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REDC Marketing Best Practices

(Updated June 2021)

Definitions:

The terms “members” and “REDC members” refer to REDC member organizations.

The terms “patient” and “patients” also extend to patients’ legal guardians.

Eating disorders are complex and lethal illnesses: An American dies roughly every hour as a direct result of one. Since its founding in 2011, REDC — a national professional association that represents approximately 80 percent of residential/inpatient eating disorders treatment programs in America — has set a high bar for quality and ethics in the industry. In addition to offering 24-hour care, all of REDC’s members also offer day treatment, and many offer intensive outpatient and outpatient treatment, underscoring REDC’s position as a key voice representing the entire spectrum of eating disorders care. REDC has used that platform to emphasize its core belief that those who provide care for vulnerable populations, including eating disorders patients, 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.

In marketing their services, REDC members should employ messaging that is truthful, fair, non-deceptive, capable of being substantiated, and in all respects lawful. 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 should never be simply an enticement to choose one facility over another, 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 identify concrete ways for eating disorders treatment programs to evaluate their marketing practices. This document also reiterates REDC policies and provides 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) Do we refrain from making hyperbolic claims designed to entice patients away from competitors with false promises and/or baseless comparative statements, such as “We take all other programs’ failures”? Do we avoid misrepresenting the range of services offered by other programs and/or the qualifications of other programs’ staffs? Are all express marketing claims substantiated or capable of substantiation with appropriate evidence when made?
- 7) Are we adhering to confidentiality standards? Do we obtain explicit written permission from patients or former patients before sharing their stories in our marketing? Patient testimonials must be consistent with state law, and should never be used in those states that prohibit them. Patient testimonials may not portray or imply results that are not typical for all of the member’s patients who present with similar medical conditions. It is unethical to compensate a patient for a testimonial.
- 8) Do the images we use communicate substantive information about our therapeutic services, or are they simply an enticement to choose one facility over another? 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

The REDC Code of Ethics states REDC’s policy and is enforceable. The guidelines below about specific marketing practices are intended to help each member evaluate its marketing practices but are not intended to expand a member’s obligations under the Code of Ethics.

Most importantly, REDC members do not pay or receive anything of value in exchange for patient business where doing so violates the law or REDC’s policies. REDC members are committed to relying upon objective facts and open, honest communication — not financial enticements — as a way to engage stakeholders. With limited exceptions described in REDC’s policies, REDC members do not offer financial incentives of any kind to patients, referral sources, or anyone else for the purpose of inducing (or rewarding) the referral of business.

1) Site Visits & “No Entertainment”

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.



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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 reasonable out-of-pocket costs for travel, accommodations and meals.

REDC has a "no entertainment" policy that advises programs to structure site visits of health professionals as opportunities for education or legitimate marketing activities, not entertainment. This "no-entertainment" policy holds that where possible, activities should occur on site. When treatment centers host a reasonable off-site educational gathering as a legitimate marketing function, they are transparent with providers and referral sources that it is a marketing activity. Lavish dinners and activities such as harbor cruises, helicopter rides, and golf outings are examples of practices inconsistent with the guiding principles of REDC and the expectations of its constituent members. With regard to all of the above, a useful question to ask is: "Does this feel more like work or entertainment?"

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. Gifts are never used to gain any special advantage in a business relationship. Under no circumstances shall a gift of cash or cash equivalents (i.e., gift certificates) be given. Care should be exercised to ensure that any gift cannot be reasonably construed by the recipient as a bribe or improper inducement.

All funds expended for education and legitimate marketing activities for business purposes and gifts must be accurately documented and reflected in the books and records of the treatment center.

3) Payments to Referral Sources

In general, payments of anything of value to referral sources, either explicit or implicit, direct or indirect, in an effort to induce (or reward) a referral of business that is reimbursable by a government payer or, in many states, a commercial payer, are illegal and are not acceptable unless there is a "safe harbor" that applies which permits the payment.

One of the safe harbors protects payments by employers to employees who receive a W-2 to reward the employee's efforts to help the employer build a practice, e.g., production bonuses or compensation based on percentages of collections generated by the employed provider. In contrast, production bonuses and percentage collections paid to consultants who receive a 1099 instead of a W-2 may be illegal if one purpose of the payment is to induce the referral source to generate business. This area is very nuanced and fact-specific and members should work with their legal counsel to understand which arrangements are permissible and which are not. In all cases, however, referral sources (whether employed or not) should not be incented to admit patients or to extend patients' lengths of stay when patients do not need treatment.

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 as enticements for patients to choose one facility over another.

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/or baseless comparative statements. We agree that this is unacceptable. REDC members should accurately represent expected outcomes so that patients understand what they are “buying.” They should not exaggerate services or promise unrealistic outcomes. They should avoid superlative terms such as “cure,” “full/permanent recovery,” and “miraculous.” Claims about clinical outcomes should be based on objective criteria recommended by an outside organization, such as the American Psychiatric Association (APA) and/or the Academy for Eating Disorders (AED). When making claims about outcomes, it is acceptable for programs to note that they take patient satisfaction surveys into account. The patient experience is important and surveys about patient satisfaction provide useful data points. However, statements about outcomes should not be solely based on patient satisfaction.

Members must accurately represent measures, including providing details about sample sizes and response rates such that stakeholders can understand the degree to which reported outcomes represent a patient population. Furthermore, REDC members should 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 with patients and families 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, REDC members should 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 and the qualifications of their staff. REDC members should only admit patients whose needs are appropriate for the type of treatment provided — and for the level of care provided — at their programs. REDC members should strictly adhere to guidelines from the American Psychiatric Association (APA) regarding the appropriate levels of care, and they should be committed to treating at the most appropriate level of care required to meet a patient’s needs. If the program is not able to appropriately meet the clinical and medical needs of the patient, it should guide the patient to more clinically and/or medically appropriate alternative treatment resources. When REDC members are marketing relationships that they have, they should disclose financial relationships and any potential conflicts of interest that might affect patient care.

When eating disorders treatment programs have reasonable grounds to believe that they are offering a service that is substantially better than and/or different from others in the field, they should be 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.



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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 all forms of media in which they participate. They should not engage in practices such as releasing misleading photos of body size, showing “before-and-after” weights that are not representative of all patients with similar conditions, 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 Advertising/Keywords

Online advertising has become an important channel of communication with potential referral sources and with individuals who could benefit from members’ programs. REDC’s Code of Ethics does not establish rules specific to online advertising, but the principle that REDC members should not engage in marketing practices that are intentionally misleading applies to online advertising as well.

Engaging in intentionally misleading paid or organic Internet advertising, or engaging in predatory online activities, are considered examples of practices inconsistent with the guiding principles of REDC and the expectations of its constituent members. If a REDC member believes that a fellow member may be engaged in such practices, whenever possible, the member should attempt to address matters informally before filing a formal complaint. That said, if an amicable resolution cannot be reached, or if the member does not wish to approach the other party, a complaint may be filed. In addition, if any person wishes to ask the Ethics Committee for a clarification about an ethical issue, this can be done without filing a formal complaint — by simply contacting the chair of the REDC Ethics Committee or his/her appointee in the case of a conflict of interest.

One area that is unique to online advertising is the use of “keywords” (for example, purchasing online keyword/search terms of a competitor facility’s name or brand and then linking away from that facility for the express purpose of misleading consumers who are searching for that competitor facility or by allowing a search engine to do the same thing based on broad matching in its keyword advertising program). The law governing the use of keywords is unsettled, and REDC consequently cannot and has not made any binding rules for REDC members’ use of keywords.