

ETHICS & CLIENT PLACEMENT: DO YOU KNOW WHERE YOUR PATIENT WENT?

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Training Summary

This presentation provides the history of ethics in marketing within the behavioral healthcare space, including challenges, successes, examples, and current trends. Those participating will be challenged within their behavioral healthcare space to be preventative and aware of unethical behaviors, despite their position, credentials, or licensure. Using role play and group discussion, individuals will be able to personally identify how the use of unethical marketing tactics puts those we serve in danger, going against the most valued cornerstone of ethics in healthcare: cause no harm.

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Training Objectives

1. Ability to identify appropriate and ethically sound marketing basics, to differentiate between what is "right" and "wrong."
2. Awareness of potential implications for someone working within the behavioral healthcare space, if association exist with unethical behavior.
3. Next steps for prevention, awareness, and reporting; being part of the solution and not the problem.
4. Conceptualize the connection between ethical practices for client placement and implications for certified individual.
5. Have a deep, profound understanding of detrimental clinical implications for both clinicians and clients when utilizing unethically marketed services.

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About the Trainor

Samantha holds a Bachelor's Degree from Elizabethtown College and a Graduate Degree from Saint Joseph's University with a major in Criminal Justice and an emphasis in Behavior Management. Samantha has held a plethora of different positions within the behavioral healthcare space including, Behavioral Health Technician, Co-facilitator of Family Programming, Counselor Assistant, Aftercare Coordination and various Business Development positions. Samantha credits her knowledge not just on her educational accolades, but on being provided opportunities to grow her skill set through all levels of the behavioral healthcare field. Samantha is also a Certified Recovery Specialist (CRS) and a Certified Family Recovery Specialist (CFRS) through the Pennsylvania Certification Board. Samantha has a passion for teaching and training and has held various adjunct teaching positions. In her spare time, Samantha enjoys spending time with her husband, two children, and her beloved cats!



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Let's Get to Know Each Other

- INTRODUCTION
- ICE BREAKER
- EXPECTATIONS



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Learning Expectations

- Basic Definitions
- Healthcare & Publications
- Ethics in Marketing
- 15 Minute Break



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Learning Expectations

- Common Ethical Dilemmas
- Business V. Profession
- Case Study
- Break Out Session
- Case Study

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Basic Definitions..why do they all relate?



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History of Marketing in Healthcare

- Marketing is a relatively "new" term, an American concept initially related to "sales" first used in 1910
- 1950s – Marks the beginning of the marketing age in healthcare
- 1980s – brought the adoption of significant marketing; prior to 1980s sales tactics were not common among organizations involved in patient care
- 4 Stages

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History of Marketing in Healthcare Cont'd

- **STAGE 1 The Rise of Product Differentiation and Consumerism (1950s & 1960s)**
 - Sellers market turned into a buyers market
- **STAGE 2 The Shifting Role of Sales (1970s & 1980s)**
 - Heavy emphasis on sales and sales tactics; sales overshadowing services
- **STAGE 3 The Emergence of the Consumer Point of View & The Service Economy (1990s)**
 - Shift from product orientation to service orientation
 - Marketing of services Vs. Marketing of goods
- **STAGE 4 The Rise of the Electronic Age (2000s)**
 - Consumers could now compare & contrast options, do their own research
 - Rise in social media
 - Patient Protection and Affordable Care Act 2010



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Connection to Changes in Behavioral Health

- As we look at the time periods of "marketing change" how can we relate them to changes in behavioral healthcare system
- 1950s & 1960s
- 1970s & 1980s
- 1990s
- 2000s



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Ethics in Marketing

- Marketing and Ethics came together in 1847 - the American Medical Association unveiled its first code of marketing ethics
- The American Medical Association aimed to disassociate true physicians from those who were not practicing appropriately - additional level of liability
- First Conference - American Hospitals Association - 1977



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Why is this a clinical issue?

- Rapport with our clients
- Fear of abandonment of client
- Invested time and awareness past initial screening of a client
- Lack of education & ASAM Criteria

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Common Unethical Behavior

- False Advertisement
- Enticement
- Bonus Payments and Price Per Admission
- Creative Accounting
- Insurance Fraud
- Deceptive Marketing
- HIPPA & Client Confidentiality

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False Advertisement

- Taking advantage of vulnerable patients
- Providing "sales pitches" and not health-care advice
- State by State differences - California Example
- Promises of success "95% of our clients are sober"

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Enticement

- Flight Payments
- Deliberate over-spending to generate referrals
- Promise of long treatment stay - typically used to promote out of state programs

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Bonus Payments & Patient Brokering

- Patient Brokering - paying of a third party to obtain patients
 - Call Centers
 - Pay per Call
 - Recruiting individuals in early recovery
 - Enticing vulnerable individuals to seek out patients for them
- Bonus Payment - price per "head"
- Working for 2 organizations without transparency

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Creative Accounting

- Member Liability
- "Financial Hardship"
- In-Network Benefits Vs. Out of Network Benefits
- Scholarships

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Insurance Fraud

- Paying for policies for patients who are not aware that it has been done
- Charging ancillary charges that were promoted as all inclusive
- Non-medically necessary urine samples for testing based on payment per urine
- Reduced or Free Rent

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HIPPA & Client Confidentiality

- Sharing of patient information prior to consent to treat or patient paperwork completed
- Sending Client information via text
- Are we protecting our clients?
- How to keep yourself protected.
- <https://www.youtube.com/watch?v=mggiD9OvRQQ>

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Federal Statues

- Anti-Kickback Statute (AKS) - prohibits payments for referral of patients when services are paid or by federal healthcare
- Stark Law – prohibits physicians from payments for referral of patients when services are paid by federal healthcare
- False Claims Act (FCA) - prohibits person from submitting false claims for payment by federal government
- Most unethical practices involve Commerical or private payers – many efforts have been regulated & focused on local and state law (Not regulated the same way as other medical health care services)
- States have false claim acts, but are only looked at if state funds are used

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PCB Code of Ethics Specifics

Rule 3.6: A certified professional or applicant shall not produce, publish, create, or participate in the creation of any false, fraudulent, deceptive, or misleading advertisement.

Rule 3.7: A certified professional or applicant who participates in the writing, editing, or publication of professional papers, media resources, online platforms, brochures or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc.



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PCB Code of Ethics Specifics Cont'd.

Rule 4.6: A certified professional or applicant shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.

Rule 5.5: A certified professional or applicant shall not perform services outside of their area of training, expertise, competence, or scope of practice. They shall seek consultation or make appropriate referral when the client's problem is beyond their area of training, expertise, competence, or scope of practice.



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PCB Code of Ethics Specifics Cont'd.

Rule 5.7: A certified professional or applicant shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

Rule 6.4: A certified professional or applicant shall not refer a client to a person that they know or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.



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Case Study #1

- What "common unethical behavior" do you see in this case study?
- Do you see any "common unethical marketing behavior" throughout this case?
- In what way could the clinician become involved in this behavior?
- Was the client in the case study provided the appropriate referral?
- **What would you do differently if you were the referring clinician, knowing what you have learned from this training?**

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Case Study #2

- What "common unethical behavior" do you see in this case study?
- Do you see any "common unethical marketing behavior" throughout this case?
- In what way could the clinician become involved in this behavior?
- Was the client in the case study provided the appropriate referral?
- **What would you do differently if you were the referring clinician, knowing what you have learned from this training?**

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What can I look for? How to spot unethical behavior from affecting my clients.

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Empower Yourself & Your Client

- Know where your client is going
 - Have a contact person for when your client is placed into a higher or lower level of care
 - This is about protecting the client and yourself from liability associated with the patients next level of care
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- Get a certification!!!

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Questions?

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