



VIEWpoint

The Healthcare Marketer's Imperative

When it comes to the role and future of healthcare marketing, examining some fundamental issues provides valuable insights. Consider the following:

Small Hospital, Small Thinking? Sometimes.

We often try to benchmark the entire hospital industry against the big names when in fact 70 to 80 percent of hospitals are small, still independent community hospitals, with a different set of skills, resources, and challenges. In either case though, marketing **MUST** be aligned with C-suite objectives. The problem is, often the C-suite is confounded too. Determining objectives and aligning marketing to them is a rigorous process that calls for a certain skill set. Yet the CEO's expectation of marketing, and choice of marketers, is limited by how he or she defines marketing. So how can marketers correct misperceptions and broaden expectations?

◆ **Educate the C-suite.** In many organizations, marketers have not been successful in educating the C-suite regarding the true role of marketing. Perhaps there is a board member who understands entrepreneurial thinking and recognizes how marketing works in the "outside" world, and can help executive leadership understand the true potential and impact of marketing. If not, marketers may find that the challenge of clarifying

marketing's role still falls to them.

◆ **Hire the right people.** In other industries, marketers have been classically trained and come from pedigree schools. Hospitals hire writers and designers, and focus more on delivering something tangible that looks nice than on delivering strategic results. The ability to connect the dots of what we do to the overall objectives of the hospital and to the betterment of the community is missing. And that's hard. After all, we have stated missions of community wellness, but are paid for episodes of sickness.

◆ **Learn to say no.** While part of the battle is creating a true marketing plan as opposed to a media plan, the real challenge is using it to draw a line in the sand when you have screaming doctors and employees saying, "Did you see so and so's ad? Where is ours?" A marketing plan should give you license to say "no"—and marketers have a problem with that.

I Don't Want What You Have!

In healthcare, we're marketing something people do not want and may not need for years. Yet the industry spends most of its marketing dollars on mass media—to the deaf ears of 75 percent of the audience listening, watching, or reading.

The fact is, even in industries that have tangible products, mass media spending does little to drive up sales—it's word

of mouth that matters. Word of mouth can be leveraged to identify loyalists, antagonists, and influencers. You market healthcare by first assuring that those who encounter the hospital have a great experience and spread the word. Next, you intersect the non-healthcare priorities of those who currently have no interest in your services and build tipping points for them to choose you when they need you.

What does it take to deliver a great experience? For starters, collecting data and auditing the experience.

Collect Data

Hospitals are woefully inadequate in collecting any information, much less the right information. As a result, most healthcare marketers don't truly understand consumer demands and behaviors, so they don't know how to give consumers what they want. Here are a few tips to rectify that:

◆ **Collect detailed data about prospects.** Collecting information needs to be a gradual process where trust is built and a relationship established. Often you may need to give something in order to get something. And a culture of information collection needs to be nurtured in the facility. It is not just about formal research, but anecdotal and observational information too. Start to look at the influence level and the interests of people. That will show you

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how to intersect their priorities and who to seed the information to for best results.

◆ **Crunch and analyze.** It is not just about bringing in a CRM vendor, but hiring a marketing analyst who can truly crunch numbers and help you determine what information you have and how to use it.

◆ **Use the information to create a better experience and target your marketing programs.** Targeting leads to better ROI tracking, which starts to add credibility and win the CFO over.

The Experience

It's not a hard connection to make that when you offer a great experience, people will talk about it. But from a marketing perspective, there's more here:

◆ **Who's auditing the experience?** A separate, empowered Chief Experience Officer who is responsible for consistent and exceptional experience delivery can systematically audit the employee experience as well as the emotional touch points of the patient experience.

◆ **The 'marketing experience' matters too.** The pushback often has been "My hospital wants to be known for its technology, not its customer focus." So if the organization does

not want to focus on the experience, the marketing function should. In other words, consider the experience of the person on the receiving end of your marketing initiatives. For a great example, check out <http://www.celilo.org/default.aspx>. Observe how this cancer site soothes and assures the viewer that his or her cancer care will be good here. No wonder this facility has patients from seven states flocking to its door. Marketing offers its own set of experiences, and that needs to be recognized.

◆ **All employees are marketers—and they need to know it.** Beyond brand training, marketing should help employees understand that the experience they deliver directly reflects on what people say about the organization. In that sense, they are all marketers, and their actions should convey the right message.

Two Fundamentals

What does this all mean for positioning healthcare marketing? It comes down to two fundamental things. As a profession, we need to re-examine the skill sets we bring to the table. And the organization needs to better understand marketing. Until then, we will keep spinning our wheels. ○



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