

**EXECUTIVE INSIGHTS**



# ENGAGING YOUR COMMUNITY IN YOUR DIGITAL STRATEGY

It's All About Human-Centered Design

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## It's All About Human-Centered Design

The intent of a well-developed digital strategy is to attract and engage consumers. “Consumers” means everyone—not just patients: from at-risk populations still outside the health system to employees and more. How can we ensure our digital strategy meets the needs of our community and ensure engagement once solutions are launched to meet those needs?

In conjunction with the 2022 Society for Health Care Strategy & Market Development (SHSMD) Connections annual conference, marketing and strategy executives gathered near Washington, D.C., this fall to discuss best practices, successes and challenges in engaging our communities in digital strategy to maximize success. ●

### KEY FINDINGS

Marketing experts agree that an effective digital strategy for engaging our communities involves a deliberate focus on:

- 1 Human-centered design (HCD)** | HCD means starting with the consumer's needs and wants in mind rather than starting with what we want to tell consumers, which can result in incorrect assumptions. HCD should be embedded in the culture of our health care system. It involves getting feedback from the people we are trying to serve, a willingness to hear what is broken, and piloting new initiatives slowly so we can make course corrections along the way until we are truly meeting the needs of our community.
- 2 Care coordination** | Care coordination is helping consumers find the appropriate care unique to them and making it easy to take the next step in their health care journey. It's the human touch that says, “Let me schedule that for you.” Care coordination helps retain referrals after an interaction, decreases costs and wasted resources, and helps unclog the system. It's a win-win for patients and the health care system.
- 3 Health equity** | Marketing teams need to solicit as diverse inputs as possible rather than relying on the same types of people over and over again. Reaching an underserved population often takes more time and money—and thinking creatively. One key to impacting health equity is partnering with trusted advisors in communities who can help build bridges and connect health care resources and education with those who most need it.
- 4 Better data governance and CRM that spans the continuum of care** | Health care marketing experts are working to bring customer relationship management up to the level of other industries. There is a need for tools to track and serve a patient's health care journey from beginning to end—while trying to avoid overwhelming and confusing consumers with too many apps. Marketers are trying to better leverage artificial intelligence (AI) to automate not just appointment reminders but all kinds of follow-up information with patients or would-be patients to improve care coordination. They are working hard to partner with physicians and other stakeholders to improve trust and give them the confidence to cooperate with digital health transformation, such as online scheduling.

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**MODERATOR: DIANE WEBER, RN, MHA, SHSMD**

## Who are your consumers? Who are you trying to attract and engage, so that your digital strategy is actually met?

**SUMMARY:** Health care marketing teams are challenged with reaching out to potentially dozens of audiences that run the gamut of engagement, from at-risk patients not yet in the system to loyal users who are philanthropy donors; from community partners in underserved areas to employees and physicians. Marketing executives stress the importance of health care proxies in communication efforts—namely the “chief family health officer” or other influencers in a potential patient’s circle of relationships or community.



The key audience member that we look at is the chief family health officer, the person who is the primary decision maker within a family network, whatever that network would consequently be.

**SKIP HIDLAY**  
OSUWMC



Make sure that you’re not just thinking about the patient, but you’re thinking about the people around the patient. Maybe your 90-year-old grandmother isn’t going to use the mobile app, but her caregivers very possibly are going to use it.

**LEA CHATHAM**  
Gozio Health



When COVID began, we built upon community outreach in West Side neighborhoods to create dialogue with trusted advisors. Trusted advisors can include pastors, community leaders—even the local barber was a trusted source. After we forged the partnerships, people were more open to learning about our digital access points for vaccines, care and more.

**RYAN NAGDEMAN**  
RUSH University Medical Center



Our internal audience can be our decision-makers. We should recognize that we have internal to our organization all of those groups that we’re looking for externally and work on getting them to be our advocates.

**ASHLEY TICE**  
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**MODERATOR: Who informs your engagement process? Who has input?****| SUMMARY |**

Marketing experts are leaning on a variety of inputs to inform their strategy—some human and some digital—from patient advisory councils, online focus groups, journey mapping, in-home immersions, community partners and grantees, to digital analysis and algorithms. All agree that most consumers are enthusiastic to give feedback that will improve the experience for all, and it's vital not to overlook internal experts of patient experience such as front-desk staff. They stress the need to invest in the effort to get diverse inputs to ensure equitable access to health care.

**ALAN SHOEBRIDGE** (*Providence*): It's not difficult to get people to participate in surveys, as long as you can get enough contact information, because people actually want to give feedback that helps or validates their experience. I've done thousands of online surveys, and we generally don't pay people. If you can build a system to collect the information, you'll have no trouble getting enough participation.

**CHRISTINA DEIDESHEIMER** (*Beebe Health*): We do a lot of cross-functional journey mapping. We invite doctors, service line leaders, nurses, front desk and so forth, and we ask them to map with us. We can't map without them—they're the ones who see the patients day to day. When you actually map out the patient's journey, you can see what happens to the patient each step of the way. You might learn, for example, there's a two-week wait at a particular juncture, or whatever the case may be. This real-life input from the people who know helps us write the action plan.

**SUZANNE HENDERY** (*Renown Health*): At Renown, we have what we call a senior loyalty program—many of our community members and our Medicare Advantage members enrolled—and we now

have 22,000 people, 55 and over. We meet with members virtually and in person for everything new that's going on across the health system. They're a real-time focus group for testing things. We find they're very vocal about what they want and what they don't want. And then they tell all their friends, which is really helpful.

**LISA SCHILLER** (*UNC Health*): It was just before COVID when we did in-home immersions. We sat with people in their houses and watched how they navigated around various health sites. We have an insights team within our department—they do everything from brand trackers to help on any other primary research projects.

**DORIAN HARRISTON-CELLER** (*Cedars-Sinai*): We have numerous advisory councils to gain ongoing feedback. Clinical trials recruitment, community benefit, DEI [diversity, equity, inclusion] taskforces and specialty ambassador groups.

**CHRISTINE ALBERT** (*LCMC Health*): We're using algorithms and those kinds of things to identify folks and offer care. Looking at it from not so much a marketing standpoint but from an outreach standpoint, we ask how we can use digital capability to identify those patients who are at risk—whether or not they're in our system now.

**EMILY MACMILLAN** (*Renown Health*): My favorite data source is someone from the contact center or any employee who manages front desk check-in. They might say: "I received 20 complaints about this one little thing," and you don't hear about that specific opportunity through customer surveys necessarily. Employees are great experts in what our patients need and want. Let's better utilize what they see and hear every day.

**DENNIS JOLLEY** (*UW Health*): One of my concerns is health equity. A lot of times, when we do patient advisory groups, we are talking to the same types of people over and over and over again. We need to have a really concerted effort to make sure that when we're doing that, we are getting as diverse inputs as possible. It might cost more or take more time, but we want to hear from them.

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**MODERATOR:** So, let's presume that you have found some really exciting ways to gather information. How do you use that information?

| SUMMARY |

Marketing experts are using data to validate and invalidate assumptions about new experiences—while looking through the lens of human-centered design: asking do we really need this? Will people really use it? Data are valuable to keep stakeholders informed about strategy and build trust in the marketing team. Data help make the case for the value of identifying your base and activating them (retention) versus over-focusing on growth. Data are also revealing that consumers themselves are often more concerned with fixing things that are broken in the system before rolling out new services or products

**ALAN SHOEBRIDGE** (*Providence*): A lot of what we use the data for is validating the experience. Is what we're being asked to describe or what we're going to market or communicate—does the data we're getting validate the experience? That is often what we do in our questions: validating that the experience we think the patient is going to get is what they're actually getting.

**CHRISTINE ALBERT** (*LCMC Health*): A counterpoint to that: Oftentimes we find that assumptions we went into this with are, in fact, not validated. That is actually even more challenging because you may need to change directions, but it's important to know.

**SUZANNE HENDERY** (*Renown Health*): We're able to mine our patient satisfaction surveys so we get real-time data within 10 days of the patient's experience. What we're finding is patients don't want us to do something new; they want us to fix things we already have, but we don't know they're broken. We use this information and send out a quarterly report: "What Patients Want Fixed." We are their voice to the rest of the organization.

**RYAN YOUNGER** (*Virtua Health*): As we've started to understand our base better and activate customer relationship management, we've shown that they use four to five times more services through our activation. So, we've been able to make the case that once we get them moving through the system, that's actually a great method of growth.

**CRISTAL HERRERA WOODLEY** (*Renown Health*): With the online hub, there's so much information around people's interactions on our website and on our social media content. When we talk about CRMs, my question is: how do you expand across the entire enterprise? There's a lot of technology, and other industries are really successful at this.

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How do we bring it to health care? That's what we need to answer, and that's my dream.

**RYAN NAGDEMAN** (*RUSH University Medical Center*): Improving access points for care could be such a game-changer. We need to engage patients in the office or through digital touchpoints—before/during/after virtual, urgent care or on-site appointments. We want to have somebody, or AI, to look in the records and say, “I see you’ve been referred for this. Can I help schedule that for you now?” That way we can capture a return visit during the existing one...making it easier to connect with us.

**DENNIS JOLLEY** (*UW Health*): My great hope for digital strategy is that it will be able to help the patient find the right care. Too many of our options right now will direct them somewhere, but is it the right place? We need to know enough about our patients so that we can direct them to the right care.

**MODERATOR:** How many of you feel like you are starting to get into that space of human-centered design?

## | SUMMARY |

Marketing executives are working diligently to embed HCD into digital strategy, sometimes learning the hard way that assumptions can backfire. There is great value in leadership having a personal experience with the system to better inform human-centered design decisions. They also recommend a research approach to try out new experiences—identifying a champion to lead the charge, building trust with physicians as partners in digital transformation, getting feedback and iterating along the way.

**DORIAN HARRISTON-CELLER** (*Cedars-Sinai*): We have started going through our community partners and grantees to see what communities are feeling and what they want. We’re really trying to

ask the community what they want versus telling them what we think they want.

**LEA CHATHAM** (*Gozio Health*): We have a client that’s redoing websites and their digital strategy. They brought someone new in, and he said, “Everything I’m looking at looks like you telling people what you want them to know.” And he said: “Stop everything you’re doing, and go back out and ask consumers what are their top questions that we can answer for them. We’re going to reframe everything from that outside-in perspective.” That human design process—thinking in a completely different way—has changed everything.

**JANN HOLLAND** (*Cox Health*): We are trying to embed HCD into the culture of our system. We’ve all made assumptions in the past such as, “I’m sure our patients will be really happy with this centralized check-in for both walk-in and urgent care visits.” Then Marketing gets a call for better signage because patients are confused about the check-in process. That’s where human-centered design really needs to become hard-wired into your processes. Map the journey, observe patient flow, ask for feedback, iterate and repeat. Solutions need to be patient-centric to reduce friction and improve satisfaction.

**ALAN SHOEBRIDGE** (*Providence*): An organization’s executives and leaders should use their own services whenever possible. That’s something that not everyone naturally thinks to do. They might think something is great, but then if they actually used it, they would know for sure and make changes if needed. We need to advocate that our leadership knows our services and uses them as much as possible.

**CHRISTINA DEIDESHEIMER** (*Beebe Health*): Our CEO, who’s three years in and who’s a doctor, came on board and instituted the dyad model. Our physicians finally started to understand they were an important part in making it happen. We got a couple of champions who said, “OK, I’ll do it.” We did a pilot, taking it slow and pausing along the way to ask: “What issues are you encountering?”

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**MODERATOR:** What is one thing in the last one to two years that you've done with this information that you're particularly proud of?

| SUMMARY |

From efforts to improve health literacy in an underserved neighborhood to the way better collaboration between Marketing and IT has improved the patient experience, marketing executives share stories of accomplishments with a common theme: human-centered design—understanding consumers' pain points and working to meet those needs.

**SKIP HIDLAY** (OSUWMC): We found digital literacy was an issue in the middle of the pandemic—it was critical when we converted so much to virtual visits. We partnered with a community group, and we were able to get a grant. We sent teams of actual medical school students and other health sciences students into the community to teach digital literacy and provided tablets to all the people.

**RYAN NAGDEMAN** (RUSH University Medical Center): Google is our homepage now. Consumers get the fourth-level condition and treatment page first through search. We've used that analytics proof point to spend our efforts on optimizing the call-to-action page where users can get an appointment.

**DORIAN HARRISTON-CELLER** (Cedars-Sinai): We partnered with a platform called Aunt Bertha. Individuals in need can go on and find any resource they need—housing, a ride, childcare, etc. If you have no or little insurance, these are resources that you can utilize.

**CRISTAL HERRERA WOODLEY** (Renown Health): There's a lot of collaboration that goes on between IT and Marketing. For example, if they're going to turn on a new functionality in MyChart, but they find it confusing, they will let us know. We have that trust with IT to tell us if something is not a good customer experience—that they are part of the table in the discussion. This is really great and something that we worked toward for the last couple of years.

**RYAN YOUNGER** (Virtua Health): We were doing some journey mapping for breast health services, and we were talking about how you get to see a breast surgeon within 48 hours. (We use this example all the time because everyone thought it was a great market advantage.) We had a patient who was a part of the panel, and she said, "You all have been talking about that so much, and we appreciate that. But," she said, "Let me tell you what I see: for me, that's not 48 hours; that's 10,000 moments of terror." When she said that, people got it. That was a way different perspective than if we didn't have her in the room. We redesigned everything we were doing after that. ●





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**Gozio Health** offers an end-to-end, customizable digital health platform exclusively for health care systems. Gozio's extensible mobile platform enables seamless consumer interactions and provides an anytime, anywhere connection to patients that improves their overall experience and access to care. Popular patient engagement features include patented indoor wayfinding with turn-by-turn navigation, virtual visits, physician directories, appointment scheduling, access to electronic health records, Urgent Care and Emergency Department wait-times and extensive analytics capabilities. Gozio customers surveyed in a 2021 KLAS Research Emerging Technology Spotlight report found 100% satisfaction and improved experience for patients and staff.

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