

Epidemic

*Phony medical news is on the rise,
thanks to dozens of unhealthy deals between
TV newsrooms and hospitals.*

BY TRUDY LIEBERMAN

Illustration by Graham Roumieu

When 19 thousand viewers tuned in to the 7 a.m. news on KTBC-TV, the local Fox channel in Austin, Texas, in mid-January, they heard the anchor, Joe Bickett, introduce a story about a new electronic rehabilitation system for injured kids. “Sharon Dennis has more on that,” Bickett said. Dennis then described how a lively fifteen-year-old named Merrill, who had sprained her ankle, was getting better thanks to the computer-guided

rehab program that Cleveland Clinic researchers are calling “the world’s first virtual-only gym.”

The professional-looking story had that gee-whiz feel so typical of TV health news, explaining how the technology was making it easier for patients to get back to normal. It ended with “Sharon Dennis reporting.”

Viewers could be forgiven if they thought they were seeing real news reported by one of the station’s reporters. But Sharon Dennis does not work for KTBC. The story had been fed to the station by the Cleveland Clinic, the health care behemoth. Dennis, who earned her broadcasting bona fides at ABC News and at KOMO-TV in Seattle, works in Cleveland as the executive producer of the Cleveland Clinic News Service, in a windowless office on the fourth floor of the Intercontinental Hotel on the clinic’s sprawling 140-acre campus. There the clinic has constructed broadcast facilities for Dennis and her four-

person staff, complete with three cameras, a background set, and an ON AIR sign purchased at Target. Every day, Dennis sends out prepackaged stories to, among others, Fox News Edge, a service for Fox affiliates that in turn distributes the pieces to 140 Fox stations. What Texas viewers heard that January morning was a script written at the Intercontinental Hotel.

In essence, the story was a hybrid of news and marketing, the likes of which has spread to local TV newsrooms all across the country in a variety of forms, almost like an epidemic. It’s the product of a marriage of the hospitals’ desperate need to compete for lucrative lines of business in our current health system and of TV’s hunger for cheap and easy stories. In some cases the hospitals pay for airtime, a sponsorship, and in others, they don’t but still provide expertise and story ideas. Either way, the result is that too often the hospitals control the story. Viewers who think they are getting news are really getting a form of advertising. And critical stories—hospital infection rates, for example, or medical mistakes or poor care—tend not to be covered in such a cozy atmosphere. The public, which could use real health reporting these days, gets something far less than quality, arms-length journalism.

The story about the virtual gym—which ran on twenty-one other stations, too—ended with Bickett saying that its developers hope to have the technology available in hospitals around the U.S. by the end of the year. Though he didn’t mention which hospitals, viewers could easily conclude that the Cleveland Clinic was one

of them. Indeed that is what the clinic hopes. Cleveland Clinic News Service stories almost always feature Cleveland Clinic doctors and patients touting some new surgical technique or medical breakthrough, like antiaging proteins or a new sensor to measure spinal disc damage, or sometimes offering basic health tips, like flu shots or exercise. Stories occasionally mention research from another institution or a medical journal, but never a doctor from a rival hospital in Cleveland. That would hardly further the underlying goal of the news service: public awareness of the Cleveland Clinic brand.

The Cleveland Clinic News Service is just one variation on the new alliance between hospitals and local TV news. Most of these arrangements are between a single health institution and a single TV station. They take different forms in different cities, but the deals all too frequently slide across the ad-edit wall. The partnerships may involve



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traditional commercials, but they often include a promise of some kind of “news” stories, too, involving reporters or news anchors. These can take the form of “ask the expert” programs, quick helpings of medical advice, short stories inserted into the newscasts, or longer, news-like specials that may be hosted by a news anchor or health reporter. In the worst cases, hospitals create the storyline, supplying both the experts and the patients. Some partnerships include a Web component; viewers are sent to the TV station Web site, where they find links to hospital Web sites that provide referrals to doctors or hospital services, and it becomes nearly impossible to separate news and marketing.

Rick Wade, senior vice president for strategic communications at the American Hospital Association, says that the TV/hospital partnerships are an unwelcome result of fierce marketplace competition in health care. “There’s a lot of it going on,” says Wade. “It happens in major media markets where TV stations are starving and hospitals are under competitive pressure.” In response to cost-cutting by managed-care firms over the last decade, hospitals have glued themselves into large systems to fight back. Branding and marketing have become the weapons of choice. Ultimately the goal is to attract patients.

The hospitals don’t want just any patient, though—only those with good insurance to pay for the big-ticket procedures that bring in the big bucks. One result of the epidemic is that the health stories that dominate local TV news tend to push expensive specialties and procedures—like bariatric surgery for obesity, which can cost upwards of \$20,000, or expensive gamma knife surgery for brain cancer, with a price tag of \$10,000 or more. Stories about less profitable diagnoses, like AIDS or pneumonia, are rare, let alone pieces about care for the uninsured. The bland stories almost always discuss non-controversial topics, such as new technology, a hospital’s special services, or health and nutrition tips.

Worse, since TV news operations are finding that they can get this kind of health “news” supplied to them—and might even make money on the deal—they are tempted not to invest in a legitimate health reporter who would ask harder questions and look at the larger picture in health care. “I don’t feel we need a full-time health reporter,” says Regent Lucas, news director at KCTV in Kansas City, which had a lucrative partnership with the HCA hospital system until the end of 2006. When it lost the HCA partnership, KCTV moved quickly to look for a new one. Not all TV stations, of course, strike such deals. Sam Rosenwasser, president and general manager of WTSP-TV in St. Petersburg, Florida, says his station just hasn’t pursued one, but said he would “entertain anything if it makes sense.” It would make sense, he said, “as long as you let people know you have some partnership.” But too often the full nature of the arrangements is not disclosed, or inadequately disclosed, leaving the viewer without any understanding of what it means when the hospital gets involved in the content of news.

Good reporters are often afraid to talk on the record about the partnerships, but it’s clear that they don’t like them. “How are you as a journalist supposed to impart a sense of trust if the story is essentially directed and

produced by a company not related to your news department?” asks one TV health reporter whose news director would not let her speak for attribution.

“I have to do these. I’m not given a choice,” said another reporter who asked for anonymity. “I kick, scream, and fight, and make them as journalistically ethical as possible. It makes me sick.”

The Cleveland Clinic started its news service nearly four years ago with a pilot sent to NBC affiliates that signed up and a handshake agreement with Fox News. The service acts as “a customer service arm for reporters,” says the Cleveland Clinic’s media relations specialist, Raquel Santiago.

At one end of the customer-service spectrum, NBC seems to use the Cleveland Clinic material as a kind of story-idea service. Helen Chickering, a medical reporter for NBC News Channel, which sends stories to NBC affiliates, says the network cannot use prepackaged Video News Releases, known as VNRs, in stories, but will make its own interview requests based on them. “The only way we can connect is with an interview request,” she says of the rules about dealing with VNR providers. One story in a special series called *Modern Medical Miracles*, which aired on NBC’s *Today* at the end of November, demonstrates how the network uses the clinic’s material. In October, the Cleveland Clinic sent out a story called “Racing Hearts,” which showed how race-car drivers are testing a new heart-monitoring device, and featured a Cleveland Clinic doctor. *Today* then created its own story featuring the Cleveland Clinic doctor; the medical affairs director for the Champ Car World Series, an international car race; and NBC’s chief medical editor, Dr. Nancy Snyderman, who called the device a “very cool breakthrough.” The segment discussed other kinds of heart devices and did note that the one tested on race-car drivers was not yet on the market.

Toward the other end of the spectrum is Fox. As Cleveland Clinic’s Sharon Dennis sees it, “We act as a news bureau for Fox.” A CJR analysis shows just how true that is. We traced the use of eight stories the clinic sent out last fall and found that twenty-six stations—all Fox except three—used them almost verbatim. Dave Winstrom, the director of Fox News Edge, says Fox approves the scripts before the packages are sent to the stations, and adds that the stations may choose how to use them. “Some may use them verbatim, or cut them down, or not use them at all.” What’s sent to the stations, he says, is identified as being from the Cleveland Clinic, but “it’s up to them how they present the story.” (The piece about the virtual gym that ran in Austin did not tell viewers the source of the story.)

Marketing like that can produce a big return on a hospital’s investment. The Mayo Clinic, which started its own news service in 2000, sends its weekly *Medical Edge* stories to 130 TV stations in the U.S. and Canada. No other station in those markets can use Mayo’s *Medical Edge* offerings. Stations using the material must agree to say that the featured physician belongs to the Mayo Clinic and provide a link from the station Web site to Mayo’s.

How well does that work? CJR obtained a PowerPoint presentation given in 2004 to hospital marketers by the Mayo Clinic's media relations manager, Lee Aase. It showed that brand preference for Mayo for serious medical conditions had increased 59 percent three years after the service began, and brought in new patients to boot. One story, called "Same-Day Teeth," which told of a quicker way of doing lower-jaw dental implants, generated more than 175 calls, Aase's report said. It resulted in twenty-three scheduled appointments and downstream revenue—money from patients who eventually had the procedure—estimated at \$345,000. The presentation noted that 8.6 million people had seen the December 2001 Medical Edge stories. The value, said Mayo, was greater than ten times the cost of producing the shows.

Sharon O'Brien, the marketing director for University Health System in San Antonio, says she is moving away from paid advertising in favor of such media partnerships. "The hallmark of these packages is that they don't look like paid advertising," she says.

Marketing like this is so powerful, in fact, that some TV stations have found that they can charge serious money for "news." Their sales departments aggressively pitch business proposals to health institutions, laid out in thick spiral binders that look like a prospectus, according to L. G. Blanchard, media relations manager for the University of Alabama Health System, who has seen many of them. Most hospital officials that CJR interviewed would not talk about their financial arrangements with TV stations, but the few who did offered a glimpse into how profitable the deals can be to those stations willing to charge for them.

Leni Kirkman, the executive director of corporate communications at University Health System in San Antonio, said her hospital paid about \$90,000 in 2002 to KENS-TV for a year-long sponsorship that involved thirty-second promotions, prominent placement of the hospital's logo—and a monthly feature called "Family First" that was narrated by the station's news anchor but written by the hospital's p.r. staff. Kirkman says the hospital has also had a deal with Univision, in which no money changed hands. In that partnership, she says, the hospital provides a tape with B-roll footage and interviews for a show called "A Su Salud (To Your Health)," which features the hospital's experts and patients. "We get to have our experts interviewed, so we get the PR value." But there's a bonus: "When we want to them to cover something else," Kirkman adds, "they are extremely receptive."

Rob Dyer, a vice president for marketing and public relations at HCA hospitals in Kansas City, said his organization paid KCTV \$1.5 million over the three years of their partnership, which ended in December. That deal involved advertising spots, promotion on the station's Web site, four Doctor on Call specials each year with the station's morning anchor and hospital medical personnel.

In 2002, the Radio-Television News Directors Association (RTNDA) established voluntary guidelines for balancing

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Shannon Cates, media relations,
Shawnee Mission Medical Center



Partnership products

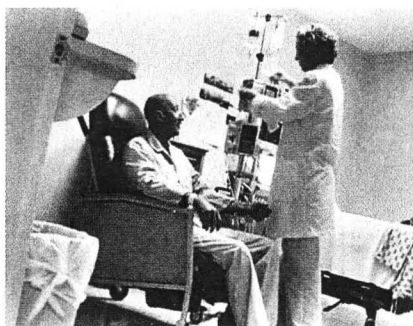
Wayne Dawson, news anchor for WSW in Cleveland, films commercials at MetroHealth for the hospital. The ads run during news and entertainment programming. Below, a child learns to wash her hands in a piece quasi-produced by Children's Mercy Hospitals for KMBC.

business pressures and journalism values. One RTNDA standard says advertisers should have no influence over news content. Yet in many of these TV partnerships, hospital p.r. people decide the story and may even write or edit the script.

Another standard says that a news operation's online product should clearly separate commercial and editorial content. But such clarity is often lacking. For example, WIS-TV in Columbia, South Carolina, featured one of its former reporters in a Web story as she had her risk for heart disease assessed by a local hospital heart center; the story blended so smoothly on the site with the hospital's ads it was difficult to tell the difference.

For the most part, TV stations and hospitals see little wrong with their partnerships. Hospital p.r. officials often believe it is simply another way to inform consumers about health care. Chad Dillard, a former hospital marketing vice president for Good Samaritan Hospital in Baltimore, said he didn't think the partnerships crossed the line. "I never

University Health Systems in San Antonio paid about \$90,000 to KENS-TV for a sponsorship that included a monthly feature narrated by the station's news anchor but written by the hospital's p.r. staff.



Selective vision

KYW-TV in Philadelphia won prizes for positive specials on Temple University Hospital's bone-marrow and heart transplants. A newspaper broke the story of problems in Temple's heart-transplant program.

honestly thought it was anything more than getting a good story out to the consumer." For his part, Regent Ducas of Kansas City's KCTV concedes that his station's Doctor on Call programs are not news, but are more like "a Billy Graham special." But, says Barbara Cochran, the president of the RTNDA: "If your viewers and listeners start to think your news content is for sale, you'll lose credibility and the value that advertisers want will be damaged."

TV anchors and health reporters lend credibility to stories resulting from partnerships. In Seattle, the popular KING-TV anchor Jean Enersen starred in a package on lung cancer that ran last October and was promoted as a "KING 5 Cancer Free Washington Special." Although the program reported on patients in lung cancer support groups and smokers trying to kick the habit, it was also unquestionably a plug for the work of three hospitals that formed the Seattle Cancer Care Alliance, which partners with KING. Enersen has hosted eight hour-long shows on cancer over the last two years, as well as shorter "health link" pieces that run during the primetime news once a week. Sometimes anchors also appear in commercials for the hospitals, giving the ads the patina of news. Wayne Dawson, a news anchor at Cleveland's Fox station WJW, for example, does spots promoting MetroHealth's help line. The spots run during WJW's news and entertainment programming, earmarked as commercials.

In its 2003 annual report, Meredith Corporation, which owns fourteen TV stations, noted, "Now everyone at each station, including news anchors and other on-air personalities, is playing a role in generating advertising revenues or supporting sales operations." Thus it was only natural that Meredith's station in Kansas City, KCTV, would agree

that, as part of its deal with HCA, one of the station's anchors would host the Doctor on Call specials that featured HCA doctors and nurses answering viewer questions. HCA's Dyer says the station wanted a representative to host the shows and "we didn't mind that."

The larger problem with TV-hospital partnerships is that in many of them the hospitals effectively co-opt the station's journalistic duties. How much control the hospitals get varies from partnership to partnership, but they often select the topics, choose the patients and doctors, and sometimes write or edit the script. Shawnee Mission Medical Center just outside Kansas City, Kansas, for example, has a sponsorship deal with an ABC affiliate, KMBC, owned by Hearst-Arygle, to air stories called HealthWatch for Women, which airs every Wednesday and Sunday, featuring only the health system's medical experts. Shannon Cates, a hospital media relations specialist, says the stories, which discuss such subjects as osteoporosis, progesterone, and bladder control, are "definitely" news. "I develop the story ideas and arrange for the physicians and patients to speak on the air," she says. "Channel 9 comes to do the interview for the segment. It's like any other news story they would do." The partnership goes deeper. "Working on a regular basis we've come to trust each other. They feel comfortable with me developing story ideas, and I trust them to put the story together that represents the hospital well."

Thomas McCormally, a public information officer at rival Children's Mercy Hospitals, based in Kansas City, Missouri, says this about the women's health stories: "As a consumer you wouldn't know they are advertising."

He should know. His hospital has its own unpaid arrangement with KMBC and with the same reporter, Kelly Eckerman, who also anchors the evening news. Every other Wednesday between 12 p.m. and 2 p.m., Eckerman and a camera crew arrive at the hospital, where McCormally has lined up doctors, a family, and a child for interviews and B-roll shots on a topic the hospital has suggested. McCormally describes the hospital as a "quasi producer," though it doesn't write the script. At each session the station gets two packages—four in total for the month—which run on Thursday's 5 p.m. broadcast. "Kelly gets a ready-made story. We're getting what we want," McCormally says. What he wants is visibility, in order to recruit physicians and to "plant seeds in the minds of donors we're working hard to take care of children." The easier you make things for a TV news operation, he says, the easier it is to get your message out.

Another seed that gets planted is that the doctor or hospital featured on TV is the best around, whether true or not. KOCO-TV in Oklahoma City devotes airtime to health care providers—a Lasik eye specialist, plastic surgeons affiliated with a hospital that is one of the program sponsors, and a dentist specializing in cosmetic procedures—to perform what the station brands "Oklahoma's Ultimate Makeover." Two people are chosen from the community to have a complete make-over with some aspects of their transformation woven into a one-hour TV special. Dominique Homsey Gross, the station's sales marketing manager, says the makeover is a source of "nontraditional revenue." Viewers might easily assume that because the doctors were

picked to “perform” on camera, they must be top-notch. But the actual requirement seems to be that, as Gross put it, “these people partner with the TV station to show what they do.”

Such branding partnerships can even obscure problems at a hospital. The CBS station KYW-TV in Philadelphia has a partnership with Temple University Hospital. Stories resulting from the partnership, called Temple LifeLines specials, won two mid-Atlantic regional Emmys—one in 2004 for a story about the hospital’s heart transplant program and one last September for a story on bone marrow transplants. According to a hospital press release, the transplant program profiled “some of the wonderful patients who have benefited from their quality-care experiences at Temple.” The hospital pays for the airtime and, although the station’s medical reporter, Stephanie Stahl, hosts the half-hour show, hospital officials are very much a part of the creative process. Charles Soltoff, associate vice president for marketing at Temple, says the hospital presents ideas to the station—what’s interesting, where the hospital has opportunities for new business development, advances in treatment options. “We tell them what’s valuable,” Soltoff says. The decision on topics is “shared,” he says, but a hospital official who talked to *CJR* on the condition of anonymity said: “Ultimately it’s Temple’s decision about what to feature,” further explaining that “the writer does the script and submits a draft to us. We edit the script.” Soltoff says, “We edit it down from various perspectives.”

But there have been problems with Temple’s transplant services. In a 2006 series on organ transplants, the *Los Angeles Times* reported that Temple had found a way to move prospective heart recipients ahead in the queue by saying they were sicker than they actually were, a practice that’s unfair to those lower on the list, but one that might boost volume and thus revenue—and, of course, help Temple’s own patients. The *Times* also reported that Temple’s story has “never been publicly disclosed.” The public did not know that the United Network for Organ Sharing (UNOS), a private, nonprofit group that has a federal contract to ensure safety and equity in the nation’s transplant system, had disciplined the hospital. In 2002, UNOS found more evidence that the hospital was inflating its patients’ conditions, and in November of that year placed the hospital on “confidential probation.” The probation ended in January 2006, which means that it spanned the time that Temple and KYW were producing and airing their award-winning specials promoting the hospital’s transplant services.

Another example: the Alta Bates Summit Medical Center, with campuses in Oakland and Berkeley, California, part of the Sutter Health Network, got into trouble in early 2005. The Joint Commission on the Accreditation of Health Care Organizations (JCAHO) gave a preliminary accreditation denial to Alta Bates. In 2004 JCAHO had issued only twelve preliminary denials out of about 1,500 hospitals it surveyed. Later JCAHO changed its rating to a conditional accreditation, indicating the hospital still had to prove it had corrected deficiencies that inspectors had found. The *San Francisco Chronicle* and the *Contra Costa Times* both covered the problems at Alta Bates. But a search of

the video library of KPIX-TV, which partners with Sutter Health, turned up no stories about Alta Bates and JCAHO. The station’s communications director, Akilah Monifa, confirmed that no such stories had run on the newscast. As part of its advertising deal with Sutter Health, KPIX receives a fully produced program called “Your Health,” which it runs twice a month. The annual cost of the program, according to Tracy Murphy, a marketing vice president at Sutter Health, is about \$350,000.

The clever packaging and convergent marketing that come with TV-hospital partnerships fly in the face of a consumer empowerment movement for transparency in health care, pushed by some academics, employers, and patient advocacy groups, that is beginning to take root in the U.S. The movement envisions that educated patients will take responsibility for choosing the best care by using scientific and objective data—if data are available. But when patients get the impression through branding activities with local news stations that hospital A is superior, data that show hospital B is really better may have little meaning. In fact, such data may be overlooked entirely by TV news departments as well as patients. The tremendous investment being made to devise fair and useful health care metrics may well be wasted because television’s complicity in hospital branding activities will ultimately overwhelm those efforts.

The partnerships also contribute to the dysfunction of the U.S. health care system. Hospitals understandably want high revenue from high-cost services to help subsidize the uncompensated care they provide to the uninsured who can’t pay on their own, a practice that might be eliminated with a more rational payment system. But stories about profitable, high-tech, yet often unproven procedures stimulate demand for them, fueling ever-rising health care costs.

Local TV health journalism doesn’t often discuss those big issues, or even often take on the smaller stories that together weave a tale of a health care system in trouble. And marketing partnerships with local hospitals almost mandate that it will be so, substituting lazy journalism and gee-whiz technology stories for the real thing.

It’s hard to see that the TV-hospital partnerships do much for the public interest. Citizens groups have challenged the licenses of stations in Illinois, Wisconsin, and Oregon for offering scant local election coverage. Perhaps fake health news should be their next target.

Last October at a reunion of fellows from the Joan Shorenstein Center on the Press, Politics, and Public Policy, Vartan Gregorian, president of the Carnegie Corporation, spoke of a problem with choice in America. “Choice can be manipulated,” Gregorian said. “Choice without knowledge is no choice at all.” That’s what local TV news is in danger of giving us when it comes to health care. **CJR**

TRUDY LIEBERMAN directs the health and medical reporting program in the graduate school of journalism at City University of New York, and is a longtime contributing editor to *CJR*. The magazine is grateful to the Fund for Investigative Journalism for its generous support of this story.