

# Marketing Metrics that Matter

How to Present Analytics that Speak the C-Suite's Language



Gary Druckenmiller, Jr.
Marketing Practice Lead
Evariant

# **About Evariant**



The leading provider of a healthcare CRM platform designed to help health systems thrive in today's hyper-competitive and rapidly changing environment.

See all our events and get registered by visiting Evariant.com/events or email events@evariant.com.



# Meet your speaker



Gary Druckenmiller, Jr.
Marketing Practice Lead
Evariant



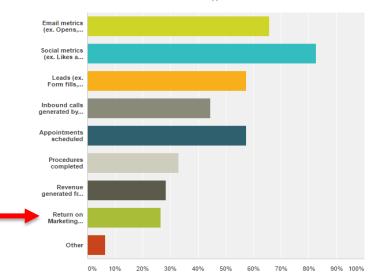
# Agenda



- > What You Think
- > The Dashboard Dilemma
- > CRM Meets Rev Cycle Meets The Street
- › Next Wave Executive Insight Systems
- Introducing the "Executive Dashboard"
- Final Thoughts

# What metrics do you currently measure? [Please check all that apply]

Answered: 155 Skipped: 1



| Responses | Responses  |  |
|-----------|--|--|
| 65.81%    | 102  |  |
| 82.58%    | 128  |  |
| 57.42%    | 89   |  |
| 44.52%    | 69   |  |
| 57.42%    | 89   |  |
| 32.90%    | 51   |  |
| 28.39%    | 44   |  |
| 26.45%    | 41   |  |
| 6.45%     | 10   |  |
|           | 65.81%<br>82.68%<br>57.42%<br>44.52%<br>57.42%<br>32.90%<br>28.39%<br>26.45% |  |



ROI is the **LOWEST** ranked metric currently measured. 26%.

Go figure. It's the one metric most are looking for.

#### Comments (13)

the ability to measure all of the things noted varies across service lines and the tools used for marketing

3/26/2017 2:59 PM

Spotty, depending on campaign
3/21/2017 12:06 PM

We also measure key customer and stakeholder satisfaction
3/21/2017 10:45 AM

Technical support to Marketing; currently unaware of measurements.
3/21/2017 10:44 AM

Working on all of the above. Also how to measure business generated through employee referrals
3/21/2017 10:39 AM

Referrals from physicians
3/21/2017 10:32 AM

We try our best to do the last two, but it's a struggle.
3/21/2017 10:23 AM



Referrals. Direct Mail. Offline ads. **Spotty**.

We can do better.

3/21/2017 9:24 AM

No organizational CRM
3/20/2017 3:31 PM

Direct Mail, Traditional Advertising (billboard/print publication impressions), Events
2/17/2017 12:58 PM

It's difficult to get registration staff to track referral sources 2/13/2017 4:01 PM

admissions, discharges Length of stay and Average daily census

Website (ex. pageviews, users, time on site, behavior)

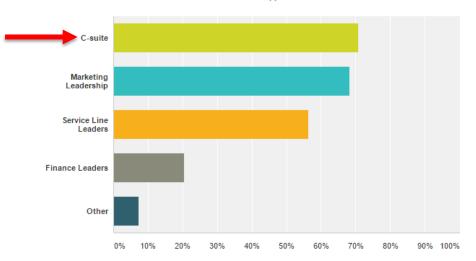
All part of my advanced marketing course 2/13/2017 3:38 PM

2/15/2017 11:20 AM

# Who do you generate and share marketing reports with? [Please check all that apply]



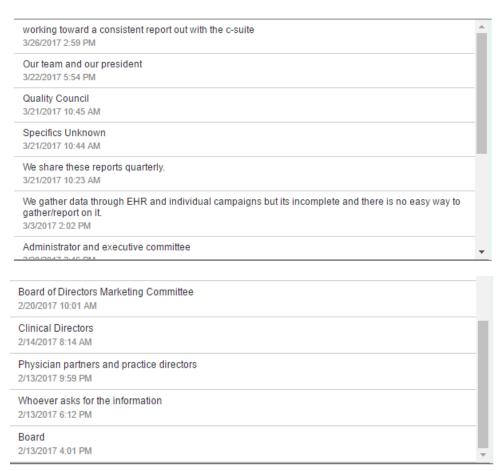
Answered: 151 Skipped: 5



| Answer Choices         | Responses |     |
|------------------------|-----------|-----|
| C-suite                | 70.86%    | 107 |
| Marketing Leadership   | 68.21%    | 103 |
| Service Line Leaders   | 56.29%    | 85  |
| Finance Leaders        | 20.53%    | 31  |
| Other                  | 7.28%     | 11  |
| Total Respondents: 151 |           |     |

We share majority of our metrics with the C-Suite. But we show mainly non-financial type data (no ROI).

Perfect.





C-suite. BOD.
Leading councils.
Clinical Directors.
Practice Leads.

The President.

Ya know, just your average staff members.

# What are you hoping to learn from this presentation?

Answered: 92 Skipped: 64

How marketing activity contributes to revenue. This is not our only criteria for measuring success, but it is one that often eludes us once we move past initial touchpoints of site traffic, class attendance, inbound calls, inquiries about procedures, etc.

3/27/2017 1:29 PM

Best metrics to track and best way to disseminate the information

3/27/2017 11:44 AM

How to better connect the dots to downstream revenue...close the loop on whether appts were scheduled, etc. Then learn how to best present the data for a C-suite audience. How to provide enough without overwhelming. How to provide information that is easily understood by a non-marketing professional. 3/26/2017.2.59 PM

What are more relevant metrics than advertising value equivalent? How to build more trust between C-Suite and Marketing so that truly innovative marketing initiatives take off rather than stall.

3/23/2017 2:45 PM

best practices

3/23/2017 12:50 PM

Best way to nackage a regular report for the president(s) and COO(s)

# What are you hoping to learn from this presentation?

Answered: 92 Skipped: 64

How Evariant can help generate meaningful metrics to report to Executive Leadership for "Return on Marketing Investment"...

3/21/2017 12:51 PM

What metrics we should be looking at, how to get them, what tools we have or may need 3/21/2017 12:13 PM

What types of metrics would be most effective for the C-suite from best practices. 3/21/2017 12:06 PM

A little bit of what is currently being done today by other organizations as well as best practices for metrics. 3/21/2017 11:33 AM

Often times we use a 3rd party to help us obtain our metrics. I would like to learn how to do this on my own instead of relying on our vendors. I would also like to learn how to appropriately present the information to leadership.

3/21/2017 11:08 AM

best practice, simplified reporting for c-suite

3/21/2017 11:05 AM

## What are you hoping to learn from this presentation?

Answered: 92 Skipped: 64

Ideas for presenting the data that are meaningful and not too technical.
3/20/2017 7:39 PM

range and application of metrics used in various presentations; most effective in a given context
3/20/2017 6:27 PM

Absent of a CRM, streamlining metrics gathering/reporting in a meaningful manner to demonstrate revenue,
operational benefit to bottom-line
3/20/2017 3:31 PM

Report Format and detailed
3/20/2017 1:54 PM

We are a small rural hospital, so I am hoping to gain some insight into different metrics we could measure.
3/15/2017 7:22 AM

How to more effectively present the data to senior leadership/prove ROI.
3/14/2017 5:00 PM

How to add value in my role but demonstrating marketing ROI

3/14/2017 3:20 PM

92 of you answered.
Almost 90% requested real life dashboard views spat out by a **real life CRM analytics** insight system. We can do that.



# The Dashboard Dilemma

# Get a Broom, Cuz it's a Mess



- Many financial and IT execs see the dashboard as an elegant and efficient replacement for the "daily/weekly/monthly spreadsheet"
- But report users (and authors) quickly realized that the design flexibility and number-crunching capability of Excel was not easily replicated in the dashboard environment
- As a result, non-expert dashboard "users" became easily lost in the data or—more importantly—failed to garner any insight at all
- Top executives have traditionally relied on highly screened and carefully analyzed data to guide them in key decisions and day-today management
- Off-the-shelf dashboards lack a "smart layer" of CRM caliber data preparation and computational capability to provide these essential requirements and consequently have been unsuccessful in C-suite

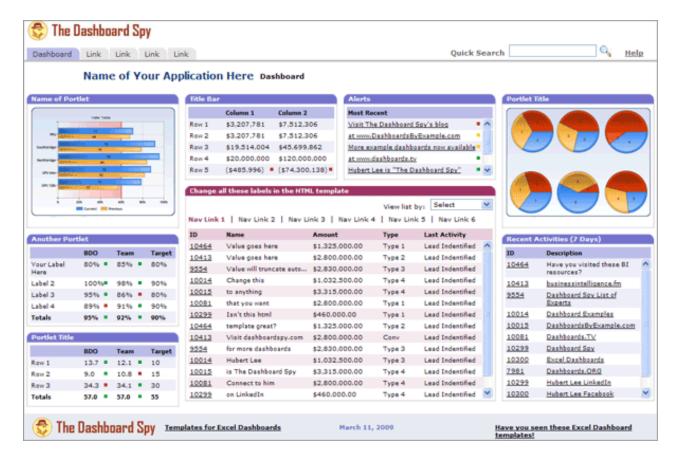
# Non-screened Data





# Off the Shelf Dashboards





# What an Executive Doesn't Want



- > For years, top managers have demonstrated a disdain for logging into business intelligence systems, learning how to use them and being faced with too many options.
- > These systems don't deliver answers in their output—they deliver simplistic "data-sets" that are highly aggregated and require the user to drill into layers of intelligence.
- > Few executives have the time or interest to take deep dives into row/column detail; Answers are what executives want.
- And they expect that effort to be done for them. Executives don't want to wait in line, wait on hold or wait for a screen to keep loading.

# Executive Insight Requirements evarian MOVING HEALTHCARE A MOVING HEALTHCARE A



- Ability to extract data from existing internal systems and a fast-growing universe of high-quality external resources.
- Validate, integrate, and analyze the data using advanced analytics driven primarily through a CRM system.
- Utilize creative and highly-annotated computer graphics to intuitively reveal trends, correlations and business impact that is elusive in dashboards that are unsophisticated in their graphics capability.
- Publish the results in secure, easy-to-use snapshots that are identical on both the desktop and the mobile tablet.



CRM Meets Rev Cycle Meets The Street

# **Executives in the Dark Peeves**



- Strategic metrics typically involve querying no less than a half-dozen disconnected data sources
- Trusting a team of analysts to do the math accurately, and waiting sometimes weeks for the results
- By which time, the data is stale and the ability to act at the speed of business is significantly diminished

# **Executives in the Dark Needs**



- What risk, economic and competitive trends are likely to impact performance
- Which marketing and promotional activities directly contribute to revenue
- How are services, brands and system strategies perceived by markets and consumers

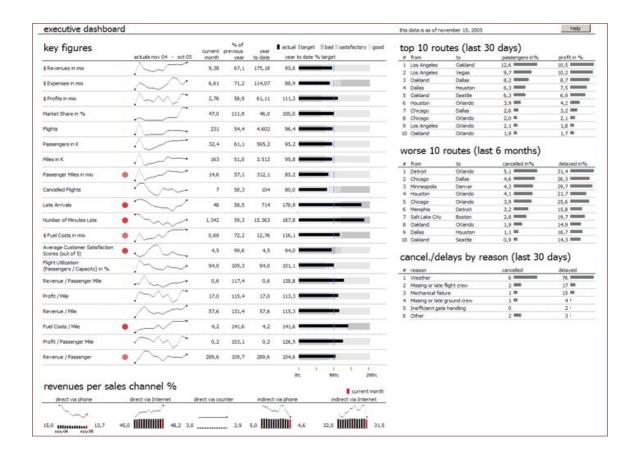
# You MUST have CRM



- Specialist "users" have long enjoyed the benefits of charts and graphs that have become ubiquitous in a CRM that can undeniably reconcile downstream ROI
- > But the executive "user" typically finds the simplicity and over-aggregation of these charts uninformative
- Properly designed CRM data visualizations wildly transcend the "summary chart" of a static dashboard and add trend lines, highlights, narrative and insight that the executive has come to trust and respect in slide decks and detailed analyst reports

# The Dreaded Summary Chart





# **CRM Data Visualizations**







Next Wave Executive Insight Systems

# Rubber? Meet Road.



- Next-wave executive insight systems are characterized by a fusion of speed, flexibility and ease of use. Without these 3 elements, almost any approach will fail
- Dashboard vendors are primarily focused on serving large user populations and offer generic approaches that simplify dashboard design and management
- A majority of vendors lack the ability to insert an algorithm, model or process between the raw data and the end user and therefore are predestined to be robotic
- Dynamic data visualization (interactive graphics updated from streaming data and on-the-fly analytics) empowers executive insight by replicating the enlightening executive graphics that slide decks and analyst reports convey
- You need a CRM tool to supply the visualizations needed which provide on-demand analytics based on algorithmic logic and automated data

# **Insight System Best Practices**



- > Make it fast
- > Calculate answers
- > Eliminate drill downs
- Use carefully designed data visualizations
- > Notify users of changes as they happen



Introducing the "Executive Dashboard"

# Designing to Executive Specs



- Forget about every possible artistic or analytic limitation that exists in your current technology stack
- Sketch out what an executive view of the health system should look like
- > Ignore the limitations of existing (antiquated) data systems (should not impose a limitation on how data and insight flows to corporate leadership)
- C-suite insight systems must quickly and accurately provide top management with on-demand "views" that speak to their specific needs—not to those of a service line



# READY?



# HOW TO PRESENT THE TOP 8 C-SUITE METRICS

# **Key Takeaways**



# Your Top 5 List

- > Think...my best "highlights"
- > The absolute TOP numbers
- › Be positive AND negative
- › But focus on the positive
- > Varying data-sets
- > Set the tone of story



# **Key Takeaways**



Quarterly Executive Dashboards - Q2 FY '17 Report

#### **Executive Summary – Key Takeaways This Quarter**

1 campaign was completed and 7 were started for a total of **16 campaigns** with active attribution periods.

Cumulative leads increased 75% from last quarter while we maintained a lead-to-patient conversion rate over 50%.

**186 leads/campaign on average** converted to patients and we realized **ROI of over 380%** for all campaigns with active attribution periods.

**28% of patients from campaigns were commercially insured** – this is consistent with Q1 performance.

Our Ob/Delivery, Spine and Orthopedics campaigns have each surpassed \$300K in ROI, bringing in a cumulative ROI of \$3.62M for the system.

Cumulative for campaigns with active attribution periods only. Return is calculated by measuring cumulative total payments minus cumulative cost to date for campaigns with active attribution periods only. ROI is calculated as return divided by cumulative cost to date and does not include ancillary services (lab, imaging, testing, etc.) Media linestment represents a media spend only, not marketing overhead.

# Rolling Performance



Month-to-Month
Quarter-to-Quarter

- > Executive summary of data
- Cuts across several areas
- Demonstrate progression
- > Entirely quantitative
- > Show cumulative growth
- > End with ROI





#### Quarterly Executive Dashboards - Q2 FY '17 Report

#### **Executive Summary – FY'17 Rolling Performance**

|                          | CAMPAIGNS | PHYSICIAN<br>LIAISON<br>VISITS | LEADS | UNIQUE PATIENT<br>CONVERSIONS<br>(CONVERSION<br>RATE) | TOTAL PAYMENTS   | MEDIA<br>INVESTMENT | RETURN<br>(ROI)   |
|--------------------------|-----------|--------------------------------|-------|---|--|---------------------|-------------------|
| Q1 FY'17<br>Year to Date | 12        | 154                            | 4,331 | 3,171 (90%) 344 conversions from new patients         | <b>\$2.56M</b><br>\$0.59M in payments<br>from new patients | \$0.52M             | \$2.04M<br>(394%) |
| Q2 FY'17<br>Year to Date | 16        | 386                            | 7,910 | 5,555 (54%)<br>642 conversions<br>from new patients   | \$4.57M<br>\$1.13M in payments<br>from new patients        | \$0.95M             | \$3.62M<br>(381%) |

Cumulative numbers broken our by quarter. Cumulative campaigns with active attribution periods represented. Return is calculated by measuring cumulative total payments minus cumulative cost to date for campaigns with active attribution periods only. ROI is calculated as return divided by cumulative cost to date and does not include a notling services (lab, imaging, testing, etc.) Media Investment represents a media spend only, not marketing overhead.

# Payer Mix



### By Patient Type

- > Existing campaign patients
- > Focus on commercially insured
- Cut across service lines
- > Plus Medicare/Medicaid
- Include key highlights



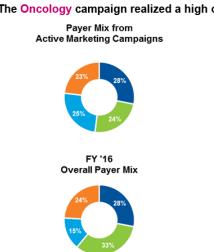


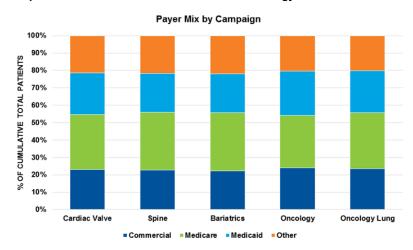
#### Quarterly Executive Dashboards - Q2 FY '17 Report

#### Payer Mix - By Patient Type†

Of the individuals who converted from campaigns, 64% were commercially insured.

The Oncology campaign realized a high of 24% patients with commercial insurance while Urology realized 48%.





Cumulative for campaigns with active attribution periods only.

Campaigns with 100 or greater in cumulative total patients shown.

'A single patient can be associated with multiple payer categories. Payer Mix is calculated against total patient-category combinations.

Commercial

Medicaid

Medicare

# **Total Campaigns**



#### **Just Those in Market**

- Demonstrate maturity growth
- > Provide completion %'s
- > Campaign size comparisons
- › By service lines
- Sets the stage for other data

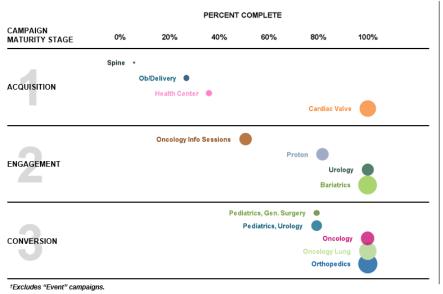




#### Quarterly Executive Dashboards - Q2 FY '17 Report

#### Total Campaigns In Market<sup>†</sup>

Of our 14 campaigns with active attribution periods, Orthopedics was our largest campaign this quarter.



#### Commentary

- Bubble size is determined by campaign media investment to date. This does not factor in overhead or other departmental costs.
- Spine and Pediatrics, Urology programs were re-launched this quarter with updated creative.
   These campaigns have both surpassed \$1.0 M each in ROI, our largest to date based on return on investment (ROI).
- Orthopedics campaign launched in October is our largest campaign to date based on media spend and multi-channel tactics used.
- Additional campaign details provided on slide 8.

# Leads and ROI



#### **Cumulative Numbers**

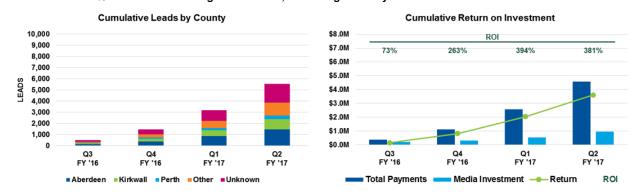
- Demonstrate leads by region
- > Rolling performance
- > Show top highlights for both
- > ROI Line: Payments vs. Expense
- > Shows "leads" to "\$\$" comparison



#### Quarterly Executive Dashboards - Q2 FY '17 Report

#### **Cumulative Leads from Campaigns and Cumulative Return on Investment**

Our cumulative lead base grew 75% from the previous quarter.
We realized a 381% ROI from marketing investments, excluding ancillary services.



#### Commentary

Cumulative for campaigns with active attribution periods only. Lead location is determined by patient and Experian data match. Coverage has historically ranged between 50%-60% of total leads generated. Return is calculated by measuring cumulative total payments minus cumulative cost to date for campaigns with active attribution periods only. ROI is calculated as return divided by cumulative cost to date. Media Investment represents a media spend only, not marketing overhead.

<sup>•</sup>The increase in our cumulative leads was largely driven by our Bariatrics campaign, which launched on November 17 and had 984 leads at the end of December.
•Improved data capture and matching allowed for a 15% decrease in leads with "Unknown" location this quarter. "Unknowns" will continue to decrease as campaigns move into different maturity stages (nurturing leads, capturing and matching additional data, and producing more encounters.)

# **Cost Per Acquisition**



#### The "New" ROI

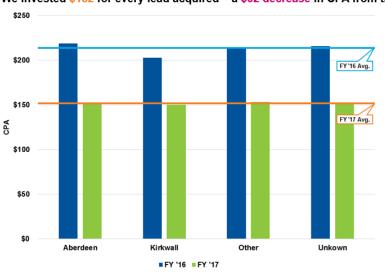
- > Shows how marketing "saves"
- The counter measure to ROI
- > Per lead cost metric
- > Show by region
- > Smaller numbers win here



#### Quarterly Executive Dashboards - Q2 FY '17 Report

#### Cost per Acquisition (CPA)

We invested \$152 for every lead acquired - a \$62 decrease in CPA from the previous quarter.



#### Commentary

- Average CPA is down (moving in the right direction) due to the increased number of campaigns in market and spend on those campaigns.
- •"Other" represents all other areas outside of Aberdeen and Kirkwall counties.
- •"Unknown" represents leads who have not identified a city and data was not matched from Experian. Location will be blank until a data match can be found or the individual provides data to fill in the missing information.
- As leads are nurtured and convert, and as campaigns mature, CPA will continue to decline and eventually level off. CPA should also decrease over time in regions where brand is being enhanced and remain consistent in regions where we already have a strong brand.

Costs are cumulative and amortized using straight-line method based on campaign start and end dates. CPA is calculated across campaigns with active attribution periods only. Lead location is determined by patient and Experian data match. Coverage has historically ranged between 50%-60% of total leads generated.

# Campaign Metrics



Investment vs. ROI

- Compares investment to ROI
- Media investment typically
- > Top 5 campaigns identified
- > Service line focus
- Need patient conversion data



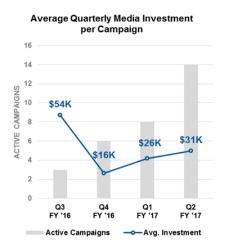


#### Quarterly Executive Dashboards - Q2 FY '17 Report

#### **Campaign Metrics**

We invested an average of \$31K per each campaign this quarter.

On average, campaigns ran 4-6 months and 186 leads per campaign converted to patients.



Quarter-to-quarter incremental media investment for active campaigns only.

Top 5 Campaigns by Return on Investment

|   | Campaign Name    | Total Leads /            | Clinical<br>Conversions<br>from Leads | New Patient<br>Conversions† | CPA<br>(Per<br>Lead) | ROI      |      |
|---|------------------|--------------------------|---------------------------------------|-----------------------------|----------------------|----------|------|
|   |                  | Target Leads / Attain. % |                                       |                             |                      | Return   | ROI  |
|   | 1 Ob/Delivery    | 407 / 384 / 106%         | 37%                                   | 205                         | \$317                | \$1,899K | 542% |
|   | 2 Spine          | 392 / 187 / 210%         | 46%                                   | 220                         | \$288                | \$1,220K | 502% |
| , | 3 Proton         | 423 / 232 / 182%         | 21%                                   | 107                         | \$234                | \$408K   | 391% |
|   | 4 Orthopedics    | 455 / 482 / 94%          | 30%                                   | 97                          | \$160                | \$251K   | 221% |
|   | 5 Oncology, Lung | 248 / 113 / 219%         | 44%                                   | 84                          | \$127                | \$121K   | 186% |

Cumulative for campaigns with active attribution periods only. Return is calculated by measuring cumulative total payments minus cumulative cost to date for campaigns with active attribution periods only. ROI is calculated as return divided by cumulative cost to date. 1A single new patient can be associated with multiple campaigns.

# **Lead Metrics**



# Deeper Lead Gen Analysis

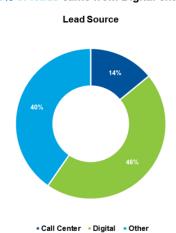
- > Where do leads come from?
- > Show top delivery "channels"
- > Focus on lead "conversions"
- Conversion rate is top metric
- > Show how leads become patients



#### Quarterly Executive Dashboards - Q2 FY '17 Report

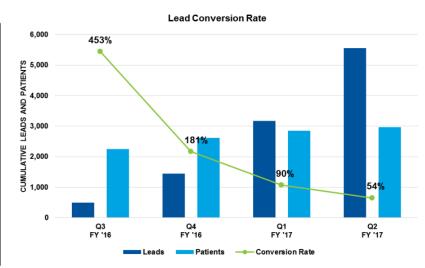
#### **Lead Metrics**

46% of leads came from Digital channels - a 13% increase from the previous quarter.



Total leads for the period. A lead source for this metric is considered a lead's 1<sup>st</sup> point of contact with the marketing campaign.

Digital channels are aggregated and consist of Facebook, Web, Display Ads, PPC Ads, etc. Other may be non-digital marketing channels, such as Publications.



Cumulative for campaigns with active attribution periods only.



# Final Thoughts

# In Case I Forgot to Mention



- > Again, you need a CRM system to pull this off. Sorry.
- > EMR. Rev Cycle Engines. CRM. All can play a part.
- > Plan on integrating many or all of these for ROI.
- Your worst pains will be data capture and cleanliness.
- > Prepare to assign multiple people to this project.
- Outside agencies will help, but CRM still needed.
- Also consider Brand, PR and Website metrics.
- Choose partners carefully and look under the covers. Many CANNOT do what they say they can do (i.e. cannot get you the data they claim they can get).

# Q&A + Contact Information



Gary Druckenmiller, Jr.

Marketing Practice Lead

Evariant
gary.druckenmiller@evariant.com



Visit evariant.com/events to see our full calendar & register for upcoming events