Getting More from Measurement
How to Demonstrate Marketing Returns and Make Meaningful Tactical Adjustments
Today, more than ever, marketing executives are being held accountable for driving growth, consumer loyalty, and better business performance. By measuring the direct impact of marketing communications activities, MD Anderson’s marketing team is able to demonstrate how its marketing expenditures are impacting patient decision-making and provide a business case for further investment.

Ranked as the number one cancer center in the United States for the past six years, MD Anderson draws more than half of its patients from outside its primary service area. Consequently, marketing strategies incorporate a broad set of markets and tactical tools.

This competitive landscape creates a unique set of challenges for marketing executives. However, by taking a holistic view of the patient experience – from the initial decision-making evaluation through advocacy after care, marketing team members can measure marketing communications performance across markets. Resulting data allows them to improve tactics and timing. Their data-driven marketing strategies facilitate strategic alignment among leadership, as results are put into proper context to continuously improve results.

MD Anderson’s marketing strategy utilizes a variety of marketing communications tools to properly balance a portfolio of options, from digital marketing to broadcast to outdoor. All marketing tools and tactics measured and optimized by data. The measurement system includes a monthly brand awareness and preference tracker, which is combined with a sophisticated media mix modeling tool. These are used to associate marketing tactics with new patient registrations over time.

In the sections that follow, we will explore how MD Anderson’s unique strategic objectives drive marketing tactics. For each objective, we will explain how marketing tactics are measured, and how other organizations can apply similar strategies to measure and optimize performance.

**Driving Local Demand**

Consumers in MD Anderson’s primary service area express high levels of awareness; the brand routinely scores in the high 90th percentile. Therefore, this marketing objective is tied solely to demand generation. Tactically, our team created and deployed local and regional disease-specific marketing campaigns. Resources included targeted channels such as outdoor advertising (venue signs, billboards) and intense online advertising (contextual and banner ads) to speak to those actively seeking specific treatment options (e.g., proton therapy, cancer care closer to their suburban communities).

Messaging reinforced the overall brand strategy, but emphasized attributes such as convenience and unique services to reinforce existing consumer perceptions of expertise and overcome negative perceptions related to access. This messaging also provides a platform to
ensure past patients and other advocates have clearer endorsement to share with family
members and friends.

Measurement is done on a weekly basis due to the rapid expenditure cycles for online
promotion and the ease of access to care for local patients. Our measurement tool examines
the correlation between changes in exposure (driven by investment) and weekly new patient
registrations. Outdoor, TV, radio, online and other channels are incorporated into the model to
help marketing teams determine the effects of changing tactics and messaging on new patient
registrations.

Those with similar objectives can start by simply tracking impressions (for each channel) and
comparing such with an outcome indicator like new patient registrations. Over time, as
changes are made to the marketing mix, it becomes apparent what performs best. Typically,
this is referred to as experimental design. Some examples: Modifying online banner ads based
on geography; changing billboard rotations; and changing length of TV / radio advertising
between :30 and :60 second spots.

Increasing Regional Preference

Consumers outside of Houston demonstrate a different set of decision behaviors: They can and
often choose local options, believing such to be a viable alternative to a world-class treatment
provider located at a distance. Therefore, marketing tactics to meet this objective were
designed to best position the brand as a leader in cancer care and make choosing or
recommending MD Anderson easier. In contrast to the primary service area, brand awareness
scores are relatively high, but such does not translate into preference without more targeted,
rich forms of communication.

Online advertising, including links to authentic patient testimonials were used to provide an
emotional appeal to those patients and family members who are affected by a cancer
diagnosis. Consumers who pay more attention to these communications are more likely
affected – others more likely to ignore such.

Messaging to this audience reinforces MD Anderson's leadership position, rankings, and access
to specialized services not available in their local market.

In addition to a media mix model, monthly tracking is performed to assess changes in
awareness, preference and likelihood to recommend. The monthly tracking is designed to
engage only its target audience. Our survey is executed online to captures awareness,
reputation, and likelihood to recommend. In addition, the competitive set varies by region to
assess the power of competing brands by market. This measure carefully combined the brand
performance measures with new patient registrations. Through this approach, we are able to
demonstrate how media weight (share of voice across channels) and timing influences
effectiveness as a continuum, not a single point in time. This is typically done based on
Getting More From Measurement

geographic focus (for brand awareness objectives) and clinical service line (for demand generation objectives).

Consequently, we discovered that very low investments (even if in the right channels) failed to make much of an impact. Therefore, careful attention was given to frequency of communications and moving across markets with more agility. This insight caused the marketing team to optimize the marketing mix and budget by market.

For example, 60-second TV spots were utilized everywhere (versus 30 second) based high impact scores determined over several months. Data clearly demonstrated that patient stories were the most persuasive in driving all indicators, and richer (i.e., longer) media was required. Once these ads ran to reach certain levels of performance, they were then reduced and redeployed in fresher areas. In addition, we significantly increased their budget for paid search advertising, and varied online advertising to expandable banners to drive consumers to rich media on microsites.

Other healthcare systems that also want to increase regional preference should first ensure there is a clear prioritization of target markets. It is important to make deliberate choices regarding priorities, channels to most effectively reach them and messaging that meets their unique needs. Your local messages are not likely to resonate with people who may know of you, but are not inclined to travel distances to access the care you provide.

Building National Reputation

Being nationally ranked is primarily a consequence of medical outcomes and our reputation among the community of physicians. Our research has consistently shown that the farther away we are from the prospective patient, the greater their choices and the stronger the appeal of the #1 ranking.

In an effort to drive consumer self-selection, our marketing team established a stronger direct-to-consumer channel. We found that this requires a high degree of patience as marketing communications take longer to show an impact in awareness, preference and, ultimately, new patient registrations. Therefore, messaging is simpler, emphasizes the national ranking, and drives prospects to our website.

Our marketing programs are carefully optimized around a budget and through channels that provide the greatest reach. Therefore, this is a much greater emphasis placed in online advertising and airport signage. In addition, we look to affiliate our brand with other cancer-related causes to gain additional exposure and leverage the strength of their brand.

Performance tracking is the most challenging for this program. By its nature, national awareness is expensive to calculate. However, through our monthly brand tracking survey, we are able to compile rich national insights over a period of time (e.g., quarterly). This brand tracking survey examines unaided / aided awareness, preference for care, overall reputation.
and likelihood to recommend. Most importantly, the survey examines regional and / or national competitors. This helps to ease budget constraints, but still provides enough insight to make meaningful decisions around tactics. For the most part, messaging in this objective remains unchanged because we have seen that the market requires multiple impressions to build preference or to visit the website, as we are unknown to many.

Others with similar objectives can track progress in building a national reputation through measuring unaided brand awareness, which has been shown to have a direct relationship to preference. Since broad bases of potential new patients are targeted, the MD Anderson marketing team associates new patient revenue through tactics, but also pays careful attention to word of mouth advocacy in the form of tracking donations, call center statistics and using social media monitoring tools such as Radian 6.

**Bringing it All Together**

As a result of defining these three distinct marketing objectives, our marketing team was able to report a 400% return on investment. This was done by comparing the new patient registration average revenue with marketing expenditures. More importantly, the results are maximized using the brand tracking survey and the media mix model.

In addition, we have shown that 13% of all new patient registrations resulted directly from marketing investments. This was possible using microsites, dedicated phone numbers, and modeling.

Finally, measurement investments are approximately 5% of overall marketing communications expenditures, a modest sum to pay in exchange for building a business case for growth. Given the strength of this process and the ability to demonstrate returns, we recommend that all healthcare marketers dedicate a portion of their overall budget for measurement. While budgets may be smaller or larger, the measurement system deployed is the key to demonstrating returns and to make meaningful tactical decisions to maximize such.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Insights</th>
<th>Tactics</th>
<th>Messaging</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grow volume in primary service areas</td>
<td>Brand awareness and preference high, need to generate demand for satellites</td>
<td>Outdoor in local markets, online with local messages, paid search, community print ads</td>
<td>Convenience Advocacy</td>
<td>Weekly new patient registrations associated 1:1 with tactics</td>
</tr>
<tr>
<td>Increase regional preference</td>
<td>Local options present unique challenges</td>
<td>Rich media such as TV/Radio driving to microsites</td>
<td>Patient Success Stories</td>
<td>Monthly measurement of brand awareness/preference, link to tactics</td>
</tr>
<tr>
<td>Increase national brand awareness</td>
<td>Once one decides to travel, options are expansive</td>
<td>Online advertising, sponsorships, paid search</td>
<td>Rankings and Market Leadership</td>
<td>Monthly measurement of brand unaided awareness, stature vis-à-vis nationally ranked competitors</td>
</tr>
</tbody>
</table>
Getting More From Measurement

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