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Engaging physicians in digital marketing

SHSMD sponsored webinar

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Introduction: Hello and welcome everyone to the SHSMD webinar - Engaging Physicians in Digital Marketing.

SHSMD would like to extend a sincere thank you to Accenture for sponsoring today's webinar.

Before we begin, I'd like to cover a few housekeeping items. First, this webinar is now being recorded and is broadcast and listen only mode. We welcome your comments and questions throughout the presentation. Click the chat icon in the lower right-hand side of your screen to enter your questions or comments. As we've allotted time at the end for Q&A, you can select the all-panelist option to direct your questions to the speakers. And now, it is my pleasure to hand it over to today's moderator, Linda MacCracken, who's Associate Director of Consumer Engagement at Accenture. Linda, the floor is yours!

Linda MacCracken: Thanks, Tom. Great to be here. Welcome all of you. I'm so excited to have our time come together and to hear from Holly and Aaron as they shared their tactics in engaging physicians in digital marketing or marketing. We have a terrific program for you today. Let me tell you about who we are that is talking to you. And you know, again, thanks to SHSMD for putting on this program. It's nice to see some familiar names and faces in the audience. So, as Tom said, I'm an Associate Director with Accenture Health. I work on improving the health experience for people using business and marketing technology. I've worked in and with health systems, payers and information companies to discover, design enable and improve customer experience. And I'm pretty passionate about marketing as it has been the cornerstone of my career. I also teach marketing to physicians at Harvard's Healthcare Management Program, and I

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have always found physicians curious and eagerly collaborative, appreciating our leaders in our field, sharing what they do, like Aaron and Holly.

Let me tell you about Aaron. Aaron is a leader in collaborator, achieving broad digital transformation strategies to support the Johns Hopkins Health System and the Johns Hopkins University School of Medicine. He leads an enterprise level digital team within a highly matrixed and complex environment with a mission to connect the people of the world to the people of Johns Hopkins Medicine.

Holly is the director of Content strategy for the Ohio State University, Wexner Medical Center—one of the nation's leading academic health centers. As a former advertising copywriter and marketing executive, Holly leads the content strategy team and serves as editor-in-chief for the medical center's content site Ohio State Health and Discovery, in addition to supporting content creation across the entire enterprise. And I know you're going to like hearing from both of them.

So the purpose of our program today is to say, if the clinicians knew how to partner, support and advocate for digital marketing, or all marketing, how great would our lives be?

Often we get stuck in silos at Accenture and at Harvard. We hear from physicians, what do the marketing people do? And I'm sure many of you are nodding your heads when we say, oh, all physicians think that they're at the great marketers, and they might be. But I'm going show you some data points that hopefully will ease your path in terms of doing some of your digital components. So, we'll learn about some of the viewpoints on digital engagement. We'll hear realized stories and identify tactics. This is our program that we've got set for today. As we wrap up at the end, we welcome questions, so feel free to put them in the chat. We're going to go through robust content and then go through the questions at the end for which we promise to make time.

I wanted to share with you a couple of factoids as starting points in engaging physicians in digital marketing. Accenture does a fair amount of research and glad to share any of it. But what I found compelling is that the physician digital realities are unexpected. What's unexpected is I started looking at positions for marketers digitally shy, or are they bold? The answer is, it's about 50/50. It's just so interesting to say, okay, so personally, where are you? I discussed it with the physicians. We have physicians at Accenture, what's the impact of this data? And what did they take at HIMSS? We found that physicians are phenomenally engaged. You can see they are digitally encouraged, very committed to digital tools for their patients, and are more shy when it comes to some of their own uses.

What does that mean? It's a wide-open door for partnering, teaming, and guiding. I'll also tell you that in my discussions with the physicians at Harvard who are getting their Masters in Healthcare, they say, so what do the marketing people do? What should they

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do? How should we partner? How would we work? So that's one of the reasons that we sort of got excited about having this program. So how can we deliver on physician aligned experiences? You know, physicians ask a lot of questions. And so, if you get a chance, we'll, I've got a tactics list at the end, but go have coffee, have a fireside chat, have virtual fireside chat, have a chat, and say, do you feel comfortable with who do we reach or who do we engage? You know, for us, team values conversations or audience insights; our experience divisions cross functionality and Accenture calls it de-siloing teams.

If we can remove silos, then there's a much better path to earning the business of our customers. Our research shows 28% more likely to achieve highest revenue growth. So that's always a good factor. I have found too, in some of the marketing innovations we deliver in health, when the physicians are involved, there's more voices at the table, there's more contributions to budgets, there's more physicians saying, how can I be on your advisory committee? How can I be a champion?

The last key factor I want to have before I turn it over to Aaron and Holly is that you're probably thinking the point that we want to engage people in healthcare is in their life, not just the episode. Right? And so, I know a number of you recognizing some faces and some impressive marketing colleagues on the call that have people fully engaged is a life journey. With a life journey, we're 26% more likely to achieve satisfaction and engagement in our customer base.

With that, just to set the table and give you some data to go forward with, I'd like to turn it over to Aaron.

Aaron Watkins: All right, Linda. Thank you very much. I think I'm going move past this slide quickly. I know, I don't want to look at my picture.

A guiding principle of all of our marketing and brand positioning efforts is that we want to provide the best possible information to people around the world. We're a global brand. We actually want to provide information whether they choose to come to Hopkins or not. While we understand that patients are trying to achieve specific health outcomes, and we want them to help understand the different treatments, cares and the outcomes that they can expect. We also understand that they want to envision themselves in the care of a physician. They want to understand what is that experience going to be like. Anytime you are on Hopkins Web property, you'll see a heavy representation of our physicians. The very first link you're going to see is to understand and to meet some of our doctors. But if you're going down a path to understand our locations and other aspects of care, you'll always see content, whether it's videos representing our doctors or links to get specific information. We're always thinking about the presence of our caregivers in all aspects of our experience.

That's always been a guiding principle of our team. I've been at Hopkins for about 15 years. I really built the first

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enterprise digital web strategic unit for the health system and the school of medicine at that point. Pretty quickly we developed this mission statement—we connect the people of the world with the people of Johns Hopkins Medicine. And again, everything we do, I think we all know, it's easy to forget that there are people on both ends of that relationship when we're in social media, you might feel a little anonymous about the kinds of things you're saying. But, you know, at the end of the day, everything we're doing, it's about trying to get a person to someone who can answer their question, to someone who can provide the care. It's always about a people-to-people connection.

As we've worked internally, and I've had to go through a big education to understand what the concerns of our physicians are. One of the big areas that I've had to really come to understand is the way physicians have to learn to give up some control around how they might be presented across the internet, and how to help them to be as successful as possible in conveying who they are in the real world, and how their patients might feel about them in the real world to ensure that their online reputation is a reflection of that real world reputation. There's a slide—one of the big ways that this is kind of represented in my work... several years ago as you started to see physician sites like health grades, vitals, and others, where people could post reviews of physicians, where information was being presented about our physicians, about where they provided care that initially wasn't always accurate.

Those were things that our physicians were deeply disturbed by in those early days. We had real opportunities to build bridges with our physicians by showing them how we value their online reputation and the work that we could do internally to introduce the reviews of confirmed patients to their profiles to also make sure that the information that we have in our data systems is being relayed across the web to all these other sites where that's being presented. Additionally, to guide them how to respond or not respond to comments and ratings that they might see on those sites. On our own site you know, that's where we have the most information about patients and encounters of physicians. We've really had an opportunity to show them, how positive your overall rating can be.

It's okay to have a negative comment about yourself in the mix of those positives on our site and on those external sites because that allows people to understand the truth about you and to really gain trust in all the reviews that they're seeing. We also support them when there are cases, say on a third-party website where particularly egregious or inaccurate information is being presented, and refrain from responding to that specifically and showing them how we can at least show that we can reach out, confirm that we want to address the situation, and we can help them. If it's egregious, then to escalate it to communication professionals or the legal team, if necessary, to show them that we have their backs in all circumstances around their reputation. And so as they go out then and engage

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on our platform and others we also want to remind them of some basic guiding principles about Hopkins, about these platforms, and about the way we really want them to encourage the exchange of ideas and to be a role model for the behavior of others.

I want to take a moment to just show a video. This is for our physicians and any staff to just help them consider how to behave in social media.

Video: Social media is a way to create personal and professional networks and stay in touch with family and friends. It serves as a place where you can share common interests with those you normally would not meet. From a business perspective, social media is another front door into the organization. Social networks allow us to reach those interested in the Johns Hopkins medicine brand and be a resource for our communities. But it's important that Hopkins employees engage responsibly online, with healthy social media practices, create an environment of inclusivity, open lines of communication, and strengthen the reputation of the brand. Sharing accolades of colleagues online is a great personal way to build relationships with your peers, but don't gossip or use social media as an outlet for hate. Always stay conscious of the fact that you and your social presence are an extension of the brand.

Employees want to show their Hopkins pride to all of their friends, and that's awesome. But make sure not to include any patient info in a post, or you'll be in violation of HIPAA laws. Working for Johns Hopkins Medicine means taking careful measures to upkeep our brand reputation. These days it is easy to have more than one account on any given social platform, but it is important that employees don't make Hopkins branded pages without approval from marketing and communications. Without this process, it would be easy for anyone to misrepresent affiliation with the Johns Hopkins brand. It is appealing to use social media as a platform to voice your opinions, but it is a good idea to refrain from criticizing points of view that are different from your own. Remember that you are a reflection of Johns Hopkins Medicine. Keep some of these dos and don'ts in mind as you navigate the world of social media. Stay social, be mindful. Learn more about social media at Johns Hopkins Medicine @hopkinsmedicine.org/socialmedia.

Aaron Watkins: And so that video is kind of an introduction to some in-depth resources that we have, on the website for my internet strategy team. And I'm going to come back to these in, in a few moments, but you know, it really demonstrates, right, we've got FAQ's, use of the Hopkins name and best practices that are specific to each of the channels in which our physicians may want to engage. And at Hopkins, this is something that we have to be very mindful of and supportive of. Of course, we know, right, people want to participate in social media as individuals. There are certain channels that we want to be developing from the enterprise. So if it's a channel that represents a specific hospital in the system or a specific department, we

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obviously want to be very involved in creating that channel.

At the same time, that's not always how it happens. And that is even true of some of the web properties that evolved at Hopkins. We have faculty who have a lot of freedom to create things on their own, and we have to work as marketing communications professionals to guide them on how to make that most effective, and to also bring them into the fold, whether they've approached us from the start before they've got started, or they've gone out and done something on their own. And so this is a screenshot of the internet strategy teams, website and specific web service requests that start to show the different pathways, the forms, the resources that we present to guide physicians in all aspects of a digital strategy. Coming back to social media specifically, this is a good example of some of the depth that we try to go to.

We love it when physicians come to us and seek us out for consultation or advice as they're starting a channel. We also try as new faculty join our organization to seek them out online, right? We're developing bios and things in their profiles. We're also looking to say, are they already active in social media? How can we leverage them? How can we outreach to them and give them guidance? We also do things like holding regular workshops. For example, in the coffee shops on campus, we will have periods where we have a handful of different staff with different expertise who are just kind of available, you know, for an hour on a specific day. And faculty can stop by and mainly get to know them, but also ask specific questions. You know, an examples of these FAQs too.

They run a big range. I mean, what to do if a patient reaches out to them publicly in social media. You know, we've got kind of standard statements that they can say, Hey, I'll follow up with you in your DM. And on that DM, again, not to communicate about the situation, but to guide them into the appropriate resources. Things like, you know, you see statements on social handles all the time. These tweets are my own and don't reflect the opinion of my organization. We often get questions, do our physicians need those? And our position is actually that they do not. We feel that any of us in social media, anything that we can do, it can be construed as representative of ourselves as individuals or ourselves as professionals, and it can have impacts within the organization.

And so we try to have them be mindful of that to help them. Again, we give them guidance. There's times when in, you know, in a tweet you might want to say, I think that, like, make it clear, it's your opinion, taking a little time to do those kinds of things. And then we give broad guidance on, you know, the power of visuals in any kind of social media. The types of content that we see our physicians typically be successful with; presentations at conferences, research paper publications, any videos that they appear in patient stories, of course, you know, how to use hashtags. Like we give them a lot of that kind of guidance. And it's important to note

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that this is a two-way relationship. We're always gleaning information from our physicians. And in fact, for several years we had two physicians who acted as advisors to our department, who helped us to identify physicians who we might want to work with more closely, who might be encountering different challenges, to help us to communicate, you know, the importance of promoting specific types of content to the physician community, and to help us develop standards and and practices.

And so, you know, again, knowing that physicians are this important representation, we do both paid and organic, content creation, of course. A fair amount of that content focuses on our physicians, specifically. We want to promote their research and the patient stories, as I mentioned. We try to highlight new physicians when they join our organization, when they're promoted, when they have a significant accomplishment. If we're able to, we always defer to amplifying their statements or the statements of their peers about those kinds of events. At the same time, we're always creating kind of more corporate materials related to that and making sure that we're putting that out there.

And through that we've really developed strong partnerships with our physicians. I am especially excited to hear Holly talk about health content. That's an important aspect of our strategy as well. We rely on our physicians to help us to understand, you know, what is, what are the cutting edge kind of health topics that we want to address? And we try to provide them with the insights of how we think consumers would be seeking out and able to encounter that information. And we work to prepare that information in a variety of formats. Much of that, of course, is associated with things that we clearly have marketing priorities. At the same time, there's also a lot of informal content that we might promote, things like women in healthcare. We have tried, especially in recent years, to be very visible on topics related to civil unrest, to demonstrate how our organization responded, not at a corporate level as much as individuals.

How our pay power physicians and our community has responded to some of the social challenges that we've seen in our community over the last few years. We're always monitoring, I think lastly, it's important to say, we're always monitoring our physicians to see what kind of activity they're engaging in. We know that especially for our younger demographics, young physicians, medical students, some of the people that we're also trying to reach, that it is the organic content that brings people in. People want to hear from people. We try to amplify that. And where we have more corporate, kind of assets, we try to insert those into the dialogue appropriately. And so I think with that, I am going to transition over to Holly.

Holly Roby: It's always nice to hear when, you know, a colleague has shared challenges that you face as well. So I appreciated hearing your presentation there. Let's see, move past this. So I'm going to share today, a little bit about our content strategy and our content

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sharing platform, and talk to you about how we utilize physicians and clinicians at the core of our content strategy. So at Ohio State, we have a large academic health center, and we also have seven health sciences colleges all together on the same campus. So, you know, that covers everything from optometry to VetMed to public health, and of course, our college of medicine as well. So what we have in spades are experts, a deep, you know, deep, array of experts. But what we didn't really have was a way to kind of harness all that expertise and share it in a strategic way.

Of course, we always produced a lot of content in a lot of different ways, but we didn't have a kind of central strategy to really elevate that expertise. So we set out to develop what we called a content engine, a website that we focused on leveraging our physicians and clinical experts online in the health, wellness and science space, with the goals of course, you know, influencing our reputation, growing our brand, and supporting volume for strategic marketing areas. But what we found along the way, as we did this, that we really uncovered a lot of unexpected benefits and synergies to this strategy.

So, our finished project product, which you've seen on some of these slides, is a website called Ohio State Health and Discovery. We launched it in January of 2022, after just nine months of development from start to finish, which in Ohio State time is like a nanosecond, and I'm sure many of you can relate to that. That getting a website off the ground in nine months was a herculean effort. But we really spent a lot of that time, you know, behind the scenes while we were building the site, socializing this concept with our leadership teams, our marketing department, our media relations team, leaders at the university, around this idea of really putting our physicians and our clinicians at the center of our content, and that this would ultimately benefit everyone and create a lot of efficiencies and synergies.

Now, did everybody believe us at the beginning that this was going to be a good idea? I don't think so, but I think, you know, we're a year, just over a year in, and I think now we've converted them. So let's talk a little bit about that content. So, we set out with the intentional strategy to put physicians at the center of almost every piece of content on the site. The first way we do this is, like the example I have here, what we call feature packages. So this is an opportunity for us to highlight our most interesting people, programs, research innovations, in a really deep way. So this is a very big story. It took a lot of reporting to get this done. This particular story is on a couple of skull-based surgeons who do this rare skull-based surgery.

And this story took almost a year to complete because they allowed us to follow a patient through from her diagnosis, through her surgery. And why it worked so well is because the physicians were very open to this idea, and they were really on board to work with us. But a package like this, as you can see, takes a lot of time. A lot of time from the writing staff, the editing staff, a lot of photography, video. We engaged

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the medical illustrator for this one to show the patient's tumor location. There are sidebar stories and FAQs. So it's a lot of work and a lot of content pulled together for a story like this. And it takes a lot of, not just our time, but a lot of the physician's time. So we're very upfront. We start off each one of these packages by talking to the physician and explaining the expectations for their time.

And our mantra is that we will work with the willing. So if they're not interested in being part of that, we say thank you, and we move on to the next person. In the case of these two surgeons, they were totally on board. They gave us really unprecedented access. They let us attend clinic appointments, hang out in their office. They let us come back and photograph surgical instruments, whatever we wanted, they were on board for. But we tell them it's going to take multiple interviews. You're going to need to let us come in and get video. You're going to need to let us follow up with you to ask clarifying questions, figure out some fine details. So in this case, it worked out really well. And we've had a lot of success. This story launched just over a month ago, and we've had a really good response to it so far.

The second type content we produce on the site is what we call health news articles. These are kind of blog stories that cover, you know, trending relevant health news topics. But once again, we intentionally do this so that every piece of content is authored by a physician or the appropriate expert for that topic. And we know that Google gives a little more authority to having those medical experts as the byline on the story. So our team works with them to kind of write the story with them, and we publish it under that expert's byline. And Aaron, I appreciated when you were talking about, you know, kind of covering things, not just medical things, but kind of health and society and cultural things as well. We're working on the story right now related to the chemical that was released and the train derailment in northeast Ohio.

So we're covering topics, and again, I think that's one of the advantages of having all these experts across public health and VetMed and everything in between, is that we can always find somebody that we can tap to cover those kinds of stories. So I do want to make a small note, about how this content happens. So, I have an associate editor on my team, and she and I really manage the production of all of these pieces that go on the site. And we have a small team of writers, and we use some freelance writers, but we've really worked hard to cultivate relationships with our physicians and other experts. So when we know we have a story that we want to do on a certain topic, we have kind of a pool of experts we can reach out to, and they're pretty responsive to say, sure, I'll take that one. Or, oh I'm busy right now, can you throw it over to, you know, my colleague? So it's been nice to develop those connections. And we also use a project management system. We use Workfront. I'm sure many of you use Workfront or something similar to manage each of these pieces. So I think each one of these little stories, for

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example, has 21 steps that they go through before they get published that touches design, SEO, marketing review, et cetera. So, just to share a little bit about, you know, how the soup is made there.

Let's see. So I shared the kinds of content that we're producing, but I want to talk about, you know, how we really put that content to work. So we have all this content sitting out there. We just can't let it sit there. We want to make sure it's working as hard for us as possible. And I mentioned that we found some connections and synergies in this content. You know, we realized early on that this content could kind of fill a lot of gaps that we were creating across our department where we might be developing one-off pieces of content for certain projects or requests that we were able to start plugging health and discovery content in to fill a lot of those needs. So, for example, our development team started to realize that these profiles that we were developing on different positions were fantastic to share with potential donors on a one-on-one basis, as well as using in their broader donor communication. So these are a few examples of emails that they send out using our content. Our internal communications team also started using our content in weekly emails to our staff.

We have 23,000 staff members, so we want to make sure that they have this content in front of them as well. And we publish all of the stories that go on Health and Discovery. We also publish to our intranet so that our faculty and staff can like, comment and share the content on their own social networks. We also have a broader community for the university at large of 50,000 people, many of whom are on our health plan. And we certainly want them to be aware of the services that we offer and innovations taking place at the medical center so that they continue to choose us for their own healthcare as well. So we share it on university-wide communications as well. We've also found a great benefit in using Health and Discovery content as the backbone of our patient communications, including our patient emails.

So, once again, we're not developing one-off content specifically for these communications. We're picking up things that we already have and just repurposing them. And that's been a great efficiency for us. And our marketing team also has found a lot of great use for this content in their peer reputation marketing. So we do as many of you do, I'm sure, campaigns focused around the US news, best hospital voting campaign period. So we're picking up a lot of this content where, again, we would've once been writing these stories separately. They would've gotten one time use for this kind of marketing, and they would've sat on the shelf and never been used again. So, we're able to really take this content and plug it in to multiple locations. They're also using it on peer platforms such as Doximity, where we're trying to reach our peers and colleagues in other ways.

We're also testing out some new media platforms. Again, we're using the same content, but in this case, repurposing

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the stories and reformatting them into a Google Web Story format. So we've just begun this, so I don't have a lot of data yet on how these are performing, but we're going to continue to test new platforms like that. We also empower our physicians to share the content themselves. So whenever we publish a story on one of our physicians, if they're active on social media, we make sure they have the information so they can share it out. These are a couple of examples of tweets and social posts from our physician sharing content that we've produced about them. And last, but certainly not least, is social media promotion. I think Joey Dylan from our team is on this webinar.

And he's part of our extraordinary team of social media professionals who we work with on a daily basis. We have a publishing calendar, and they promote everything that we publish on Health and Discovery. Some of it's organic, some of it's paid. We do put more paid dollars behind the bigger physician profiles as well. But we work very closely with them. And we're always kind of talking about topics as well. So, you know, looking at ahead to March to see what they're going to be covering on social media, what they think might be trending, and do we have topics that match that that we can resurface, or new things that we can develop around there.

So, all of those connections are great. But there's one last connection that, that we can't ignore, and that's making sure that our physicians and our leaders see what we're doing and know how it's performing. So we produce for our department, what we call a quarterly impact report, and this covers the work of our entire marketing and communications department, where we pull a report together that goes kind of team by team. So we cover media relations, social media, Health and Discovery website, internal communications, and we're reporting back to our leaders on what work has taken place, and what the results are and what data we can share back with them. And we've had a really positive response to this. It's a pretty comprehensive report. We go into a lot of detail, and we share this with not just our clinical leaders, our executive team, but our board sees this and post it so our internal audiences can see it as well.

So the site has just been out for just over a year, and we are really happy with the performance of it. So far, we've had in that year, January 24th, we've had 3.8 million total visits and 4.8 million total page views. And what we're most excited about is that the majority of that is from organic traffic, which tells us that we're developing content that people are searching for, and that we're optimizing it really well. And a lot of credit, of course, goes to our SEO team who works with us on every piece to make sure we're optimizing it before we publish it. And I have a couple of examples of here on here of stories that are ranking high in Google search when those topics are searched. And that's kind of our goal is to get as many of those as possible.

So I'll just conclude by sharing, you know, what we've learned so far and what we plan to do next. You know, we

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learned that physicians like this, they're experts and they like having a venue to share their expertise. And I think the word has gotten out among our clinical staff and people know what this is, they're happy to participate for the most part when we ask them to. And we have a lot of repeat customers who we rely on to be our kind of go-to experts for a lot of topics. We've certainly, you know, with a site being just a year old, we're learning a lot. We're still learning a lot about what works and doesn't work, and we have a fail forward mentality, so we try new things. They don't always work. Some things fall very flat and, you know, we don't beat ourselves up about it. We just move on and keep trying something new. Studying the performance and sharing results is kind of the next phase of what we're really focused on. We're trying to formalize a process to make sure that every physician that we feature, for example, we're giving them a more formalized report on how their story performed, what we're going to do to change it or update it. So we're trying to formalize that process right now, but we're trying to keep a very transparent feedback loop going for the site. And then we're continuing to keep focused on what's next. So we're very focused on multimedia options and new media we can try for the site. Of course, always looking to add more video, and more visuals to our stories, as we go forward. So that's everything I have to share. I'll pass it back to Linda.

Linda MacCracken: Wow, thank you so much, Holly and Aaron. Let me just come up with a couple of tips or summaries. I love some of the insights that we've gotten, questions, and we will have the presentation available after today. I'm going to, while I'm just sort of doing concluding remarks and then opening for questions, please feel free to put your questions in the chat and we'll go through in the order that they came. But again, some of the baseline conversations that some of the physicians say to us, and you can tell that Holly and Aaron clearly have the positions they partner with well on their way is they're curious. And so your marketing data is a treasure trove. If you say, hey, here's what they're social listening, here's what we're hearing. Anything out of the content management systems, you can tell that with our presenters in the way that they're deploying content, are having efficiencies, which is analytics.

And in talking to the number of physicians, even yesterday, they say anything that shows data and numbers we get and we get fast audience insights. One of the questions that we find surprising is, who do you serve? Who do you think we serve? Who do you wish we could serve? Starts opening the great conversation about, yes, but you probably can't reach them. And then you can tell that with Holly and Aaron, nothing is impossible. The digital appetite, you know, I started off saying, hey, that physicians had a more conservative digital appetite. But, you know, again, at Accenture we think about things as who's digitally savvy, who's traditional, who's transitional. Again, conversation topics to have with your physicians as you're starting to get them into a comfort level on partnering

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with marketing. Obviously every doctor is a digital partner, but only the willing, I love that, Holly.

So thank you for sharing that. And Aaron, we're going to have a question about how do you prioritize all the assets you come in. I wanted to go over a couple of ways that we've seen organizations be effective in saying, hey be partners, if there's a physician marketing council, if there's a council and physicians can have the option of being included, that's been helpful. Physician champions, one organization had the orthopedics department all wanted to go ahead and, you know, it was almost a food fight. And so then organization appointed somebody to be the champion and to handle all the request to marketing through that champion. So that is also another tactic. Reporting and educating the physicians on what's happening. Holly's report is amazing. Aaron's transparency is fantastic. But feel free to go and say, hey, let's have a presentation.

Let me share, let me show, as a starting point. And then again, anything in terms of the outcomes. I also want to do a shout out with gratitude about how much wonderful content is posted on the websites of both these organizations. And with that then, and we, we've got some good questions, so I'm super excited about that. Let me move into, you know, the start of our conversations. What if the clinicians knew how to partner, support and advocate? And again, there's amazing partnerships and there's an opportunity for budget and functional support. The first question we have is, how have you determined who gets their own pages and who should not? And how involved are you in the individual pages after they're created to help avoid pages going dormant? Aaron, do you want to start? And then Holly, you pick up?

Aaron Watkins: Good. So, I will just start by saying it's not always easy to determine who should and who should not. We do what I'd say generally, one, we try to take a very inclusive approach. And over time, you know, like hopkinsmedicine.org, it fully represents the enterprise. And over time, of course, that that has grown significantly, and our architecture has become a more supportive architecture. So more often, I think the question for us when we have a new request is where does this fit? What content do we have that might already address this topic, or at least be complimentary or part of a journey that might lead someone to this content? We really try to present that to the requester. We try to really show, you know, and I'm thinking very literally about, oh, someone's come to us and they're requesting, we build a website for them.

We try and show them like, look, we have this array of health pages. We have your physician content. Here's the amount of visits that that content's already receiving, and as much as we can, what a path might be around that content. And so we're trying to reduce, you know, could the creation of redundant or unnecessary content from the start. That has become a discussion that's been, you know, it's much easier today than it was 5 years ago or 10 years ago. Additionally then just there's

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where we are in our particular kind of journey. We're undergoing a web overhaul as well, in which we are very aggressively and actively reducing the number of pages on hopkinsmedicine.org, because it just got way, way too big. And so we've had a huge amount of leadership support to make that reduction.

And in fact, we're cutting the site down by about two thirds. And we work closely with faculty on it. When it comes to like the social channels, we really try to own kind of institutional social channels. But admittedly we don't, so we don't always achieve that. So, you know, as an example, if it's a hospital, like I said earlier, we want that centrally managed. If it's a department, we try to do that, but we also aren't resourced to own it. And that can become a real challenge for us. Because often what it means is in that department, there's one, maybe two faculty members who are really highly engaged. They want to produce a department branded social channel. And so we have to have some tough conversations about whether or not that should go forward. And some tough conversations about do members of our marketing team need access?

What would that mean if these physicians went away? Would that channel go away? Those tend to be some of the harder conversations and some of the things that we have a harder time just resolving. We've had to take on some channels that maybe we wouldn't have preferred to take on. And we've seen how the flux of kind of the effectiveness of that channel can rise and fall with the amount of resources that are dedicated to it. So, you know, we've mitigated a lot of risk, but we're by no means perfect when it comes to those social channels.

Linda MacCracken: That's awesome. Could I ask Holly to take a content question that's come up, for content strategy? Do you think patient stories continue to be effective? And how do you make a patient's story stand out?

Holly Roby: Yeah, great question. So I think the way we approach it is we try to stay really close to our central strategy of making sure that the clinicians are the core of the story. So we might feature a patient as a way to illustrate the expertise of a clinical team, for example. We don't, we purposefully don't do just straight to patient stories on Health and Discovery. I agree with your comment that it is hard to make them stand out. I mean, they're often very heartwarming and, wonderful stories, but we try to tell them through the lens of highlighting the expertise of who took care of that patient. So that's been our approach.

Linda MacCracken: Awesome. Thank you. For both of you, what tools do you use for data analysis or reporting?

Holly Roby: I can comment. So our analytics team has put together some dashboards for us, with using Google Analytics that we kind of rely on for all our visit and traffic information. And then we're using some other tools, and I'm going to get the names of them wrong, but, for example, I know we're using a tool that, a scroll tracking tool so we can see how far people are getting

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on our stories. And that just, you know, we're collecting that data to help guide, general length requirements for our content pieces to say, you know, are people getting past a thousand words, for example. And those data points just help us inform our strategy a little bit more. I think those are the primary tools that we're using right now.

Linda MacCracken: Awesome. Aaron, tools? Data reporting tools?

Aaron Watkins: Yeah, of course, I mean, Google Analytics has always been a backbone of what we're doing for reporting. You know, additionally we have an onsite survey, that has enabled us to gather a lot of feedback, and satisfaction data about various aspects of the web experience. And then in addition, that tool, which is for rent, that also enables us to see, you know, how people are engaging with the page, how far they scroll and things like that. We've got Bananatag in the mix and some other tools. You know, but I will also share that just given recent privacy concerns and recommendations out of the OCR, we have actually pulled back a lot of our data and analysis and reporting tools, and have many on a hiatus. So, today we don't have Google Analytics on our website as an example. So we're determining how are we going to pivot in the years ahead.

Linda MacCracken: Awesome, thank you. We've got three great questions that I want to put into one, is our speakers. One is how do you balance physician time to get them to work on content for social media? What if they're temporary and what do you do with the older physicians who don't want to be on social media? If you want to kick those discussions off?

Aaron Watkins: I'm sorry, I missed the first part of the question.

Linda MacCracken: Oh, how do you balance the physician's time in getting them to work on content for social media or the articles?

Aaron Watkins: I got Holly's answer was work with the willing, and I think that about sums it up. You know, we do try to be as coordinated as possible in our department in how we engage physicians. You know, we're a large department, we can have silos of our own. We've got editorial communications. We have a group focused on our peer-to-peer physician website. We've got our content official. So we do really try to organize around priorities and to understand who's engaging with us and identify the people that are most engaged, most responsive, and that we can work with. But we don't have any one set path. So yeah.

Linda MacCracken: Awesome. Holly, do you want to comment on how it is to get physicians engaged? It sounds like you work with the willing so that the older ones that don't want to be on it, sounds like they don't hit the audience list?

Holly Roby: Yeah, and I think we work for the content we produce, we work a lot with our marketing team to, and our media relations team to make sure we're trying to align, particularly for the kind of feature work that we're aligned

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on strategic priority areas and physicians where we might already have something in the mix. So to Aaron's point, we're not having multiple touchpoints with the same physician requests from multiple people in our department at the same time. So we're trying to coordinate that and we're not perfect at it. But we're getting better and we have regular meetings where we talk about everything coming up in the week and in the month ahead, so that we're trying to capture those in advance so we can really coordinate and plan those better.

Linda MacCracken: Awesome. Susan, you've raised a good question about, are your physicians employed? We run into issues with them being employed at medical schools. I can imagine that's a common issue, but I don't know if you want to amplify on your question there.

Aaron Watkins: I'll just respond. You know, we have a combination of employed and non-employed physicians. Generally speaking, the majority of our focus goes to those employed physicians, to our faculty. You know, but that's, I think, evolving as well. I mean, when we're thinking about the kind of the future of our health system and how we want to nurture patients through that system, we're actually creating more opportunities for non-employed positions to be a part of our system. And so we are really actively pursuing, well what is, what does that mean for them? What will we offer to them? You know, so as an example, today we don't identify physicians who are employed or non-employed. They're simply all presented. You could probably, you can figure it out, if you're educated. But we know most of our consumers wouldn't even have that on their radar. And the main way you would figure it out is whether they have an academic title and do they have a lot of info on their profile, right? But I think over time, like we intend to introduce identifiers, of what their status is, not just employed or non-employed, but other factors of how they interrelate, within the system. And I think that's going to result in increased content, about our physicians as a whole and some a little more balance actually.

Linda MacCracken: Awesome. Let me give it to another really good question topic that Andrea's put in. Data collection's hugely beneficial, but due to the ads. But due to privacy concerns, our organization is leaning towards removing tracking on our site and digital ads, and that's a big issue because of the new CMS ruling that came out on privacy and some of the digital posting. So question for Holly or Aaron, had a problem you've encountered, how do you handle?

Holly Roby: I'll have to learn more from our data team on this. I think so far we have not changed anything, but it sounds like Aaron, you guys have already made some changes in this regard.

Aaron Watkins: Yeah. So there was, I guess broadly there was an article in The Markup. There's a website called The Markup. And they did an article this past summer that really looked at how health systems were leveraging

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Facebook and including tracking code essentially to target the right audiences, and to bring them to the website. And then the possibility of, well, what might those people be doing on the website? That by having that pixel, that tracking code could be relayed back to Facebook. That's definitely an article that everyone should read. It's pretty hard hitting. And then, you know, at that point, so we really started to limit our activities with social channels, not just Facebook and even other forms of digital advertising. We also have seen guidance from the OCR, come out, I want to say that was November, it might have been December.

That really gave a very pointed view on what they considered to be HIPAA information, in relation to online tracking. And so we have even pulled back further. And as I mentioned, we do not have Google Analytics on our website today. There are a handful of other health systems that I know of that have done that. But it's, this is definitely a very, it's a heavily shifting landscape. And you know, I talk to lots of peers who have the interests of their patient community at heart, but also have a very different perspective on what's the best way to serve those communities because people need access to the right information to help them make decisions. And in many ways, this is how the internet works, right? So, it's a very important issue and a fluctuating time that, and where I think we're all just trying to navigate it.

Linda MacCracken: Thanks very much. I'll actually make sure that there's a slide included that cites the article and the CMS notice, because I think there's a fair amount of attention on that. So thank you. Last question is, do you use these videos and materials for social media or do you put them under a block, under a block on your website? Are blocks still effective?

Aaron Watkins: Sorry, could you clarify that question a little? Are blocks still factor?

Linda MacCracken: Sure. I know. I'm just going through the chat. Do you use the videos and materials for social media?

Aaron Watkins: The answer I'd say is, yeah, and I apologize if I'm just not answering it accurately, but just like Holly, we're looking at our content holistically. We often are developing content with a very specific purpose for a very specific channel. And as much as possible, our content creators, you know, we've thought about the kind of the myriad of ways that we might want to use it and, you know, can we produce a 15 second video and a one minute video like people who are much more focused and strategic than I am and kind of how we carry that out, try to leverage our assets, in all the ways possible. I think it's often a bigger challenge sometimes to make sure that we are using the right assets for the right audiences. You know, because, or like sometimes when there's an urgent need to get something out to reach someone, we might not yet have the right asset to do that. Or we just might not have the education with a particular stakeholder that it's not the right asset for that audience in that context. You

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know, so those are things that we're constantly navigating, but in short, we want to be as prepared as possible with as broad and well-planned of assets as possible.

Linda MacCracken: That's awesome. Go ahead, Holly, final comment?

Holly Roby: I would just echo that we're trying to use the same content and bring everyone to the table. If we know we're going to get a video for X, Y, Z story, we're shooting a vertical version for social media at the same time. Trying to coordinate all of that so that we can use those assets on all platforms.

Linda MacCracken: Awesome. This is amazing sharing of expertise. I've learned a lot and I really appreciate Aaron, Holly, what you've done. Megan, I'm indebted for you for throwing that invaluable article. We will also add it to the slides before we send out later today. And with that, let me say thank you and turn this over to Tom.

Conclusion: All right, great. Yeah. Thank you so much, Aaron, Linda, and Holly for sharing your expertise with us today. Thanks for sticking around and answering questions. Another big thank you to Accenture for sponsoring today's program. Please do complete the short survey that will launch on your browser once this webinar closes, and we will share a recording in this webinar and the slides later this afternoon. This concludes today's presentation. Thank you. Wishing you all a great afternoon ahead.

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