



# Redefining New Marketing and Strategy Elements in the Wake of COVID-19

American Hospital Association Society for Health Care Strategy & Market Development (SHSMD) Webinar

## PODCAST TRANSCRIPT

**Host:** Welcome everyone to the SHSMD education webinar: *Redefining New Marketing and Strategy Elements in the Wake of COVID-19*. This webinar is being recorded and broadcast in listen-only mode. SHSMD would like to extend a sincere thank you to Accenture for sponsoring today's event. Before we begin, please take a moment to review the announcements and at any point during the presentation today, feel free to take your questions into the participant chat below.

### Slide 2

At this time, it is my pleasure to introduce today's presenters. Martha Cotton is a managing director with Accenture and leads design research for Fjord. She has over 20 years consulting experience working as an applied ethnographer across multiple industries and collaborating with a range of practitioners, including designers, engineers, business

analysts, marcoms and brand strategists. She enjoys cooking and is also the author of *Dinner Dates*, a cookbook for couples cooking together.

Casey Rucins is a program management lead with Fjord design and innovation from Accenture Interactive, and is most passionate about understanding human behaviors and needs to solve healthcare's greatest challenges. She's responsible for your digital health portfolio in the Midwest and blends the naivete of a designer with the industry insight to bring forward boundary-pushing experiences that are viable within the complexities of the healthcare industry. When she's not at work, you can find her in the garden, cooking or watching hockey.

And last, but not least is Linda MacCracken, who is an executive engagement lead with Accenture and leads health customer strategy

and service. She has over 20 years of health experience working in and with health systems and payers, and brings health information insights to build customer-centric, profitable growth capabilities. She's on the faculty of Harvard, T.H. Chan's Master's in Healthcare Management, the program for physician executives. She's also an avid cyclist and hiker and lives in Chicago. At this time, Martha, it is my pleasure to pass it off to you.

**Martha:** Thank you so much and welcome everyone. Please feel free to put questions in the chat as they come up. We'd like to make sure we're addressing them as we go.

### Slide 3

We want to talk today about how the world is adjusting to a new norm that is brought in by this unprecedented moment that we're collectively in via COVID-19.

We're going to explore on this talk, new industry realities, new truths we're seeing around how humans are engaging with the world and healthcare specifically, and what this means for new business norms, and how we are working with our clients to respond, and how we think it particularly applies to healthcare.

I know it's an understatement to talk about the fact that the world has had to adjust. It's something that is an ever-changing picture. And in the last few months, I have been studying how humans are engaging with brands and services. And it sometimes does seem to change week over week. But we've

really started to pull out some key truths that we think, and we hope, will be helpful to this audience.

### Slide 4

I talked about new human truths and Accenture has put this together to help us start to understand and clarify how the crisis has left its mark on humans, how they're engaging with the world around them, how they're engaging with the products, brands, and services that are in their lives, and how that's influencing their behaviors. As I mentioned, it is an ever-changing picture, but we think these truths are somewhat constants right now. Overall, there has been a challenged feeling of safety, which I don't think will surprise anyone. And we will talk a little bit more about safety in a minute, but people are definitely looking for new ways to feel safe and new cues for what indicates safe to them. Some of these human truths that I'll talk about are confidence, and the notion of trust. A new human truth as a response to COVID-19 is that people are seeking new ways to feel confidence and feel trust, and that organizations need to find ways to rebuild that trust quickly and credibly. An individual is seeking and scrutinizing the organization they engage with for confidence, for trustworthiness, and that impacts how they want to engage with those organizations. That trust also relates to outside of just the brands and services that they engage with, to the governments that they are all part of. You can see from some of the research that we've done, two in three Americans believe the US as a whole was not prepared. And obviously, this has had implications on the overall trust of where we are and where we're going.

Another human truth is this virtual and distant experience that we all are collectively having in real time, right now, via a virtual webinar. And not surprisingly, this is a human truth, but it really has influenced how people are engaging with the world quite obviously. It fueled this massive and further shift to virtual activity. Humans are exploring multiple ways to have virtual experiences. And you can see this in everything from retail to entertainment, to even hospitality—exploring ways to offer virtual experiences.

While virtual and distanced engagement was always a thing, this is a new normal that humans are exploring and is a truth that is not likely to change even as we emerge out of the COVID crisis. And obviously, there are key indicators in healthcare as well in terms of an increase in virtual visits.

Virtual has had a huge impact as well as in how people engage with their own healthcare, which leads me to the next truth, which is suddenly healthcare is everyone's business. We're seeing the health economy. This will emerge with opportunities for all to plug into and see really interesting intersections of other industries that are making inroads in healthcare—retail, hospitality. I'll talk a little bit about some work we've done in hospitality in a minute, but you'll see they're taking cues from how hospitals might go through cleaning processes. There's an interesting merger. Not literally, but an interesting emergence of healthcare suddenly making itself known in other industries.

Cocooning is another human truth. Some unwillingly, but people are obviously trying to find ways to maintain their lives and keep going with the things that they value, but now doing it from a place of isolation in a lot of cases and really doubling down on what it means to be home, what it means to limit your social sphere and your social interaction. And I think it really ranges from people who have found ways to feel almost energized by a clear focus on being in a smaller sphere socially, to those that have found it incredibly constraining. There's no single way that people are experiencing cocooning, but it is a human truth that it is with us. And again, the lessons that people are learning as they turn inward, we think will continue to be learned. Even as we emerge, if, and when we emerge from, from the current crisis.

And the last one is an interesting truth around what we call a story- who gets to say how you behave and whether or not you comply is a human truth. And interestingly, I actually just had a discussion with one of my colleagues about this one. Even if your trust, for example, in your government is low, your compliance may well be high. For example, Brazilians have about a 50% trust in their government, but a 95% compliance in what their government is authorizing them to do in the context of the pandemic. This is an interesting thing that is starting to play out, and it's a key human truth that influences just how people are behaving in the context of COVID.

## Slide 5

Again, we think that this has some key implications for healthcare. These new business norms are going to impact strategies for all healthcare organizations now and in the coming years.

Not surprisingly, the notion of distance moving from convenience to necessity kind of helped people to take a remote stance to their own healthcare. And as people engage with healthcare, we talked a little bit about the need for virtual visits. This is going to continue to be an implication in healthcare specifically. Trust also has a strong dominance here as it does broadly from the previous slide talking about the key human truth. Thinking about who you trust and what it means, from thinking specifically about yourself to the collective good, and if you trust the messages that you're receiving to help you think about taking care of others and in the context of healthcare.

And then last, this notion of surge as requirement and the economic implications of how COVID has impacted healthcare organizations. And the innovation that may actually emerge from this surge as requirement and the new business models that may be necessary for healthcare organizations to continue to grow and to survive in this climate. Linda or Casey, anything you would add on this slide before I move on?

## Slide 6

I would like to now, before we do a deeper dive into healthcare, which Linda and Casey will take us through, talk more specifically about what we can learn from research we've done in the consumer space. This is my area of expertise. I studied humans across a range of industries and have been continuing that in the context of COVID.

Some really interesting things are emerging, while we speak broadly to the notion of the "consumer." Please think about how this relates to the healthcare context. Consumers are people. People need healthcare as well as to consume products and services, quite obviously.

If you think about basic needs, and this is a classic model, I have two plays on a classic model of the hierarchy of needs. If you think of basic needs, what has clearly emerged is some of those, from the realm of the most basic needs, like personal health to those needs that are related to self-fulfillment around personal accomplishment or job satisfaction. What has tipped is a shift towards the bottom and the growth of the most basic needs around health, safety, and security have risen to the forefront, in terms of what people are fundamentally needing right now. I don't think this will surprise anyone, but just seeing the data and seeing how starkly these needs have risen. This is from some global research. I think it really underscores the unprecedented time that we are in right now. We know that as people adjust to the "new normal," this will start to adjust a little bit more, but I do think we should all take

special note of people needing to feel safe to understand how to better take care of themselves to feel security. And there's so much uncertainty, the ways that they can feel this way... the traditional ways that you would reach out to feel safe or secure... those are all in question. This is again, the unprecedented nature of this time.

### **Slide 7**

Now, I wanted to show as a metaphor for this, humans engaging with healthcare. I want to talk a little bit about hospitality, which I think, has very strong connections to healthcare. And when I say hospitality, I'm talking about the hotel industry, but there's so many parallels to healthcare. It's around an environment, a welcoming environment where humans should feel like they can be welcomed. They can engage with other humans. They are inspecting an environment that they're staying in and having an experience as a guest that's somewhat similar I think, in a lot of ways to the patient's experience. Similarly to what I just showed you, I've done some research in the context of COVID to understand how people, when they start traveling again, will need to relate to the hotel that they're staying in. What they need to get from the hotel so that they can feel safe, secure, and that their wellbeing is taken care of.

Similarly, the needs have shifted here again to really underscore safety and physiological needs, which, if you're all familiar with Maslow's hierarchy of needs, these are the two that are on the bottom. And these are needs that for the most part in hospitality have frankly been completely taken for granted until this time.

In most hospitality environments, people aren't actively seeking indicators of safety. It's there, but it's in the background. Now it's in the foreground. The slide I showed you before—it's absolutely making itself known in the hospitality industry.

### **Slide 8**

We're working with our hotel clients to think about when we start to reopen, what our guests are going to need to see and feel and smell to feel that sense of safety and security. Here you can see another data point up until the context of COVID, price was typically a key attribute that a consumer would be looking for in making choices around hotels. But now, safety and trust have risen to the core- if I feel like I'm having a quality experience, that in turn translates into feeling a sense of safety and trust.

### **Slide 9**

I'm going to dig a little bit more into what we've learned in studying COVID and the guest experience and this is hot off the press. Some research that we have just completed- what guests will need to feel safe when they start staying in hotels again. We're characterizing them around four themes.

The first is stranger danger. That's what we're calling it. People are leaving their stay in place, secure environments in their homes and going out into the world again and fundamentally just having a suspicion and a lack of trust of other humans. And this is something in hospitality they have to be very, very mindful of. We're suggesting that hotels

need to recognize this fear and address that through making changes both in operations and the guest experience. In a lot of ways, this experience has created some really nice collective, we're all in this together feelings. This is not to say that that doesn't exist. It does mean that as people go into environments like hotels and hospitals, they are worried about the other humans around them. That's definitely a key scene here.

Another one we're calling multisensory affirmation. I mentioned that notion of smell. We've heard overwhelmingly that it's taking in the sense that the place that I am in is safe and clean. I will be safe here is a multisensory endeavor and people are looking for visual cues, but they're also looking for olfactory cues. What smells clean, for example? What feels clean? We've been working with our hotel clients to help them think about not just statements that say, we've used this cleaner, but really drive home that multisensory affirmation.

Next is signals of solidarity. Again, building a little bit on this past one. We are encouraging our clients to market with actions, not campaigns. There's a lot of actual fatigue around the campaign of what we've seen a lot of over the last few months. Now consumers are looking for actions that match those messages. That's really, really important. Things like pre-state communications that can create a sense of trust, but they also need to make sure that it's driven home with actions.

And then lastly, the theme is "it's not business as usual." We are encouraging our hospitality clients to recognize that this is different. It is hard in hospitality to say a guest is going to feel comfortable in your hotel when they know that you're not having conferences anymore. That's a huge economic impact to what a hotel can and can't do, but it's also really important. If a guest arrives at a hotel and sees there's a thousand-person conference, they're automatically going to distrust the hotel's motives. This is a really hard line to walk and we recognize that. But we feel that helping communicate that this is not business as usual is part of how a hotel needs to respond.

#### **Slide 10**

We're all working through this. This is an unprecedented time and it is a new normal, and there's lots of the ways to deal with this. No silver bullet yet. These are just a few examples in the public domain of where we've seen hospitality organizations taking steps. Marriott is again, as I mentioned, learning from the hospital industry about next level cleanliness. There are other things that everyone is trying to see what they can do in the hospitality industry to recover from what has been a really, really devastating time in their industry.

#### **Slide 11**

And a few things that we're recommending our clients do, as they think through this experience, and we hope this continues to be a helpful metaphor for the healthcare and hospital industry. In the lobby again, there's going to be those multisensory cues:

seeing employees wear face coverings, smelling the smell of clean, seeing hand sanitizer dispensers around. We've seen a lot on the previous page. You may have seen the notion of robots or drones that are visibly present that are part of your cleaning regimen. And this is important for the guests, but it's also really important for the people who work there. Associates clearly are highly aware that they are now exposed to multiple people. And we need to think about what we're doing to help them feel safe, and what cues safety for them as we start to open up again.

### Slide 12

And then in the hotel room, similarly, what are those indicative cues that tell a guest this is a safe, clean place to stay? How can our housekeeping staff stay safe themselves, but also, with some economic expediency, clean a room to satisfaction? Robots and drones are going to play a role. And thinking through, what those cues can be that can help a guest feel immediate comfort when they walk in the room so that their stay is pleasurable and they feel safe and trustworthy.

### Slide 13

Now I'm going to transition over to Linda, who's going to start thinking through how all of these learnings about humans and the parallel learnings from the hospitality industry and what it means for healthcare and the goals of the audience.

**Linda:** Thank you, Martha. And I so love the Marriott story because as we're moving into opening up, the key to me out of that fabulous story was, what do consumers need to know from this study about what's going to bring them back. Most of the health providers are talking about what do people need to know or hear, in terms of what's next as they start to come back.

It's interesting to me that some of the research that we found that the shift is coming back in terms of climate change and the sharper focus on wellbeing, because it really has opportunities for you to start talking about, or for all of the health providers to start talking about, new stories and new capabilities.

It's been a couple of years since I worked with some clients and found out that if we talked about their recycling practices, that was really meaningful for, ironically, silent generation and millennials, more so than the gen Xers or the boomers. The practices that we have, now that we have more attention to what we can control, which is the climate and their personal wellbeing is great fodder for campaigns, digital conversations, and also outreach.

And I call out two of my favorite examples. I love how Mount Sinai in New York, in the midst of this pandemic challenge, started boosting about resilience and building resilience. And that was extraordinary. I love Renown Health in Reno, Nevada, and their continued focus on genetic testing and what that means for my own personal health and their website has personal stories. It's partly about what I love that SHSMD talks about in your

Bridging Worlds publication. If you don't have it, we or SHSMD will help you get that. It's the whole new way that we tell stories to engage people in their health and also in the brand.

#### **Slide 14**

As we move forward, one of the things that we're seeing is this catalyst for behavior change. It's really intriguing to us and we wanted to bring forward what we saw in this study that the top row, what you're seeing is people who have changed habits. For shopping habits in the last two weeks, look at that amount of change and unlike limiting food waste and shopping more health consciously, and it becomes a conversation, right? Then our social gathering for get-togethers and posts and virtual meetings. But look at that stability in this dark purple of people who were saying, they're going to continue to make that habit post-outbreak. It's pretty exciting to say, "Hey, look, we've got some real changed behaviors." And I would see that as a fabulous opportunity for social conversation for healthcare organizations, providers, as you're looking to meet the needs, and publish new and different content.

I'm a personal fan of Cleveland Clinics' increased comments, and on video materials that they post. And Johns Hopkins, which has been posting wonderful information that debunks a lot of myths that are out there. I wanted to bring this forward to you to the extent that you're all navigating, "Hey, what are we talking to people about?" What are

the health tips and tricks so that we can make sure that we're tracking and helping our patients and customers engage in their new habits? Shopping more cost consciously, how does that match to someone's personal health checklist? Eating more health consciously. There are many organizations- shout out to Lexington Medical Center in South Carolina. They've been posting recipes for years. And again, we're working on the public health, maybe dusting off some of the achievements or concepts from the community benefit study. Bringing more content to a much more receptive audience who are home in their living rooms paying more attention.

#### **Slide 15**

On the next slide, we're starting to look at some of these conflicting emotions. I wanted to bring this study in from one of our capabilities so that we could show you where are the hotspots. And it's interesting to see, right? We look at changes to fears, concerns, hopes and desires. With some of the pandemic slow down, more markets are opening up, especially in New York. We're seeing a huge surge here in Chicago and people say, "Oh, did you go out to dinner? Did you go out to dinner without the social distancing? Or what restaurants are you in?" I'm in a variety of social chat groups and it's interesting to hear that we've moved off that lockdown status into activities, contentment and opportunity. We have a lot of our friends who are focused on, "What do we do to have the right conversation, the right content, bring my brand to life" and make sure

people know that they can have contentment and opportunity and wellbeing in participating in our health system grants.

We wanted to give you the content that might help you generate some of these capabilities. In Chicago, a number of health systems are setting up virtual events that they're promoting through a variety of pilots, through a variety of platforms. Virtual activities, virtual education—not just a one to one, if all those community health programs or classes happening as an event. I'm not sure how much Airbnb is going to be a platform for virtual experiences, but you get the idea about having new conversations or virtual events take place that might move to where people are more prolifically standing, which is hopes and desires. It's interesting to see what the three to six months will look like. When we talk to health systems, they talk about people are coming back.

We have one group saying, "Hey, good news in the Northeast," saying we're back to 90%, but really where the top demand is solving personal fitness for daily activities, and so those are some of the compelling messages that are bringing them back. You probably will consider, and we want to go into some personas to arm you further, but the messages to bring people back will definitely go with some of the reassurance factors that we're showing here and also potentially mirror what Martha shared in terms of the hotel industry.

## Slide 16

To show you some research from our national studies as this got started. Because again, when we talk to different organizations in different markets, we find out that, Hey, this isn't talked about in Tennessee. People aren't worried. We talked to some people in Florida where there's a surge and they say, we're sort of in this new crisis because of the spikes. You'll probably look at what markets you're going for and how much concern there is on the immediacy of the crisis. Please consider that in this context. This is in March, but we found it so interesting, we wanted to bring forward the personal focus is the priority for health of myself over the impact of job security. Health of others is a high concern, but when we talk about the societal impact, we are talking about the impact on the economy.

There's my health and the health of others. And I'm worried about the impact on the economy. People can only control what they can control. Under that, we found it more fruitful as we've been working with health organizations that look at the personal, because that's the more capable agenda that we can influence and have interactions around consumers while aware there needs to be messaging about the economy and the health of others. That's another opportunity to just say, "Hey, as a health visitation, here's what we're doing. Here's what we're doing for the health of others. Here's what we're seeing about the impact on the economy." It's been rather exciting to see health organizations talk about the campaigns

that they've been doing, and obviously the frontline health workers for those of you who are working on them. Kudos and thank you for bringing the attention to the health workers. University of Chicago has a thank you board. You can tell the messages that they're taking to the frontline workers. Anybody saying, we love you and we want to thank you, have a chance to interact directly. Mayo Clinic also has almost that front door venue by which one can say thank you to the frontline workers.

I know that you're all probably deeply involved in that, but again, just getting more content for guiding some of those capabilities. One of my clinicians said to me, "Hey, my front line staff has never felt more loved. We've got food, we've got food cards." They're finally feeling loved and appreciated by the public because people recognize that front door. To all of you on the phone who are advancing that agenda, thank you for what you're doing.

### **Slide 17**

And for the consumer in crisis, we actually came up with unique mindsets, similar to what Martha and Casey do. And when we work together, we come up with what are the right mindsets.

Then, you can start seeing that by the numbers, and this is a global study from a national framework and US framework. It was really interesting to see that the demographics really supported the differentiation on this global study. And you can see we've got the worrier, right?

That's the 56 to 69 year old male as representative. But it's that older boomer, the silence, the 65 plus people who are worried. And they're worried because they've got age-related diseases, right? So that becomes an interesting factor, that as you are constructing campaigns or outreach efforts, consider how much this applies, that the older adults may be more likely to be worriers.

And that will actually matter in terms of elective procedures, for some of your organizations with wishlists to bring back orthopedics and bring back joint replacement. One, their margin. Two, they're going to improve daily living. Three, they're going to reduce pain. But bringing them back, knowing who they might be and developing your own personas or applying these in working with your clinicians may make a huge difference. One of the things that we're finding that some of our clients say when they talk of worriers is that care delivery is no longer starting in the exam room. It's starting in the living room. So North Shore has a bot that asks, do you think you've got COVID and then if you say yes, and you don't show up for an appointment, they send a front desk person to call you. I have one client where the advanced practice versus nurse practitioners are saying that they've got four times the success rate of getting patients to come in with their family members, because there needs to be outreach on the phone. Again, we're a marketing and strategy group. Probably the campaigns include what's the contact center doing? What's the message from the clinician, so that we

Speak with one voice? And of course, that's what the command centers have really been focused on.

I'm surprised the activist is so small, the 25 to 31 year olds. I have millennials and they transition between being really worried or being the activist, but it's a small group. It's interesting to see the spread on this global study to say, where do they feel connected? What are they the most worried about? When we've talked to healthcare organizations about how can they apply thinking like this, it may be, we've had this demographic framework. But it's a national study and what the service line leaders see as the mix of the personas? And then for the health and the collaboration, we've seen some great effectiveness with how the marketing messaging team comes off with this terrific co-creation and who are we targeting? And what messages do they need?

One point that I want to bring up, just so you're prepared in case you haven't been seeing the personas, is sometimes people shift. One of the great pleasures of working with Martha and if they've educated me, I'm a rationalist. But if I start going into my freak out moment, I move quickly into the worrier. People may switch depending on the roles they're in, depending on the latest fear. I'm a teacher and I got exposed to COVID unknowingly. I quickly went into the worried state and of course I went and got tested and I didn't have it, but it took me from calm, cool and collected to uh-oh. So sometimes people change roles depending on the driver. That's just something to be aware of. Again, I think

the millennials are most likely to say "I'm rational. It's okay." But if I have to worry about an aging parent, I slip into the worrier on their behalf.

### **Slide 18**

I wanted to give you an illustration that it depends on the local market. They're just getting going in terms of ramp up. But we can think of country markets that are just getting started or emerging, and then if we move into advancing, which it is? In Brazil, Florida - where there's more than a slight shift and this might not be such a big deal, but at least it's interesting to say what stage are we and how many should we prepare for? What I thought was interesting about the stabilizing rate, in the Northeast, and in Chicago, Illinois, where I am, is being different increases somewhat dramatically when we started having stabilizing.

If we say where is our market and who are the ones that we think we've got in terms of our loyalists? Who do we want to get and how do we make sure we message for that population based on individual campaigns, social media posts, and all the brilliant content that you're doing so well.

### **Slide 19**

I wanted to give you some context based on some research of ours, and thanks to Row Five for theirs about the characteristics of people that will return over time. And I thought the return over time is incredibly crucial because again, we talked with health organizations and they think good news where the group I

mentioned we're back to 90%. That's great. So that's the primary care group and that's terrific, but we all do... we all see those that are going to need some coaxing and who will they be? Now, I don't want to say that the 20% COVID distressed are definitely people who are older, but they're more likely to have a checklist of things they're going to worry about. I also don't want to see just that—we're not returning in three to six months or six or more months. It just takes some coaxing. And what were the ways that you set up your messaging about coaxing? If you do what North Shore did- call the next day or have a tiered outreach. Care starts in the room living room, not necessarily in the exam room, but let's leave this. These are illustrative personas. They are baseline US research and our more recent research, as well as Row Five. Consider how do you want to overlay them on your service line.

## **Slide 20**

Health is now changing. What we're doing in health is really different, right? We're talking about boosting immunity. Is it made for me? And we wanted to bring these out because we wanted to start coming up with the messages of the best we are your opportunities for messaging advice, social interactions, web posts. You can probably start looking at your metrics. What messages are making the biggest difference. We've learned some real lessons as we've been assembling our materials. When we've been doing what we call social listening, which is real-time feedback aided by AI-powered tools, to say what is

matter the most on keyword search and where are we having traction and what is the content that we need to pivot and post immediately. Some health systems have said we have never posted so many messages, but again, this is out of a international piece. But you've got this even on a domestic piece. We've started realizing there were some significant misconceptions, right? There's so much misinformation out there about how to proceed and how to operate that we've been excited to see how health systems and doctors and local hospitals are the major or a major trusted source. I wanted to share with you some of this content that is potentially available for you to say... I never thought of this or how can we make sure that we're doing testimonials, doing stories, developing content for your continued fabulous conversations with your community and with your patients.

## **Slide 21**

This is the social media conversion. I just thought that the conversation about the hashtag surrounding dimensions of health would be useful to give you a sense of how much personalization is really making a difference. That's made for me, right? Personal health, meal plans, vitamins. It's great because we're all sheltering in place and therefore we have a lot of attention to pay to what we can control. We wanted to give you a sense of what are the dimensions and some of the capabilities, the connecting with others, and the more people feel like they can control their environment. And the more

that health organizations are the key to that, which I imagine is the shared value. How can we make personal health matter more? How can we make virtual matter more? How can we make sure that people feel positive about their health? Their health development is a great gift that we bring, but you bring to your community for which I thank you very much. And with that, I would turn it over to my colleague, Casey.

## Slide 22

**Casey:** Awesome, thanks so much. We've talked a lot about the research, understanding the landscape of what's happening and what people need. And now I'm going to spend some time talking to you about what you can do about it. And I'm going to take a step back because I know this is a marketing group, but we've known for a while that experiences in healthcare have been really, really broken. Nothing has proven that out as much as the pandemic has inability to access virtual care, not being able to go into a hospital setting, problems with billing, problems with interoperability between providers and payers. All of that is really coming to the forefront and it's causing a lot of our clients to say, "We really need to be doing better. We've known it for a while, but now, it's past time to take a look at it."

## Slide 23

And so piggybacking on what Martha was explaining about hospitality and healthcare having a lot in common. It's really true. And when you look at the way people are approaching healthcare

systems, they don't care what vertical you sit in, as far as an industry is concerned. They care about what kinds of experiences they're having in the world. And then they want to know why can't they get those experiences in healthcare? You can order a car through Uber and you can watch it come to your house and pick you up, but you might be waiting in a hospital for 20 minutes for transport to come get you and allow you to be discharged. And you have no visibility into that. And people say, I can do this with Uber. Why can't I do that with the wheelchair? And those are the kinds of things that we start to listen to when we're talking about consumer experiences and patient experience and clinician experience. We hear those things and start to draw on the parallels from other industries and then we can say, how can we bring those experiences to life in a healthcare setting?

I'm just trying to get at a point here that the companies that we're competing with are different than who you may think you're competing with.

## Slide 24

The first thing that we have to do is really understand the basic building blocks of health and that is how people think about their lives. They go through stages and they have changes in their households and those life stages are going to dramatically impact what they need in that moment in time. We want to think about exactly where their heads are at any given moment in time and what kind of health occasion they're having. We're getting into some of the details of this in a moment. And then

we want to also be thinking very collaboratively to achieve health outcomes. We've all been in a situation where we've been talking to one specialist and they don't have the answer because it's another specialist that would potentially have the answer, but they don't talk to each other. So then, we're left kind of navigating the system on our own. We want to make sure that we're providing solutions that are collaborative in nature. That goes for, not just the way the clinicians need to collaborate, but also the way the organizations need to be collaborating, from the CMO to the CIO, to the chief experience officer, if one exists, to the chief strategy officer, chief innovation officer. All of these pieces of the organization need to be really connecting with each other to ensure we're driving forward the right experiences, because those do have immediate implications to health outcomes.

## Slide 25

Let's talk a little bit about how we need to shift our way of thinking so that we can provide the right solutions for them. We've talked a little bit about personas and how we need to think about mindsets. Personas are great because they really give us something to anchor to in terms of who are the people that are coming to our provider system, who are part of our member groups. It really helps us understand some of the basic building blocks of who are our people are, but the thing is, as we go through life, we have a different mindset. As Linda was explaining, on a day to day

basis. Even in the course of the day, my mindset could change based on new information that I'm receiving or from the people that I'm around that are influencing me.

And when we think about this in healthcare, a really great example is someone with a chronic disease who gets a new diagnosis. Now, this person has chronic disease. They've been managing their health. They know who to call when they have a problem; they know what all of their symptoms are going to be. They know the side effects of their drugs. They're fairly low touch case in the sense of some of the information they may need from you. But then they get a new diagnosis, and all of a sudden, they're starting from scratch here. They're scared. They don't understand what the next steps are. They want to understand all of the information about the potential drugs they may need to be on or lifestyle changes they may need to make. They might be seeking information in ways that are different than they how they typically sought information. And that's good for you to know as marketers, because you want to make sure you're meeting people where they're at and providing them the right kind of data at their level of health literacy to help support them through that moment in time.

We want to not just think about someone's health journey, in terms of... I got the notice in the mail and now it's time for me to see my primary care physician. We might have a follow up and then I pay my bill—the health journey that we all know and love.

We want to think about things in terms of health occasions as well. For example, do we want to be providing something to someone in a virtual way, or do we need to drive them towards an in-person appointment? If we're driving them towards an in-person appointment, how can we help them figure out where the right places are to go? Oh, do they need the emergency department? Do they need a primary care physician? Do they need a specialist? Can they go to an ambulatory surgical center or do they have to go into their traditional hospital? We want to make sure we understand what exactly it is a person is trying to do and what tasks they're trying to achieve or accomplish, and then guide them, shepherd them through the process.

You want to think about moments that matter, on top of the activities that people are going through throughout their health journey and these moments that matter are the things that are going to make or break the experience. And these are the things that are going to impact whether or not they come back to your system for additional services. I love to do work in maternity because if you have a good obstetrics experience, your ROI is that you now have tripled your patient population. If you take care of mom in all of the moments that are important to her throughout her pregnancy and delivery journey, then her parents are going to come to you, because she's going to bring them to you when her parents get sick. Her new baby is going to be part of your health system because she had such a good experience. You now have three or four new patients because you've delivered

on the experiences of one. Because you understand the moments that matter most throughout that particular journey and make that experience one that is looked on fondly instead of one that was painful.

In addition to journey maps, we want to think about service blueprints. Service blueprints can be really, really big and ugly and contain a ton of information that can be overwhelming at times. The reason why I love them and why we use them so frequently is because, and I'll show you examples of these in a moment, but the service blueprint really helps us articulate the people, the processes and the tools that are going to be needed in order for an experience to be realized. I'll give you an example. I worked with the provider system. They're large. They're in 21 states and they were putting forward a new virtual care offering last year. And they were very focused on clinically speaking, what is virtual care going to do? Which service line is going to be using virtual care and how are we going to do reimbursement rates with our payer partners here? But what they weren't thinking about were things like, how do people know that virtual care is an option? And they were partnering with TytoCare. So how do people know how to get the device? Do they buy it when they're at the hospital? Do you ship it to them? What happens if they get home and they can't set it up? Do we have people that can help them from a technology standpoint, a troubleshooting standpoint? Who's our IT organization that's backing this up, telling us to unplug it and plug it back in when it's not working? Right? Really, the wrapper that exists around a service line is just as important as deciding whether or not, if you're going to do something

musculoskeletal or if it's going to be an oncology offering or what, you have to make sure you're thinking about the full 360, because then that gets into the onstage and backstage on the next line.

We need to make sure we understand, not just what happens on the front side of things, but behind the scenes too. Is CRM a tool that you're going to need in order to manage data flow, in order to find effective communications, in order to send things out to your patients and their families or your clinicians in the right moment? This will help you architect the full solution. You see the 360-degree view of what's going to make it successful. And we need this because we don't want to be clouding the market with more digital therapeutics that are going to manage diabetes. There's plenty of them out there. Not all of them are getting adopted. You want to make sure if you're looking at the full system that you are thinking through, what's going to impact adoption and how things are going to work step by step.

The final piece here is that we don't necessarily want to do these boilerplate, off the shelf solutions. We want to make sure we're working collaboratively with people. We cannot do a service blueprint. We cannot see the 360 if we don't have all of the key stakeholders at the table. I have to tell you, we don't often get the CMO in the room. We asked for it every time. We want to make sure we have people in the room who have a point of view, who represent the patient from a variety of different standpoints, so that we, collectively, can come up with the right solutions

and understand what's going to be needed in order for them to be adopted.

## Slide 26

We only have a couple of minutes left. I'm going to shift over to these examples. Here's an example of mindsets and you've seen them previously in what Linda was able to present to us. This is just an example of some that we did when we were looking at how people manage money. These mindsets tend to chart out in a quadrant where you have conflicting tensions- the lines of tension where people go in the case of money; they have a wide scope or a narrow scope. They're thinking about the big picture or they think about things in the moment. And then along the opposite axis, we are looking at people who love structure versus people who don't really need a lot of structure. In there you can identify the wants and the needs and the behaviors of people that fall within those axes. If we understand these behaviors, then what kind of things are they going to need? What kind of solutions are they going to need? What kinds of products or tools are they going to need? And then conversely, how do we need to message to them? What kind of language do we need to use with them? How are they going to know that it's safe to come back to the hospital? How are they going to know that we've opened new service lines? We want to make sure we're up to understanding as much about the behavior to drive us towards the right design.

## Slide 27

What you're seeing here is an example of the types of journey maps that we do. Intentionally, you can't read them because the emphasis is on the size and scale here, as opposed to what the words are on the screen. But it's showing how people are going through a process and we like to visualize things. We like to make them easy to digest so that we can understand exactly the phases in the journey, the moments that are going to matter in each of the phases, the emotional needs that are going to need to be met in each of those phases, and the functional needs that are going to need to be met in each of those phases. Emotional needs are things like I want to feel safe; I want to feel secure; I want to feel informed. The functional needs are I'm going to need to know if I have to wear a mask; I'm going to need to know if I can do contactless, waiting room. Those are the types of functional needs that we can then say based on that, how do we need to support people to solve for these functional needs? Are we doing it already? Where can we improve? And then, how do we message to them appropriately?

## Slide 28

Here is an example of a service, a couple of service blueprints. Again, we know you can't read it. That was done intentionally, but it's just the scale of this should show you that along that left rail, everything from—Who is involved? How are we talking to them? What technology is being used? How does the data flow from system to system so that

we can then map out all of those details? It would be able to tell you exactly the way an experience needs to be defined in order for it to be successful.

## Slide 29

With our last couple of minutes, we have a couple of actions that you can take immediately and things to think of as we're moving forward through the pandemic. Right now, continue doing this purpose-led engagement. We want to continue promoting messages about safety and especially about the people who are the heroes in our community, our frontline employees who are showing up every day, putting their lives at risk to keep us safe. It's going to help galvanize your brand when you humanize your people.

Next step, we want to start thinking about this brand marathon we're calling it. You definitely are going to be put in positions where your brand needs to be differentiated; people are going to be having a lot of questions. They're rethinking the way that they're approaching their healthcare. They're rethinking the places that they're going to be going. You need to be preparing for this to be a marathon of continual engagement and opportunity to pull people in as they navigate this new normal.

After that you want to be thinking about your metrics for success. What are the KPIs? What are the things that are going to decide how well and effectively you've been messaging to your patient population? How do you know that they've been coming back? How do you

know that they're happy? What's their sentiment? You want to be capturing all of these things so that you can continue to tailor your messaging and you can continue to push forward things that are landing with these audiences and not things that are going to be frustrating them or scaring them. Surely after that, it's good to send some more love. Don't forget about those frontline employees. Clinician experience is a passion space of mine. They don't get enough love. Healthcare is their calling and they're going to show up no matter how bad it is. Let's continue to throw some support to them. Then finally communicate around these human mindsets and the signals. Drive effective and innovative campaigns based on what you understand about your people. And I think with that, we are at time. We have maybe one minute for questions.

**Webinar Host:** I invite all participants to enter any questions you have in these post survey that will pop up at the conclusion of this call. I want to extend a sincere thank you to our presenters and to our sponsor Accenture for providing this excellent research to us today. And thank you all for joining. A copy of the recording will be shared and to request a copy of the presentation, please complete the survey and provide your contact information. Thank you so much everyone and have a wonderful day.