

Branding Anesthesiology as the Practice of Perioperative Medicine

Ronald Pearl, MD, PhD
Professor and Chair
Department of Anesthesiology, Perioperative and Pain Medicine
Stanford University
Rpearl@stanford.edu



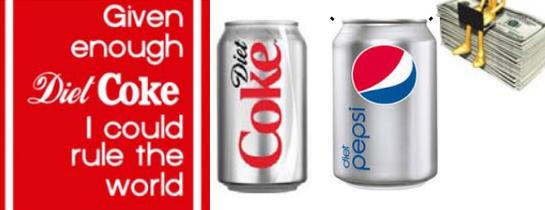
Outline of Presentation

- What is branding?
- What is the current brand of anesthesiology?
- What are the benefits of branding anesthesiology as the practice of perioperative medicine?
- What would such branding involve?



Disclosures

- SAB for Intensix (ICU big data analysis)
- No special training or expertise in branding or marketing



Branding As Perioperative Medicine

PSH

Branding as Image and Emotion



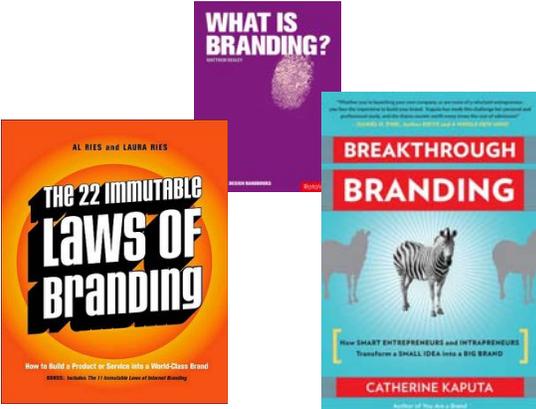
- A logo may be part of a brand, but a brand is not a logo
- A brand is what your customers think of when your name is mentioned

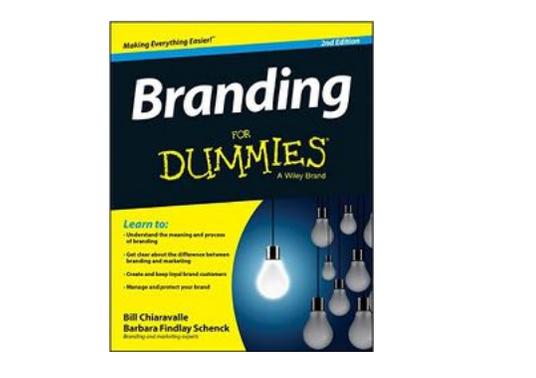


What Is Branding?

- “the process in which we shape our reputation and the expectations people have of us”
- “building and establishing expectations about the experience a person will have with a product, service, or company”
- “the art of communicating the essence of what a company stands for”
- “saying here’s who I am, what I stand for, what I offer”
- “the heartbeat of an organization. Who they are and who they want to be!”
- “a brand is a promise”

Masters in Branding student Sarah Hermalyn



Choosing A Brand

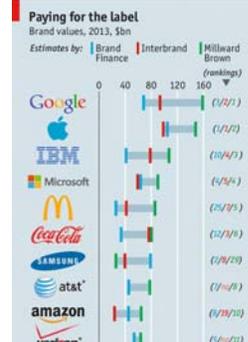
- Simplicity (one concept)
- Big idea
- Disruption (be different)
- Meaning (emotional connection with audience)
- Depth (layers of meaning)
- Branding is about creating an emotional connection

The 7 Tenets of Branding

How To Brand

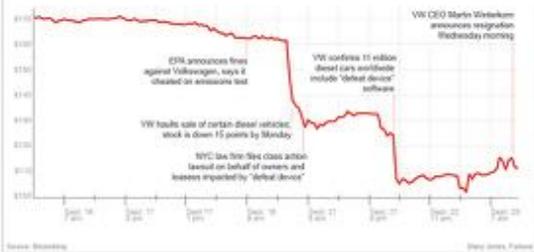
- Branding should capture your vision of success
 - How is it different from what is available today
- Branding is about knowing what you stand for
- Your brand is your identity
- Create an experience, not a product
- A brand should be memorable, easy to understand, inspirational
- Your brand is your promise to your customers
 - Deliver on your promise

Value of the Brand



Brands account for more than 30% of the stock market value of companies in the S&P 500

Investors' reaction to Volkswagen emissions saga



Fundamental Branding Mistake

- Different people providing different messages



The Stanford Brand

The Stanford Medicine Brand



Stanford PREEMPTIVE PREVENTIVE
MEDICINE PREDICTIVE PROACTIVE

"Healing humanity, through science and compassion, one patient at a time"



To care,
To educate,
To discover



Stanford Healthcare Alliance Brand



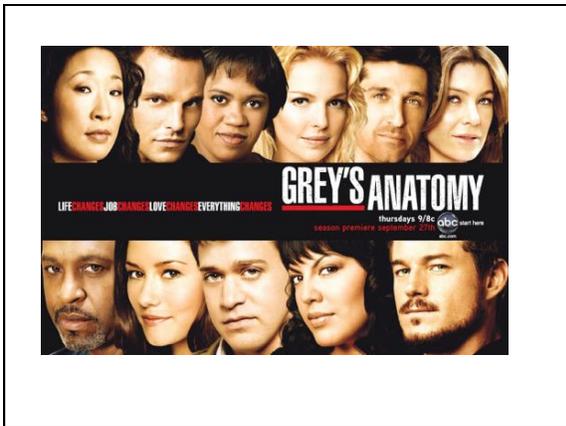
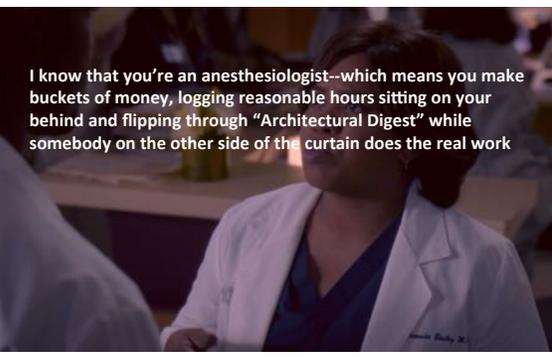
Quality of care
Integrity
Perverse incentives



What is the Brand of Anesthesia?

Stereotype of an Anesthesiologist

- Not (true) doctors
- Not very smart
- Not interested/good at dealing with patients
- Interested only in money and lifestyle
- Overpaid

I know that you're an anesthesiologist—which means you make buckets of money, logging reasonable hours sitting on your behind and flipping through "Architectural Digest" while somebody on the other side of the curtain does the real work



NURSE ANESTHESIA • SAFE ANESTHESIA



Which ones are the anesthesiologists and which are the nurse anesthetists?

CAN'T TELL?

It's *just as hard* to tell the difference between their anesthesia education, the way they administer anesthesia, and their safety records.

Public Perceptions

- Many patients (up to 50%) do not know anesthesiologists are physicians
 - They are not “proper” doctors
- Confusion with nurse anesthetists
- Only 4% of patients can recall the name of their anesthesiologist
- Frequent belief that anesthesiologist leaves patient once the patient is asleep
- Frequently perceived as a technician
- Limited knowledge of any role of the anesthesiologist outside the operating room

Branding Anesthesiology As Perioperative Medicine?

- Perioperative medicine encompasses the care of the patient preparing for, having and recuperating from surgery...The medical knowledge distinct to this field includes that of operative risk and complications, of patient specific risks, of methods to reduce risk, and of the management of medical illness during this time period.

--Wikipedia

Components of Perioperative Medicine

- Preoperative evaluation and optimization to assess risk and decrease it
- Intraoperative anesthesia using procedure-specific or risk-reduction protocols
- Immediate postoperative stabilization, including critical care medicine
- Guide patients through critical pathways, treating pain and nonsurgical morbidities and ensuring continuity of care

Beattie, “Training Perioperative Physicians”, *Anesthesiol Clin N Am* 2000; 18:515

Leading the Way

- Stanford: Anesthesiology, Perioperative and Pain Medicine
- Brigham: Anesthesiology, Perioperative and Pain Medicine
- UCSF: Anesthesia and Perioperative Care
- NYU: Anesthesiology, Perioperative Care and Pain Medicine
- Oregon: Anesthesiology & Perioperative Medicine
- MGH: Anesthesia, Critical Care and Pain Medicine
- Johns Hopkins: Anesthesiology and Critical Care Medicine
- University of Pennsylvania: Anesthesiology and Critical Care
- University of Chicago: Anesthesia & Critical Care
- University of Washington: Anesthesiology and Pain Medicine

