

EXECUTIVE INSIGHTS



Spectrum Reach Executive Dialogue:
UNLOCKING THE VALUE OF
HEALTH CARE ADVERTISING

As patients grow more selective about their health care, advertising leaders are constantly adapting to measure the effectiveness of their outreach efforts. They are leveraging insights from other sectors to refine their strategies as they navigate the nuances of patient engagement to the complexities of brand and service line marketing. With the integration of digital tools, their challenges have become more complex. As a result, health care advertising is at a crossroads, with marketing leaders balancing traditional methods with newer, data-driven tools.

In conjunction with the 2023 Society for Health Care Strategy & Market Development (SHSMD) Connections annual conference, marketing and strategy executives gathered in Chicago to discuss the need for continual change, how to consistently capture useful data, and their commitment to patient-centric approaches.

KEY FINDINGS

Health care is focused on providing convenient access and enhancing digital marketing efforts, but faces challenges in data tracking, bridging generational preferences in advertising, and communicating the value of online campaigns.

- 1 Access to Care:** As health care leans towards convenience, providers are showcasing doctors with quick availability to compete with instant services. The industry is blending patient access, technology, and branding for both employed and independent doctors.
- 2 Digital vs. Traditional Advertising:** Digital ads provide quick data, but it's hard to see their true effect. They perform better when augmented by traditional ads. Digital tracking challenges are pushing some to revisit traditional advertising. There's a mix of preferences between younger and older doctors, emphasizing the need for a balanced strategy that combines both digital and classic methods.
- 3 Creating a Personalized Approach:** Tracking a patient's entire health care journey helps providers pinpoint areas for improvement and make informed decisions, ultimately enhancing care and strengthening patient relationships.
- 4 Modern Data Challenges:** The advertising world is moving from simple measurements to more granular metrics, but even with modern tools, there are challenges in managing data seamlessly and securely.
- 5 Impact of Digital Marketing:** While digital marketing is integral today, its "invisible" nature can make it challenging for leadership to perceive its value. This invisibility, combined with biases towards tangible traditional advertising, makes justifying and communicating the impact of digital efforts both crucial and delicate.

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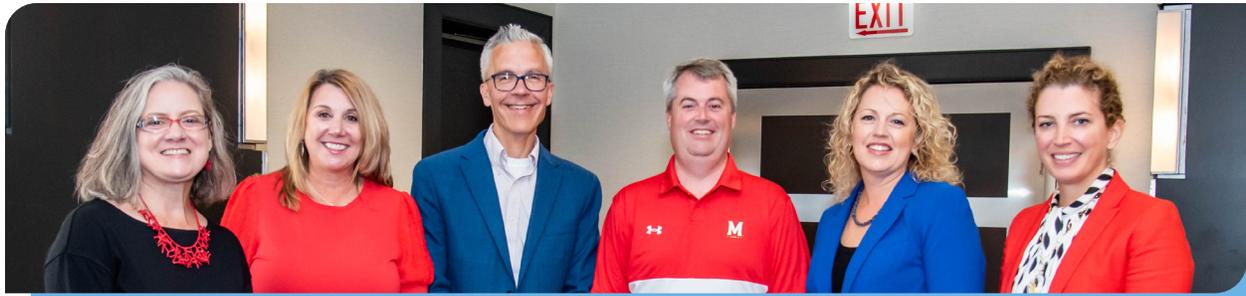
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SPECTRUM REACH



Spectrum Reach Executive Dialogue: Unlocking the Value of Health Care Advertising



MODERATOR: LISA HENRY, AMERICAN HOSPITAL ASSOCIATION

Advertising in health care has transformed dramatically over the decades. Our challenge now, especially with issues around digital tools like pixels and IP addresses, is determining the effectiveness of our advertising efforts. How are you all currently gauging the success of your advertising? What's working, and what isn't?

SUMMARY: Digital advertising faces challenges in blending old and new methods, ensuring data safety, and explaining its worth to leadership.



RYAN YOUNGER (Virtua Health): We're measuring various stages of the decision-making journey, from awareness and preventive services to conversions with online appointment bookings through advocacy with net promoter scores. We look at engagement and capture first-party data through actions like health risk assessments.



CHRISTINE ALBERT (LCMC Health): We use a mix of traditional and targeted digital advertising. While digital advertising provides more direct attribution, it's often about correlation rather than proving causation. We analyze our media spend against market data from NRC Health to see how effective that spend was in terms of raising awareness and improving our reputation in the market.

Recently, we increased our spend due to acquisitions and other activities allowed us to bench-

mark against the past years to see how this new spending affected our business. The challenge is ensuring people get to know us, and in our small market, it's crucial to be geographically specific.



AMY COMEAU (Emory Healthcare): Before advanced pixel tracking, we relied on basic metrics. Now, despite online scheduling, data collection into the CRM is a challenge. We're exploring safe pixel placement solutions with a new system. Previously, we could track form collections, allowing us to create predictive models based on historical data, which showed significant returns. Now, we use traditional metrics like physician search volumes and call center activity before and after a campaign launch to gauge impact. But we must be precise; otherwise, people might question the sources of our results. Sometimes it's unclear if increased activity is from potential patients or just general inquiries.

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JEANETTE GEER (*Spectrum Reach*): As we head into 2024 and a cookie-less environment it is more important than ever that we take a fresh approach to building, reaching and measuring audience engagement and advertising spend impact.

AMY COMEAU (*Emory Healthcare*): In health care, there isn't a widespread understanding of what we do, and we don't always have time to fully prove our strategies' value.

CHRISTINE ALBERT (*LCMC Health*): In my experience, our digital marketing efforts, fundamental as they are, often go unseen by leadership. This makes it a challenge to convey the true value and impact of our digital strategies.

MODERATOR: How do we show our worth using older methods without new data?

HOLLY SULLIVAN (*Corewell Health*): We're more than just support; we drive revenue. We've improved our approach by partnering with a sophisticated media firm, diving into tools like regression analysis.

MODERATOR: Has your media firm always focused on health care?

HOLLY SULLIVAN (*Corewell Health*): No, they're newer to it. We're now deeply into strategy and optimization, beyond just execution.

JEANETTE GEER (*Spectrum Reach*): As a multiscreen advertising solutions partner, we are focused on healthcare. The topic of Business Associate Agreements (BAAs) is frequently in my inbox, especially with our data partners. Are you signing BAAs with your firm?

HOLLY SULLIVAN (*Corewell Health*): Yes, they have BAAs. Given its sensitivity, it's a necessity.

AMY COMEAU (*Emory Healthcare*): We're strict on our BAAs.



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MODERATOR: With disruptions in preventive care, how have you adjusted advertising strategies to engage patients?

SUMMARY

Healthcare organizations are changing their ads to keep patients engaged and satisfied, not just to get new ones. They're finding a balance between traditional and digital methods while dealing with budget limits.

RYAN YOUNGER (*Virtua Health*): Patients can take a year or more to make certain care decisions, like orthopedic surgery. We connect with potential patients early on, offering them value like health risk assessments, earlier interventions like PT and relevant consumer content. Nurturing these relationships over time results in better engagement and conversions over time.

MODERATOR: With so many touchpoints available, especially through customer relationship management (CRM), how are you navigating the challenges of patient retention and competition?

JENNIFER RATHMAN (*Cancer Partners of Nebraska*): We're unique. Being a cancer center, most patients come through referrals. Our focus is more on retaining them.

JENNIFER RATHMAN (*Cancer Partners of Nebraska*): Marketing's role varies depending on the organization's goals. Before diving into any marketing, I always ask our physicians: "Why should the prospective choose us as their provider for cancer care? Do we want to be perceived as the local expert in our service? Pursuing visibility is costly in big markets and doesn't guarantee increased patient volume, especially when discussing specialty service lines. It's important to manage expectations and define what success looks like, especially when we're working with tight budgets.

RYAN YOUNGER (*Virtua Health*): Do you feel the ad conversation has shifted with budget constraints?

HOLLY SULLIVAN: People now understand targeting more. They see the value in things like Google Business listings.

MODERATOR: How are you juggling branding and service line marketing?

SCOTT ORSTAD (*Catholic Health*): We do both. We focus on digital for service line and broader branding for the health system. Yet, we hear, 'Why does the brand get the commercials?' We're using digital and CRM more for service lines.

HOLLY SULLIVAN (*Corewell Health*): We're focused on brand building, driving clarity around our name, and meaning behind our brand which will result in long term relationships. There's a need to strike a balance between brand building and short-term business driving. The service line campaigns are about driving business, brand building is about the future.

JENNIFER RATHMAN (*Cancer Partners of Nebraska*): Traditional advertising resonates with our older referring physicians. If they're content with a billboard advertising, I am too. In today's world, it is getting harder to reach a distracted individual and going back to traditional advertising, i.e. billboards and print ads works with different targeted areas.

SUMMARY

Prioritizing primary care and ensuring prompt physician availability is crucial for competing with urgent care services, aligning with top-down initiatives to enhance healthcare access. Managing branding consistency across employed and independent physicians remains a challenge, especially following mergers or collaborations.

SCOTT ORSTAD (*Catholic Health*): We prioritize primary care. We're competing with urgent care, so we emphasize prompt availability in our find-a-doc system. Historically, we prioritized service lines like cardiology.

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since many patients seek their primary care providers' guidance before specialty care. With IT's support, we're promoting online scheduling, especially for physicians with immediate availability. We monitor scheduling and physicians not offering prompt appointments risk being excluded from our campaigns, given the competition with urgent care's quick availability.

MODERATOR: Are marketers now influencing how schedules in systems like Cerner or Epic are set up? We won't promote if scheduling isn't optimized.

SCOTT ORSTAD (*Catholic Health*): Our goal, with IT's support, is by next year when someone searches for a primary care doctor, the first to appear will be the one with the earliest availability, not in alphabetical order.

MODERATOR: Prioritizing physicians by availability is a smart counter to disruptors like CVS Health and walk-in clinics. Are these doctors all employed?

SCOTT ORSTAD (*Catholic Health*): Yes, it's for our employed physicians. It's a top-down initiative from our physician CEO who's passionate about health care access and consumerism.

HOLLY SULLIVAN (*Corewell Health*): How do you handle independent doctors?

AMY COMEAU (*Emory Healthcare*): At Emory Healthcare, employed physicians with availability are prioritized. But our network includes both employed and independent doctors. We have branding guidelines, with

faculty getting a special logo. Independent network members rank higher than non-network independent doctors. Employed and independent network members are distinct, but we give them recognition. However, branding becomes challenging with affiliated physicians.

CHRISTINE ALBERT (*LCMC Health*): Navigating physician listings is complex. We help independent physicians improve their online profiles, even offering branded extras. Doing group sessions, we encourage creating strong profiles for better visibility.

MODERATOR: Discussing rebranding, how do you keep creative elements aligned, especially after merging systems?

HOLLY SULLIVAN (*Corewell Health*): Our approach is educational offering training internally and externally. The brand needs to live outside of marketing. We want it to resonate and be embedded across the organization.

JENNIFER RATHMAN (*Cancer Partners of Nebraska*): Our physicians are the business owners for our clinic, but they also work with health systems that sometimes want to brand our doctors, which can lead to confusion in the public. I make sure our brand is visible during media events; I bring our branded jackets for our doctors to wear. Local media can sometimes get the details incorrect, so I always try to ensure proper representation of our brand. We're collaborating on a new cancer center, trying to make sure patients understand we're a united team, despite different brand names. Since the beginning of talks, we have aligned our branding with theirs to ensure the message is clear and concise for our community.

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MODERATOR: Creative alignment matters, especially when merging brands and services. Emory's experience seems similar, moving from a small to a larger system with branding challenges.

SUMMARY

Organizations must adapt to changing patient expectations, focusing on branding, primary care, and collaboration to remain relevant and meet the demand for convenient and accessible healthcare services.

AMY COMEAU (*Emory Healthcare*): When Emory expanded, we faced internal challenges. Physicians questioned the branding of non-faculty and private physicians. We had to unite under the Emory brand.

HOLLY SULLIVAN (*Corewell Health*): Launching a brand from the inside out is crucial. You need to make sure your internal team is aligned and bought in to your brand so that it provides a common purpose and sense of unity. Your internal team is also the face of your brand to the external world.

MODERATOR: We recently launched our most advanced brand campaign. Now, we're shifting to highlight our physician expertise for the next 2-3 years. Like others mentioned, we're promoting from the inside out, with physicians as key brand advocates. Our senior leadership is on board, but I totally get those challenges mentioned.

AMY COMEAU (*Emory Healthcare*): With current workforce shortages, we're starting to see value in partnering with private practice members. As marketers, we foresee and adapt to these shifts.

JEANETTE GEER (*Spectrum Reach*): Many healthcare organizations we collaborate with still grapple with challenges in the evolving primary care landscape. Recognizing the urgency, we emphasize the critical need to identify and, more significantly, connect with high-quality primary care audiences. To do this effectively we must include data and a focus on geography. We use aggregated and de-identified data in a privacy-compliant way to target the right audience and we can do that down to the zip code.

HOLLY SULLIVAN (*Corewell Health*): Absolutely.. We're actively exploring and implementing multiple primary care models. For the first time, we're introducing the idea of giving patients a choice regarding their primary care, distinguishing us from other offerings like those from CVS. Beyond just providing choices, we're seeing real results. What excites me is the evolving composition of our care teams, which are becoming increasingly comprehensive, even including mental health professionals.

MODERATOR: So, what you're suggesting is that instead of waiting for external disruptors, health systems should be looking inward and possibly disrupting their established norms?

HOLLY SULLIVAN (*Corewell Health*): Exactly. A few years back, we embarked on an innovative approach with a primary care model we named "Strive." It was ahead of its time and, while it did face some resistance, it was a significant leap toward self-disruption. Given the current landscape, I believe it's worth revisiting and refining such models as "test labs" for trying new approaches.

AMY COMEAU (*Emory Healthcare*): I've been observing these so-called primary care "disruptors" and often wonder about their sustainability, especially if they don't venture into specialized care. Our approach has been more collaborative. When a new disruptor enters the market, we try to team up with them for a win-win.

JENNIFER RATHMAN (*Cancer Partners of Nebraska*): In Nebraska's smaller network, everyone works together despite occasional conflicts of interest. We run multidisciplinary clinics, with various professionals from nurse navigators to mental health experts, focusing on the patient's overall well-being. Our tumor boards, which involve many specialists, help doctors get familiar with other local providers, which helps to improve with referrals. Luckily, we're familiar with most local providers, making it easier to offer patient-centered care. This cohesiveness is vital to seamless patient care.

RYAN YOUNGER (*Virtua Health*): Consumers are driving major changes, especially regarding access. Long wait times are unacceptable. RYAN YOUNGER generations are used to instant solutions like telehealth. In every industry, they expect immediate, on-demand services. We have to prioritize available physicians; otherwise, our campaigns fall flat. We must adapt to keep and attract patients.

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MODERATOR: As we lean into telemedicine and other modern delivery methods, we're bound by existing payer structures and regulations. Do you believe innovation from within, maybe even in a compartmentalized approach, might help?

SUMMARY

Marketers should collaborate and leverage information from external sources. By being aware of external campaigns, health systems can potentially align their strategies for better impact.

JENNIFER RATHMAN (*Cancer Partners of Nebraska*): That's true. Big companies like Amazon have more money for research, while we have tighter budgets. With limited resources, especially in marketing, we need to find smart ways to innovate and still perform our core tasks well, while delivering the best community oncology care.

JEANETTE GEER (*Spectrum Reach*): A key focus point for our organization lies in pharma advertising and patient acquisition. With substantial investments in TV, we see an opportunity for health systems to leverage the heightened awareness created by pharma brands for conditions ranging from diabetes, cancer screenings, and menopause to reach new patients and drive engagement.

CHRISTINE ALBERT (*LCMC Health*): That's intriguing. If I knew there was a significant campaign in our market, I'd consider aligning ours to see if there's a beneficial overlap. It might amplify our reach.

JEANETTE GEER (*Spectrum Reach*): So, it's about leveraging those insights.

AMY COMEAU (*Emory Healthcare*): It's something to ponder.

RYAN YOUNGER (*Virtua Health*): Such information is valuable. It could help us refine our content and adjust our strategies, anticipating patient questions from these campaigns.



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JENNIFER RATHMAN (*Cancer Partners of Nebraska*): It might influence our online search strategies. Knowing these trends can help us leverage the awareness pharma creates or prepare for shifts in demand.

JEANETTE GEER (*Spectrum Reach*): So, it's about leveraging those insights.

JENNIFER RATHMAN (*Cancer Partners of Nebraska*): Exactly. We could capitalize on pharma's awareness efforts or adapt if there's a potential clash.

As health care marketing leaders grapple with complex challenges such as measuring digital ad impact, blending traditional and digital strategies, and proving online campaign value, they must continually adapt. This involves boosting access to care, combining tech, branding and addressing data collection hurdles. Marketing leaders also need the wherewithal to track the complete patient journey. Additionally, they face a share difficulty in conveying the impact of digital efforts to leadership. During this discussion, advertising leaders agreed that the relevance of their work increasingly relies on innovation, collaboration and adjusting to changing patient expectations.

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