REDC

Highest Standards of Care

REDC Marketing Best Practices

May, 2021

Eating disorders are complex and lethal illnesses: An American dies roughly every hour as a direct result of one. Those who treat these illnesses must pledge themselves to nothing short of the highest standards of conduct in both their clinical approach and their business practices. This includes adopting marketing practices that are educational and focused on treatment, consistent with—and truly representative of—programs' operational focus on best-practice care.

Marketing messages from REDC members are expected to communicate substantive, critical information about a therapeutic service and arm patients and families with information that allows them to make informed treatment choices. Such messaging has treatment as its primary focus. Promotional messaging is never simply an enticement to pick one program over another for competitive purposes, nor is it focused on superficial attributes or used as a vehicle for deceptive claims.

REDC provides all members with these "Marketing Best Practices" guidelines that provide concrete ways for eating disorders treatment programs to evaluate their marketing practices. This document also includes REDC policies and guidance on a number of specific marketing activities and practices.

Questions to Evaluate Your Marketing Messaging

Below are questions that can assist facilities in evaluating their marketing messages:

1) What are we leading with?
    - What's the focus of our home page?
    - What do we communicate first?
    - What do we focus on most?

2) Do our marketing messages contain the appropriate balance between the seriousness of the condition and the atmosphere in which we provide care? Do we refrain from over-suggesting the setting in which we provide care?

3) Do our website and marketing messages convey credibility, consistent with our operational focus on best-practice care? Do we signal trustworthiness and excellence by ensuring that content is accurate and up-to-date?

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4) Are we careful not to exaggerate services or promise unrealistic outcomes? Do we avoid superlative terms such as "cure," "full/permanent recovery," and "miraculous"?

5) Do we include disclaimers immediately preceding content that could be considered sensitive or "triggering"?

6) Is our messaging fair to competitors? Do we avoid making direct comparisons using competitors' names or defaming competitors in any way?

7) Are we adhering to confidentiality standards? Do we receive explicit permission from patients or former patients to share their stories in our marketing?

8) Do the images we use communicate substantive information about our therapeutic services, or are they simply an enticement to "pick us" over the competition? Are we using only photos of our own programs?

9) Overall, do our marketing practices serve and assist patients and families as they make serious decisions about their health?

Policies & Guidelines

Below are REDC policies and guidelines related to specific marketing practices.

1) Site Visits & "No Entertainment" Policy

The average physician only receives an estimated four hours of eating disorders training in his or her entire medical education. That is woefully inadequate. If left untreated, eating disorders frequently result in costly medical complications and may result in death. Individuals who have access to and receive appropriate care often fully recover and go on to lead productive lives. Yet the vast majority of individuals suffering from eating disorders do not receive the care they need.

To that end, REDC members look for opportunities, including site visits, to educate health professionals in need of training in eating-disorders early identification, treatment, and referral—with the goal of saving lives.

We have found that it is critical for health professionals to gain an understanding of how to identify eating disorders, see with their own eyes the treatments being offered, meet the clinicians who could assist their patients in need, and evaluate whether a program's treatment philosophy aligns with their own. We also recognize that providers visiting our site/s must take a day off work, cancel their patients for a day and incur the inconvenience of travel. Thus we believe it is entirely appropriate to cover sensible out-of-pocket costs.

REDC members are committed to structuring site visits as opportunities for education, not entertainment. REDC's policy is that reimbursement for travel, accommodations and meals should pass a "reasonableness" standard. REDC's "no-entertainment" policy holds that in general, activities should occur on site. When treatment centers host a reasonable off-site gathering as a legitimate marketing function, they are transparent with providers and referral sources that it is a marketing activity. Lavish dinners and "experiential" activities, such as harbor cruises, helicopter rides, and golf outings, should be avoided. With regard to all of the above, a useful question to ask is: "Is this activity educational or a benefit to providers professionally?"

2) Gifts

The giving of substantial gifts to patients and potential patients, referral sources and potential referral sources, and other types of stakeholders is strongly discouraged. Items of only nominal value—generally defined as $25 or less—are acceptable, with a preference for items that have a purpose or intent related to education and assisting treatment, such as a book or workbook. In marketing their services, REDC members are committed to relying upon objective facts and open, honest communication—not gifts—as a way to engage stakeholders. Gifts are never used to gain any special advantage in a business relationship.

3) Payments to Referral Sources

Payments to referral sources, either explicit or implicit, are not acceptable. This applies to the use of paid consultants in situations in which there is an implicit *quid pro quo*.

4) Subsidizing Transportation Costs for Patients

At times, treatment centers encounter patients with financial constraints that include an inability to pay for transport to the treatment facility. Transportation scholarships and subsidies should be used sparingly, and only in cases where there is a genuine, demonstrable financial need. Transportation subsidies should never be used merely as enticements for patients to choose one program over another for competitive purposes.

5) Transparency About Outcomes

REDC members are committed to being honest and transparent with all stakeholders in shaping expectations about realistic outcomes of treatment. Some of the criticism in this field has been related to hyperbolic claims designed to entice patients away from competitors with false promises and baseless comparative statements. We agree that this is unacceptable. Furthermore, REDC members do not seek to be held to lower outcomes standards with misleading claims that their patient population is somehow different from others. Instead, REDC members are committed to informing every incoming patient and family member of the realistic trajectory of treatment. To that end, REDC members are expected to have honest conversations about recidivism rates and the typical illness duration and course of care that may be required over a patient's lifetime.
Through the intake and admissions process, COEs commit to full transparency with prospective patients and families. This transparency includes accurately representing the services and care that their program is capable of providing. If the program is not able to appropriately meet the clinical and medical needs of the patient, it guides the patient to more clinically and/or medically appropriate alternative treatment resources.

When eating disorders treatment programs truly believe that they are offering a service that is substantially better than and/or different from others in the field, they are willing to have these practices studied and validated, such that the entire field can benefit.

Clinically, first-line outpatient treatments work for many, but not all, patients with eating disorders. A significant proportion of patients will require a higher level of care. REDC members acknowledge that research on these higher-level-of-care interventions—such as residential, partial hospital programs (PHP), and intensive outpatient programs (IOP) —is limited, and that the evidence base must be expanded through further research to fully understand what works and for whom. REDC members are expected to pursue research collaborations with interested researchers to bridge the research-practice gap and contribute to the advancement of knowledge in the field. They look for opportunities to collaborate with universities and scholars to validate field best practices, publish findings in peer-reviewed journals, and hold the field accountable for tracking and reporting outcomes in a consistent way.

6) Media Interviews

With specific regard to media interviews and appearances, REDC members embrace opportunities to participate in responsible and authoritative interviews aimed at educating

audiences and raising awareness about these deadly disorders. Eating disorders treatment programs have a solemn responsibility to be good citizens in both traditional and social media. They do not engage in practices such as releasing photos of body size, showing "before-and-after" weights, making unsupported claims about causation that are not evidence-based, speculating about the health condition of celebrities, or appearing on shows that exploit mentally ill patients in exchange for free treatment.

7) Online Keywords/Advertising

REDC members do not engage in marketing practices that create discord, such as purchasing online keyword/search terms for the express purpose of driving traffic away from a competitor's facility. Prohibited practices include engaging in intentionally misleading paid or organic Internet advertising, bidding on competitors' facility names or engaging in predatory online practices. If a REDC member believes that a fellow member may be engaged in such practices, it first reaches out directly to that member to gain an understanding of the matter and attempt to resolve the issue. If the issue cannot be resolved through direct communication, the matter can be referred to REDC's ethics committee for resolution.

Below is additional information to assist REDC members, received in communication with Google:

1. In some circumstances, Google considers well-known treatment centers to be "synonyms," or broad matches, to keywords associated with treatment centers.
2. To avoid advertising on the names of other programs when they are considered "synonyms," it is necessary to add the names as negative keywords.
3. By adding the names of other programs as negative keywords, search terms that include the names of other programs are specifically excluded from displaying ads.
4. Negative keywords may be added at the campaign level in Google AdWords.
5. To add a negative keyword or a list of negative keywords, select the "Keywords" tab.
6. Under the main navigation, select "Negative Keywords."
7. Add the names of other programs by selecting the "red + Keywords" button and typing the names in the provided field.
8. Negative keywords need to be added to each campaign in AdWords to be applicable to all ads.

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