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This menu allows you to **control**:

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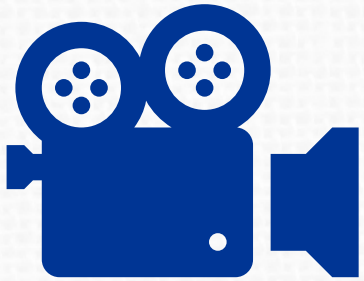

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Pose questions in the chat to "**Everyone**".

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Mutual Agreement

- Everyone on every Learning Network webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on these webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your University point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.

- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

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Marketing COE Services

Building Visibility, Trust, and Referral Pathways

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Learning Objectives

By the end of this training, you will have the skills to:

- Describe key principles of **effective** and **stigma-free** marketing for COE services.
- Identify **outreach strategies** to engage clients, referral partners, and community stakeholders.
- Develop approaches for building and maintaining **collaborative referral** relationships.
- Apply practical methods for **evaluating** and **improving** outreach and marketing efforts.

Connection to the Fidelity Guidelines

- Maintain a clear, front-facing **service description**
- Increase awareness of **COE services** and **referral pathways**
- Support **identification** and **engagement** of individuals with OUD
- Improve access to care for **priority populations**
- Reinforce **consistent**, **recovery-oriented messaging**

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Background

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Why Marketing Matters

- Builds **awareness** of available COE services
- Helps connect individuals to **enhanced** care management
- **Strengthens** relationships with referral partners
- Supports **workforce recruitment** during staffing shortages
- Enhances organizational **credibility** and **visibility**
- Helps maintain **relevance** in an increasingly competitive healthcare environment

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(Purcarea, 2019)

Challenges in Healthcare Marketing

- No **standardized** healthcare marketing approach[1]
- Need for **field-specific** marketing strategies[2]
- Workforce shortages increase **recruitment** challenges[3]
- Reputation and trust influence **engagement** and **sustainability**[4]
- **Rural** versus **urban** landscape representation differences

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(Behavioral Health Partners 2026[1] Roux Advertising 2025[2], PubMed Central 2025[3];TL & Krishna 2025[4])

Effective and Stigma-Free Marketing

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Principles of Effective Marketing

- Use clear, concise, **stigma-free** messaging
- Ensure materials are **understandable** for different literacy levels
- Adapt messaging for **different** audiences
- Maintain **consistency** across materials and outreach
- Highlight compassionate, **person-centered** care
- Focus on trust, **accessibility**, and credibility

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(Thomas, 2008)

Stigma as a Barrier to Engagement

- Stigma **reduces** treatment seeking
- Negative healthcare experiences **discourage** engagement
- Provider attitudes **influence** treatment access
- Language can **reinforce** or **reduce** stigma
- Trust and **empathy** improve engagement

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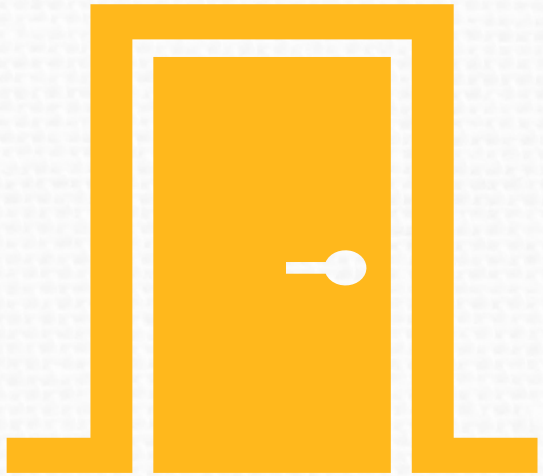
(Ahad et al., 2023)

Implications

- Specific words and phrases can be viewed as **unwelcoming** and have a **negative impact** on individuals
- This necessitates very thoughtful consideration of the use of language to enable **effective engagement**.



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(Ahad et al., 2023)

Stigma and Language

- Stigma can be perpetuated through **language**.
  - Word choice has a **measurable effect** on the way that individuals with a substance use disorder (SUD) are perceived.[1]
  - Using stigmatizing and negative language to describe people with an SUD can **negatively impact** their physical and mental health.[2]

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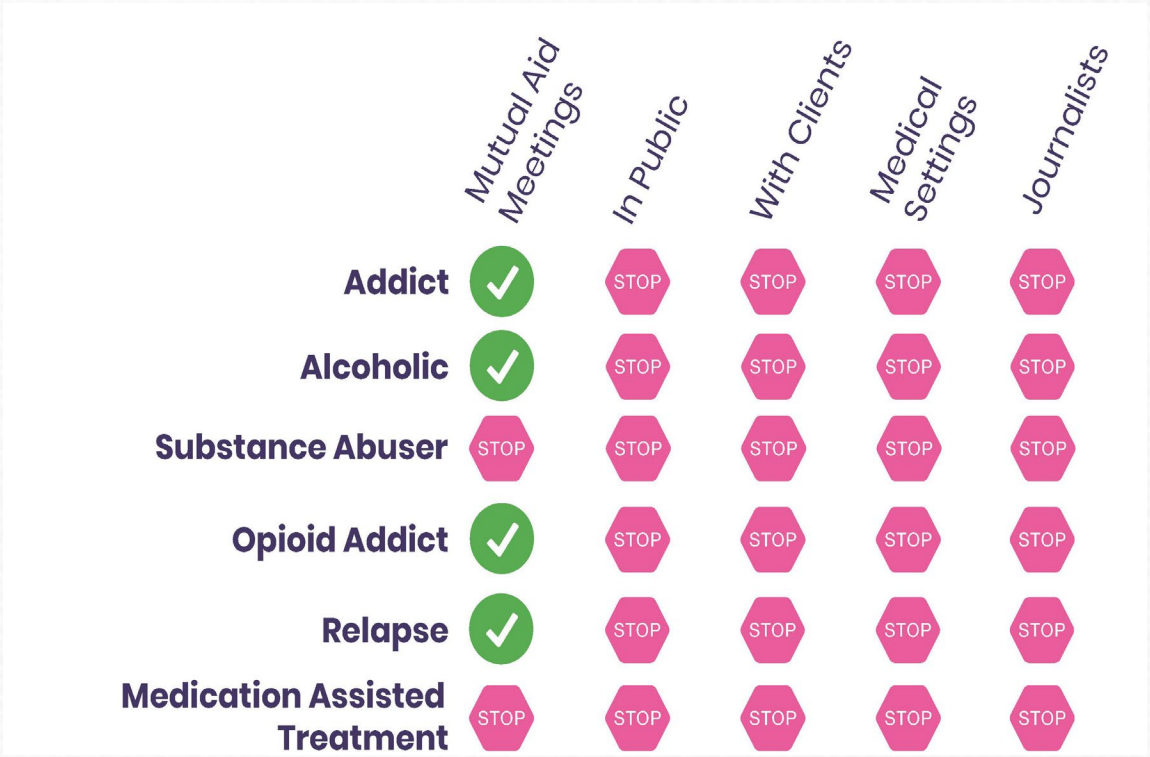
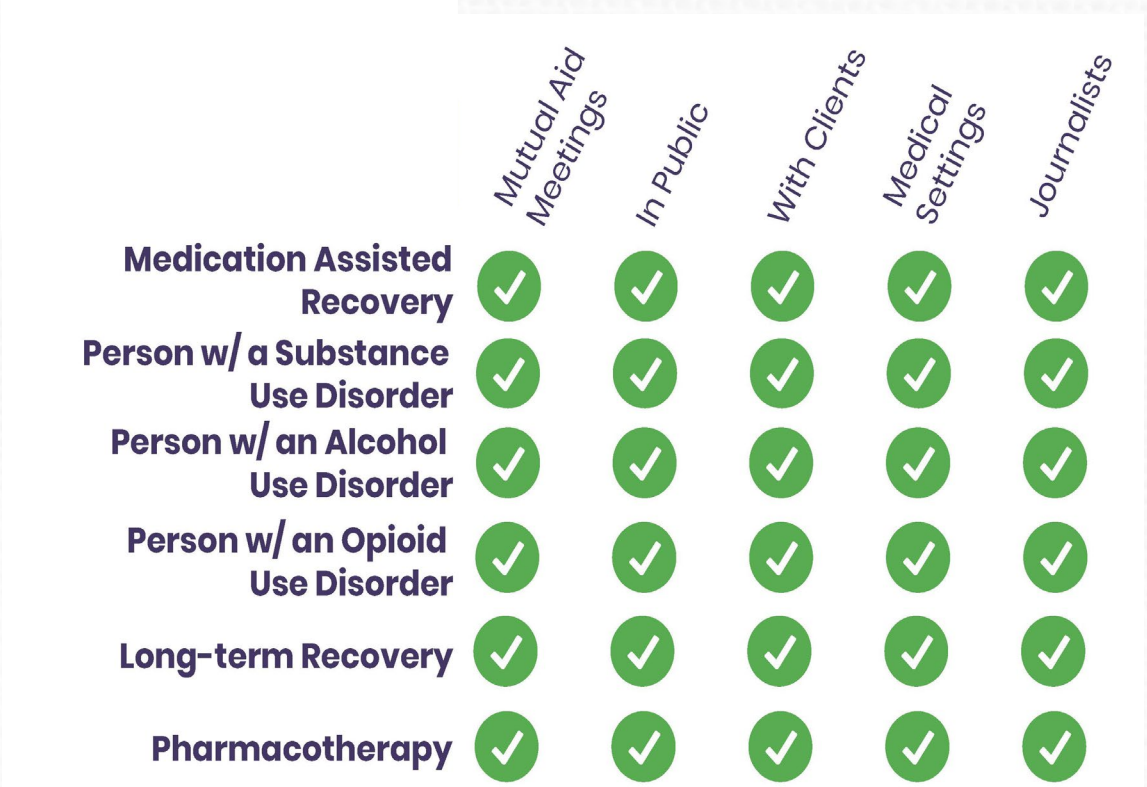
(1. Van Boekel et al., 2013; 2. Kelly et al., 2016)

The Power of Language





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(PRO A, n.d.)

Know Your Audience

- People **seeking** help
  - Who: individuals at **various** stages of readiness
  - Need: hope, **simplicity**, zero judgment
- Families & loved ones
  - Who: individuals **close** to potential or current clientele
  - Need: guidance, empathy, **actionable** next steps
- Referring providers
  - Who: PCPs, EDs, therapists, clinical social workers
  - Need: clinical credibility, warm-handoffs, **clear referral pathways**
- Community
  - Who: employers, faith communities
  - Need: outcomes, **data**, community impact stories

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(SAMHSA, 2025)

Engagement Strategies

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Word of Mouth

- Social proof
- Reduces **disbelief** and mistrust
- **Outperforms** other marketing strategies[1]
- **Real-time** feedback
- **Cost-effective**

(Lovett, 2025[1])

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Community Partnerships as Marketing Channels

Primary Care & EDs

- Warm hand-off protocol
- Lunch-and-learns
- Provider one-pagers

Faith Communities

- Pastoral training on SUD
- Bulletin inserts
- Safe messaging guidelines

Recovery Community Orgs

- Cross-referrals
- Shared events
- Peer support connections

Courts & Social Services

- MOUD-friendly documentation
- Justice-involved pathways
- Housing referral networks

Employers

- Lunch-and-learns
- HR partnership
- Confidential referral programs for working adults

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(SAMHSA, 2025)

High-Impact, Low-Cost Marketing Ideas

Free

- Google business profile
- Email newsletters
- Local media pitching

Low-Cost

- Speaking at community events
- Printed one-pagers
- Peer ambassador program

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(Marketing LTB, 2025)

Traditional Marketing Ideas

- Billboards & broadcast advertising
  - Ability to reach a **large** audience
  - Information **less** accessible than other strategies (word of mouth, community events presence, online advertising)
- Print media (brochures, flyers)
  - More **effort** to reach a larger audience
  - Information **more** accessible than billboards & broadcast advertising

Poll Question

- What marketing techniques do you **intentionally** utilize at your COE?
  - A.) Word of mouth client referrals
  - B.) Google business profile/online marketing
  - C.) Billboards
  - D.) Community event presence
  - E.) All of the above

Poll Question

- What marketing techniques are the most **effective** for your COE?
  - A.) Word of mouth client referrals
  - B.) Google business profile/online marketing
  - C.) Billboards
  - D.) Community event presence
  - E.) Something else

Building Consistent Referral Pathways

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Key Partner Sectors & Their Referral Roles

Primary Care & FQCHs

Warm handoffs & integrated electronic referrals via shared EHR platforms strengthen care continuity[1]

Faith-Based Organizations

Congregational health workers reduce stigma and act as trusted navigators, especially in underserved communities[3]

Justice System

Diversion programs, reentry coordinators, and drug courts create structured referral pipelines for court-ordered and voluntary care[2]

Social Services

Housing, food security, and case management agencies identify patients in crisis and can co-locate referral resources[4]

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(1. Starfield et.al, 2005, 2. Taxmen et al., 2007, 3. DeHaven et al, 2004, 4. Gottlieb et al, 2016)

The Four Pillars of a Consistent Referral Pathway System

1.) Standardized Referral Protocols[1,2]

2.) Dedicated Referral Coordination[3]

3.) Closed-Loop Communication[4]

4.) Tracking, Accountability, and Quality Improvement[5,6]

(1. IHI, 2021; 2. McDonald et al., 2014; 3. Schulman-Green et al., 2021; 4. Mehrotra et al., 2011; 5. Donabedian, 2005; 6. Langley et al., 2009)

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90 Day Action Plan for COE Leadership

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Assess and Plan (Days 1 to 30)

Referral source **audit**

End-to-end referral journey **mapping**

Prioritize top 5-7 community partners

Identify referral **coordinator** among staff

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(IHI Improvement Framework, 2021)

Build and Formalize (Days 31 to 60)

Draft and execute **MOU** templates

Build or update **EHR referral** order sets

Set up basic **referral tracking** dashboard

Develop or update **client-facing** intake materials

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(IHI Improvement Framework, 2021)

Launch and Embed (Days 61 to 90)

Train all staff on **new workflow**

Host a **launch event** with top-referring partners

Establish a **quarterly review** methodology

Identify one “quick win” metric to demonstrate **early progress**

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(IHI Improvement Framework, 2021)

Client-Level Barriers

Unresponsive-ness to outreach

- **Multi-modal** contact (phone, text, email)
- In-person or **community-based** follow-up
- Offer **evening** and **weekend** contact windows

Insurance or cost concerns

- Embed **financial navigator** in intake process
- Screen all referred patients for financial **barriers** at first contact

Transportation and/ or childcare

- Partner with **transportation** vendors
- Identify and refer to **community resource** programs

Stigma

- Train staff in **person-first**, non-judgmental communication
- Peer support navigators/**CRS**
- **Strengths-based** intake scripts/motivational interviewing

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(HRSA, 2022)

System-Level Barriers

Incomplete referral information	• Build EHR order sets that require **key** clinical fields before submission
Long wait times for first appointment	• Target **30** days from referral to first appointment • Use **telehealth** for initial consultations when possible
Inadequate **communication** back to referrers	• Use **automatic** EHR tools to confirm receipt and create a **dedicated** provider inquiry line

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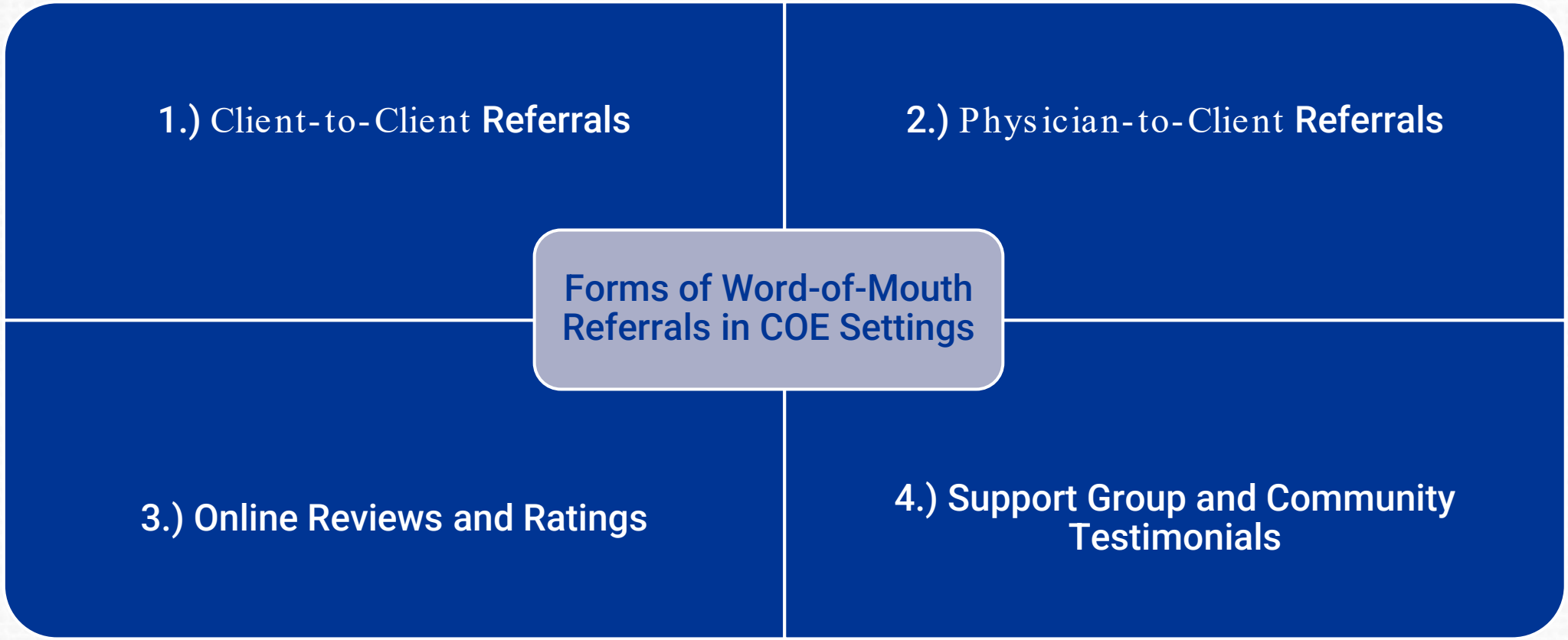
(HRSA, 2022)

Word-of-Mouth as a Healthcare Marketing Channel



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Evaluating Marketing Efforts

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Measuring What Matters

- **Vanity metrics**
  - Social media followers
  - Page views
  - Flyers distributed
  - Impressions on ads
  - Likes and shares

- **Meaningful metrics**
  - # of new intakes per **month**
  - How people **heard** about you
  - **Time to first appointment** length
  - Referral source **tracking**
  - Staff time spent on **outreach** versus return

(SAMHSA, 2026)

Measuring Word of Mouth

- **Intake** surveys
  - Track referral source at intake
- Net Promoter Score (**NPS**)
  - “How likely are you to recommend our center to a friend?”
    - Likert scale of 0-10
- Referral source tracking
  - Use **EHR** to tag referral source for every **new** client
- Community partner check-ins
  - Gauge **reputation** and **referral** trends

(HRSA, 2021)

Measuring Partnership Impact

- EHR **referral source** attribution
  - Record new client referral source at **time of intake**[1]
- Event **attendance** sign-in sheets
  - Collect contact information at community fairs and events
- Community partner **feedback** surveys
  - Brief **annual** surveys

(Leila, 2026[1])

Common Challenges and How to Address Them

Challenges	Solutions
Inconsistent capturing of **referral data** at intake	Build the 'How did you hear about us?' field as a **required** dropdown in the EHR intake workflow
Patient heard about COE multiple times (**attribution is unclear**)	Allow **multi-source** coding
Community events have **poor attendance**	Offer **tangible benefits** at events (i.e., free blood pressure screening)
Clients decline to complete **satisfaction surveys**	**Shorten survey questions** to 1-3 maximum and send a text message reminder 24 hours post appointment

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(ACHE,2021)

Key Performance Indicators for COE Marketing

KPI	Description
New client volume by referral source	Track how many **new clients** were referred by word-of-mouth vs. community events vs. physical liaisons
Net **promoter score** (NPS)	**Survey clients**: “How likely are you to recommend our COE to a friend or family member?” Score 0-10
Referral conversion rate	% of client **inquiries or referrals** that result in a scheduled appointment
Community event **attendance**	# of **attendees** at COE-sponsored education events, health fairs, or screenings
Online **review rating** (avg)	Average **rating** on Healthgrades, Google, and hospital website- a proxy for WOM sentiment

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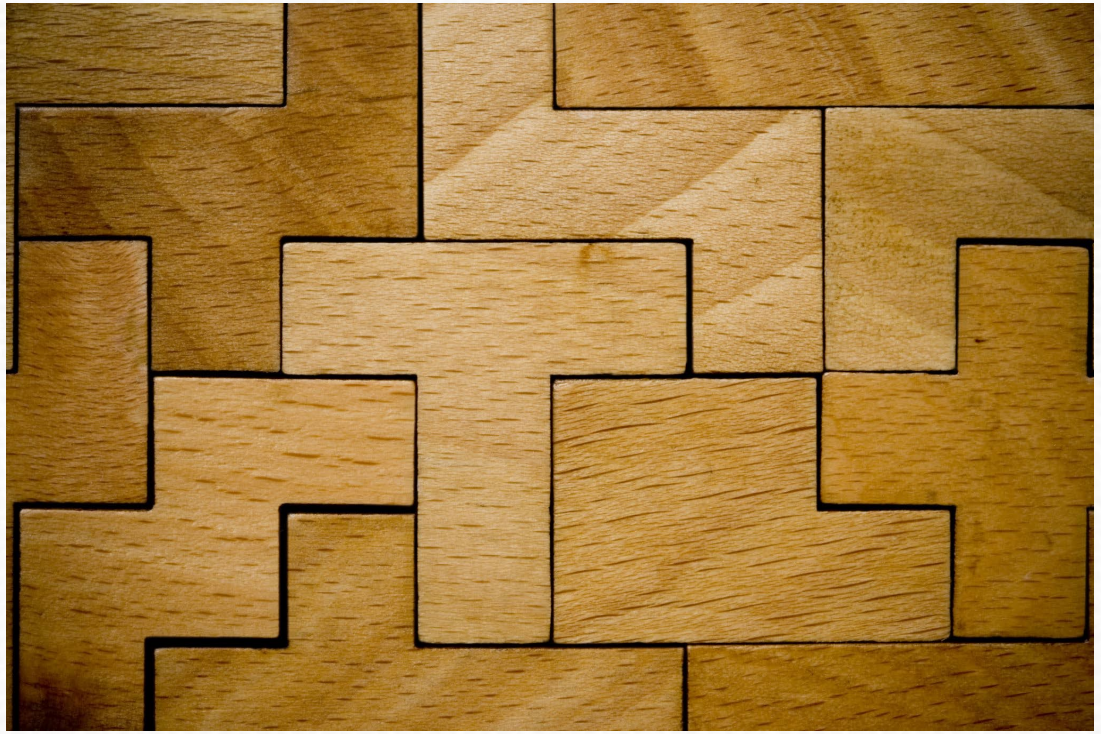
Key Takeaways

Wrap-Up

- **Stigma-free** language in marketing is ethically imperative and particularly important in healthcare settings
- Building **consistent** referral pathways with community partners is an important building block to **effective** marketing
- Utilizing **surveys** and other **KPIs** for marketing strategies are good ways to measure methodology **effectiveness**
- **Word-of-mouth** is the most cost and **socially-effective** means of marketing in healthcare settings

Why Implement a 90 Day Action Plan?

- Tracking **methodology**
  - **Referral** source tracking
  - Indicator of most **active** community/institutional referral **partner**
  - Helps identify what marketing techniques have been **effective**
- **Streamlines** referral tracking



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