Hospital Impact*, I shared a case study in which a hospital realized men represented an untapped market for growing its patient base. I encouraged all hospitals to see the opportunities awaiting them if they likewise targeted men and men's health.



Tellingly, several readers who commented wanted to "know more about how you do this," as did a number of clients. So I'd now like to tell you more about men's health from the perspective of the physicians who became "men's health champions" at Men's Health University, a successful initiative at Integris Health in Oklahoma.

In preparation for a talk I will be giving on men's health later this month, I have been interviewing physicians who have been involved in their hospitals' men's health outreach. They shared their insights into how they overcome the challenges of reaching the "guys" who don't want to see a doctor unless they are really, really feeling horrible.

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The first thing these doctors universally agree on is that changing behavior is very difficult. Men who are already in the healthcare system are not the problem. It is the 40 percent who don't have a doctor, don't get annual check-ups, and if diagnosed with an illness, don't stay compliant on a care regimen. The doctors also know that changing behavior can only occur if men are interested in changing.

So how do you get men engaged?

For Integris Health, the approach was both simple and yet grounded in the reality of behavioral change. Getting physicians to lead the charge was not that difficult. While not all of its doctors are employed by the system, those who are were easy to engage in the men's health initiative, were genuinely interested, if not passionate, about the men's health challenge, and were ready to jump in and work on the program.

What was needed was a process for the program, practical protocols and a dependable way to get men into the system.

To get the ball rolling, a core of Integris clinicians developed the protocols and worked on the screening process. Once these were created, the doctors volunteered their time. But what drove the success of the Men-U program is not that it offered men free health checks and cancer screenings, but that it offered those services often in a tailgate party environment with food and door prizes, not in a doctor's office. Plus, it gave men "Man cards" and bestowed points for getting healthy and staying that way. Brilliant!

Fortunately, it was easier getting men involved than the physicians had anticipated. As Steve Petty, Integris System Director of Community Wellness, explains, "They had a lot of interest when they started. It was just a challenge to get men to think about their health. Men's health was a new concept in the area but they could get it to work if they got men engaged by creating awareness, educating them on the importance of their health, going to their communities, and collaborating with local non-profit agencies who were also looking to attract male audiences."

Moreover, what the Men-U organizers found, by and large, is that they rarely saw a guy at a screening that was already in the healthcare system. As Justin Sparkes, medical director for Community and Employee Wellness at Integris Health, told us, "To get to the men, you had to go where the men go-- giving health presentations at race tracks, sporting events, Oklahoma City Thunder games, Baptist churches and so forth."

While we might think connecting with men about their health means having doctors' office hours that are easy for them to access, it was much more fundamental than that.

According to Sparkes, "The whole challenge was getting as close to a 1:1 as possible. Men had to know why something like high blood pressure directly affects them. They needed simple messages about their health. Men were not interested in the data on whether or not they should get a PSA, or what the correct cholesterol levels were. Not this audience; they just don't care. They simply needed to know that 'I need my cholesterol checked, my PSA taken.' Done. Make it simple."

Integrus also had to train its doctors and open its offices to these new patients: men typically not in the healthcare system. This was not easy. If medical practices had a closed panel but were geographically situated near where someone lived, they needed to open up for him.

Consequently, Integrus hospitals needed to tell their providers: "We have launched this men's health initiative and new patients are going to be calling you; therefore, you need to make appointments available. And, you will like them: male, high speed, low intensity patients. They come through fast."

Terrifically, for Integrus Health and the men in Oklahoma, Men-U is going gangbusters. Why not in your part of the world? If you are a physician who would like to expand your practice, or if you are an employed physician and part of a hospital system, this might be a good time to step back and see if men's health would be right for you and your institution ... and more importantly, right for the men in your community.

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