











Tired of Defending Your Budget?







Leading the Fight









Benchmarking Program Manager



Formerly Gelb Consulting

PURPOSE

We recognized the need to think bigger than a one-time survey, so we:

Completed benchmarking for 2017 and 2018 budget years...

We engaged a steering committee for guidance....

Utilized a dashboard for blinded-data distribution.



Seed Idea

Create a datastore of how marketing and communications resources are allocated to justify budgets.

Comparable

Ensure that the benchmarks are true peers on a variety of dimensions.

Meaningful

Asking the right questions of the right people.
Tested with steering committee.

Accessible

Make data viewable, downloadable, and presentable for many internal audiences.









QUESTIONS

Gathered These Data

- Organization Type
- Budget levels
- Institution Size
- Marketing Organization Size
- Areas Supported by Marketing
- Geographic Reach
- Rankings

To Filter By:

- Overall Marketing & Communications Budgets
- How Funds Are Spent Across the Marketing Mix
- Areas that Marketing Function Supports
- Staffing Levels
- Hospital Profiles Size, Total Employees,
 Revenue
- Competitive Intensity and Share of Voice





APPROACH



include select

size and stature

organizations based on



need for benchmarking

specific to the needs of

healthcare systems

the largest, most complex







recruited leading

survey

organizations to help

design the benchmarking

participants and sponsors

via dashboard

to include offline version

for data gathering

information through

and third-party data

sources

follow-up communication

PARTICIPANTS





Cleveland Clinic* Avera Health Brigham Health City of Hope Dana Farber Cancer Institute Duke Health* Geisinger Henry Ford Health System Intermountain Healthcare* Jefferson Health Johns Hopkins Medicine Martin Health Mayo Clinic* Medical University of South Carolina Mercy Health Mount Sinai Oregon Health & Science University Sharp Health Care University of Chicago Medicine University of Colorado Health University of Utah Health University of Virginia Health System

Vanderbilt University Medical Center



Aspirus
Baptist Health of Northeast Florida
Beaumont Health
Emory Healthcare
Hackensack Meridian Health
Indiana University Health
Martin Health System
Massachusetts General Hospital
Methodist Health System
Methodist Le Bonheur Healthcare
MUSC Health
Nebraska Medicine
Penn State Health
Piedmont Healthcare

Temple Health
The Ottawa Hospital
Tufts Medical Center
UnityPoint Health
University Health System
University of Cincinnati Health
University of Washington Medicine



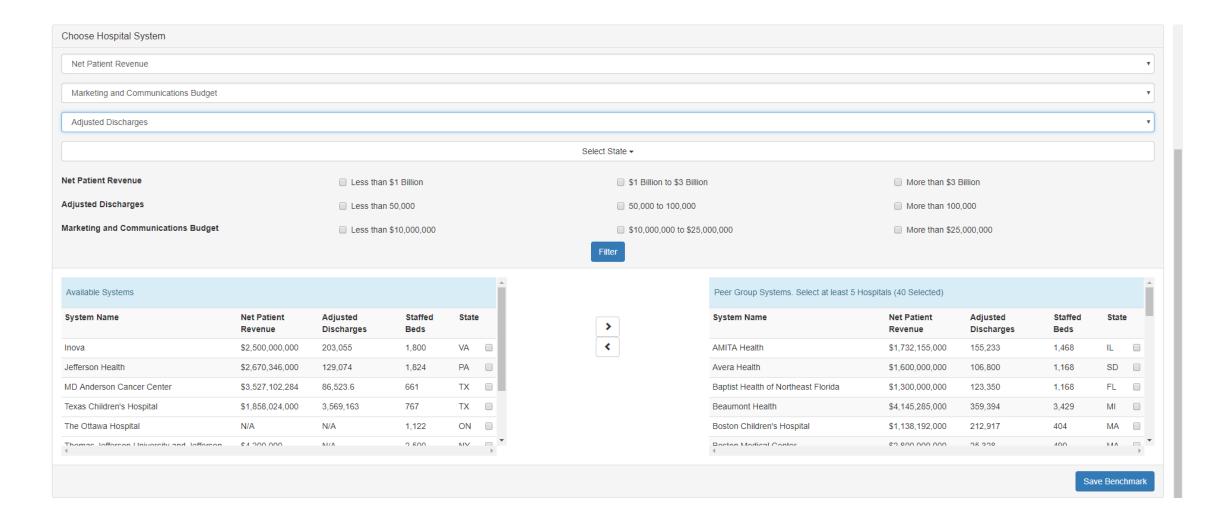






^{*}Steering Committee

USER EXPERIENCE





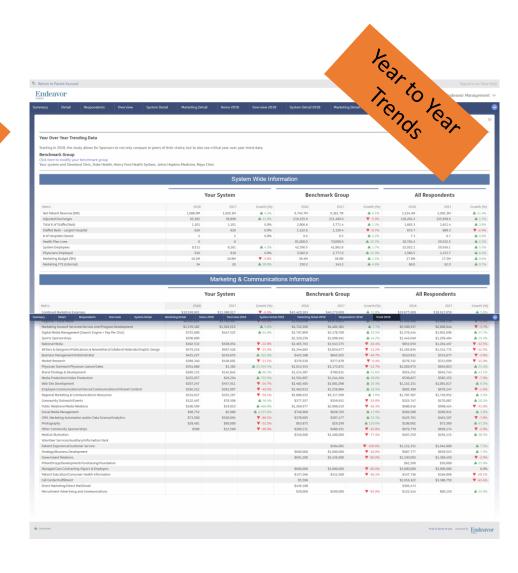




USER EXPERIENCE















PARTICIPANT PROFILE

Sample Size

All respondents are non-profits; over half are AMCs

Networked Physicians 54%

Network physicians slightly outnumber employed physicians on average.

Centralization

The majority of respondents are centralized. Most MarCom components are integrated or unified.



27 Nationally Ranked

In addition, 7 survey participants are on US News Honor Roll.

Net Patient Revenue

\$3.5B

Respondents reported an average of \$3.6B Net Patient Revenue for 2016; with a range from \$500M to \$12.0B

Adjusted Discharges 150K

The average respondent had 154,086 discharges. The largest system with nearly 500K.

Geographically Narrow

60%

More than half of participants are geographically narrow health systems, with a healthy representation of national and regional health systems



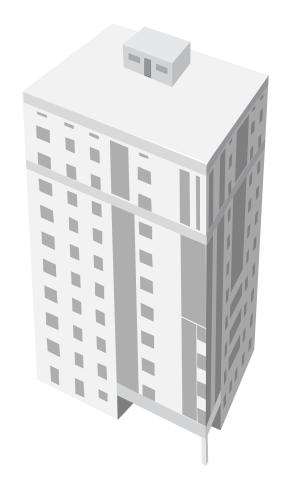


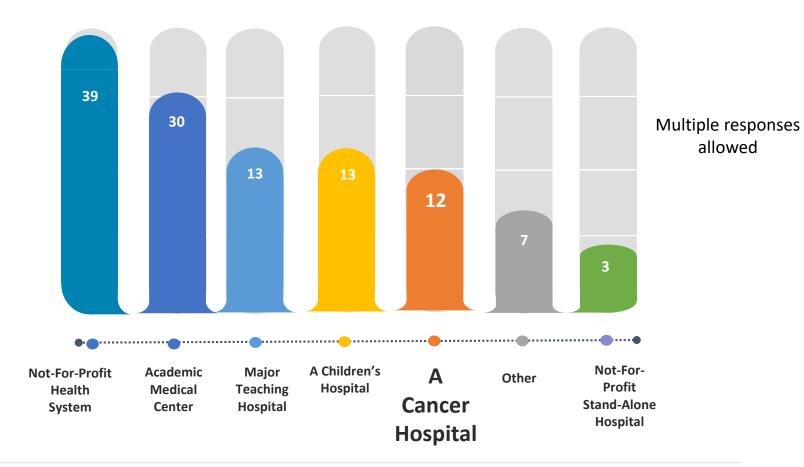


83%



PARTICIPANT PROFILE











allowed

PARTICIPANT PROFILE

Percentage of patients being reached outside of primary region.

Inpatients outside primary market

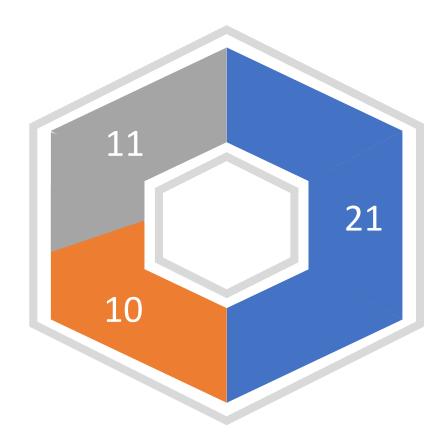
0 - 10%

50%

Inpatients outside primary market 11 - 20%

Inpatients outside primary market 21% or more

26%



Nearly half of participants are geographically narrow health systems, with a healthy representation of national and regional health systems.









BUDGETS

Hospital Systems' revenue range from \$500 million to \$12 billion

Total Marketing & Communications Expenses vary greatly per organization, from \$3 million to \$75 million.





MarCom Expenses averaged only .5% of Net Patient Revenue, vs. 0.7% last year.

This is well below <u>broad</u> industry benchmarks of 10%.*

The highest ratio in our sample was only 2%.

Source: The CMO Survey, February 2018

*Includes healthcare/pharmaceutical companies

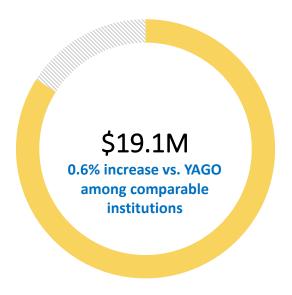






EFFICIENCY

Average MarCom Budget



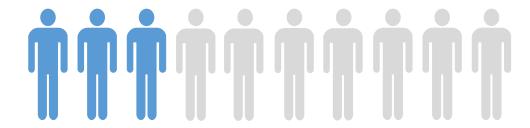
Marketing and Communications expenses vary widely, from \$3MM to \$75MM depending on the size of the system.

Average Budget Allocation on Advertising Media 24%

The average number of FTEs in a marketing department:

71

Average Budget Spent on Salaries and Benefits **31%**



Most of MarCom budgets are used outside of the organization, the lion's share to advertising media.



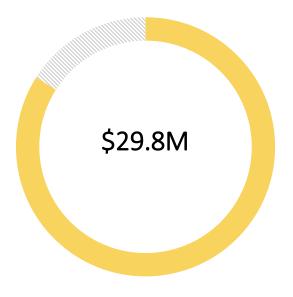






EFFICIENCY - CANCER

Average MarCom Budget



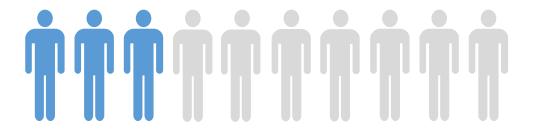
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Average Budget Spent on Salaries and Benefits **33%**



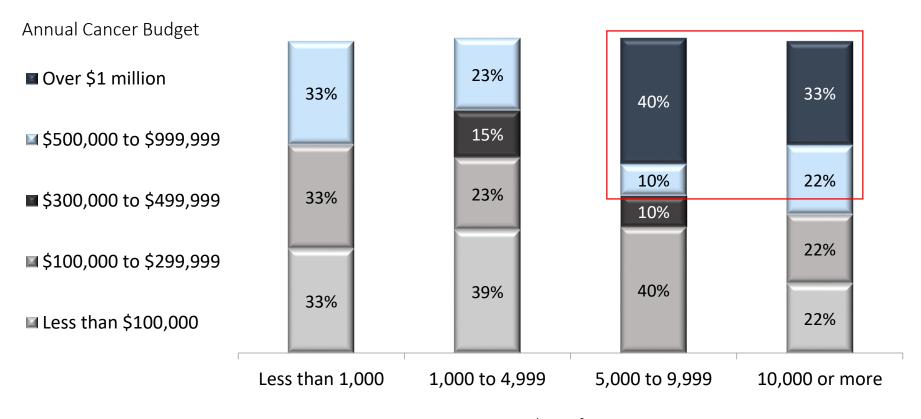
Cancer centers spend more, on average, than other facilities.







FLASHBACK - 2010



Source: 2010
Benchmarking Study;
less salaries and
benefits

Number of New Patients

n = 35







ALLOCATION - CANCER

Advertising media and production expenses in this total sample were $\$98\ million$ and about 27% of total marketing expenditures.



Emerging digital tactics are currently less supported as a proportion of overall budget:

Website Development – 4.6%

Digital Media Management – 5.0%

CRM/Data Sciences – 1.8%

Social Media Management – 1.4%

The average spend on advertising is \$7.4M

Cancer facilities are spending more on advertising and more on digital media.

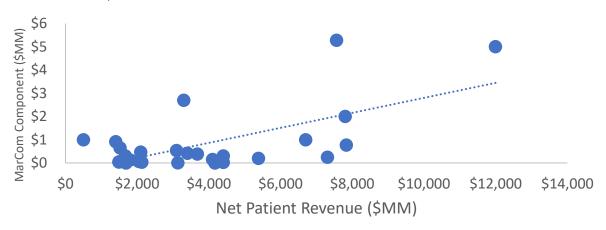




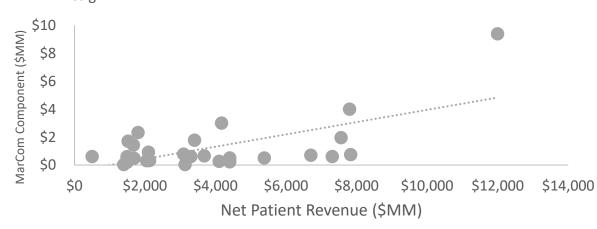


DIGITAL DRILL DOWN

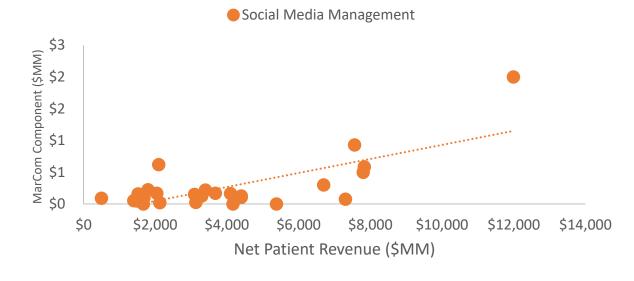
 Digital Media Management (INCLUDES Search Engine Optimization but NOT Pay Per Click)

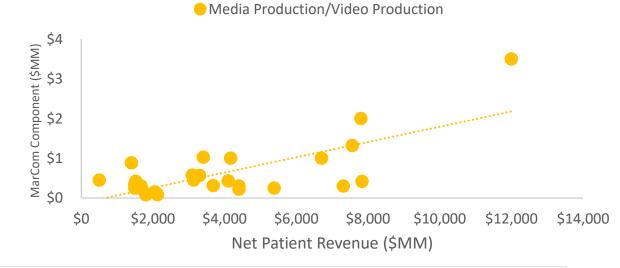


 Writers & Designers/Publications & Newsletters/Collateral Materials/Graphic Design



We see some trailblazers who are investing heavily in future marketing and communications channels.





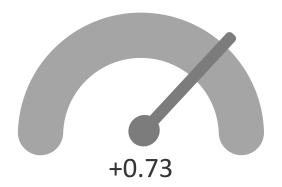








ALLOCATION DRIVERS



Marketing FTEs

Net Patient Revenue correlates highly with the number of FTEs in Marketing Departments



Regional MarCom Resources

Regional MarCom have higher percentage of budget allocations in organizations with higher Net Patient Revenue



Social Media

Social media efforts have higher percentage of budget allocations in organizations with higher Net Patient Revenue

Some organizations are using data modeling to determine the precise contribution marketing expenditures have on Net Patient Revenue...

Or to make the case for higher resource levels.

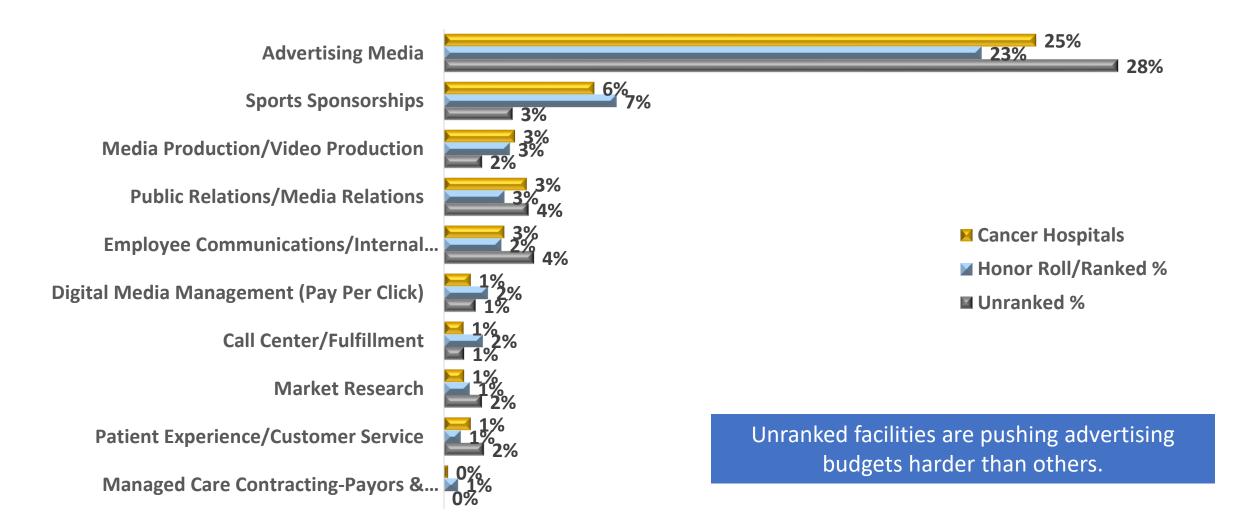








BUDGET ALLOCATION

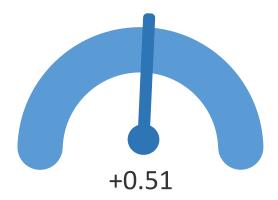






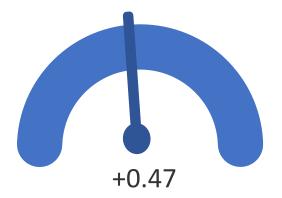


ALLOCATION USES



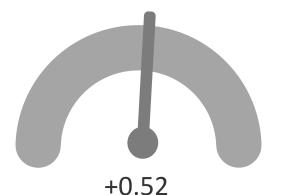
Government Relations

Government Relations has a higher percentage of budget allocations in organizations with higher Net Patient Revenue



Employee Communications

Employee Communications have higher percentage of budget allocations in organizations with higher Net Patient Revenue



Medical Illustration

Medical Illustration has a higher percentage of budget allocations in organizations with higher Net Patient Revenue



Institutions with High NPR also support more:

- Regional MarCom Resources
- Social Media Management
- Media Production/Video Production
- Writers & Designers/Publications & Newsletters/Collateral Materials/Graphic Design

The leadership requirements of today's healthcare leaders have expanded to include larger remits and larger organizations, as illustrated by titles of Institutional Advancement or Chief Marketing Officer.

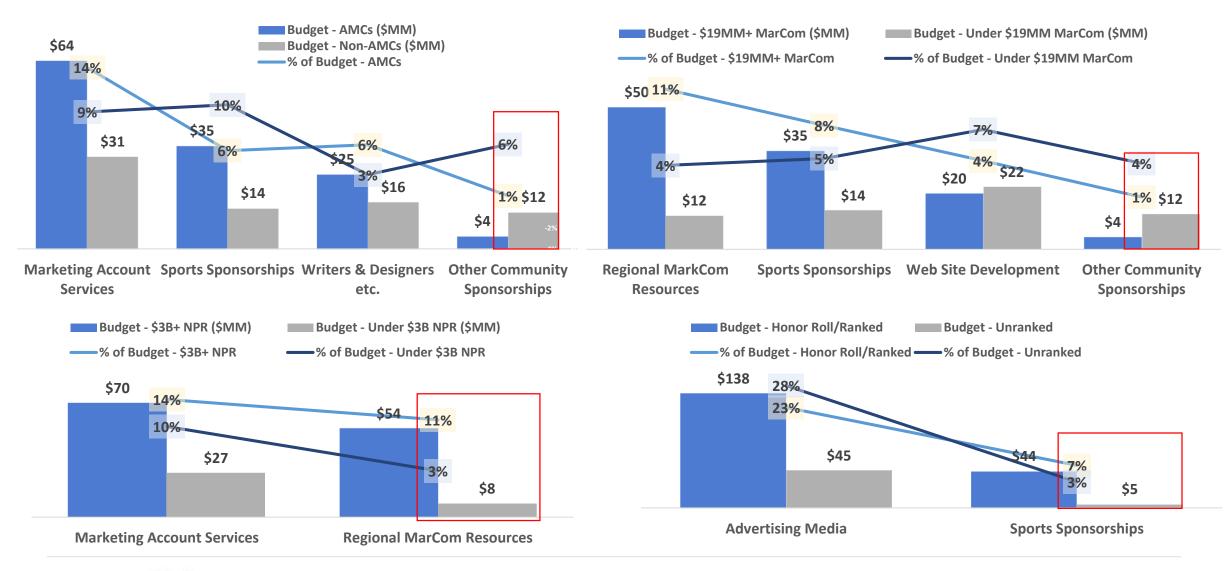








BUDGET ALLOCATION DRILL DOWN - SMALLER



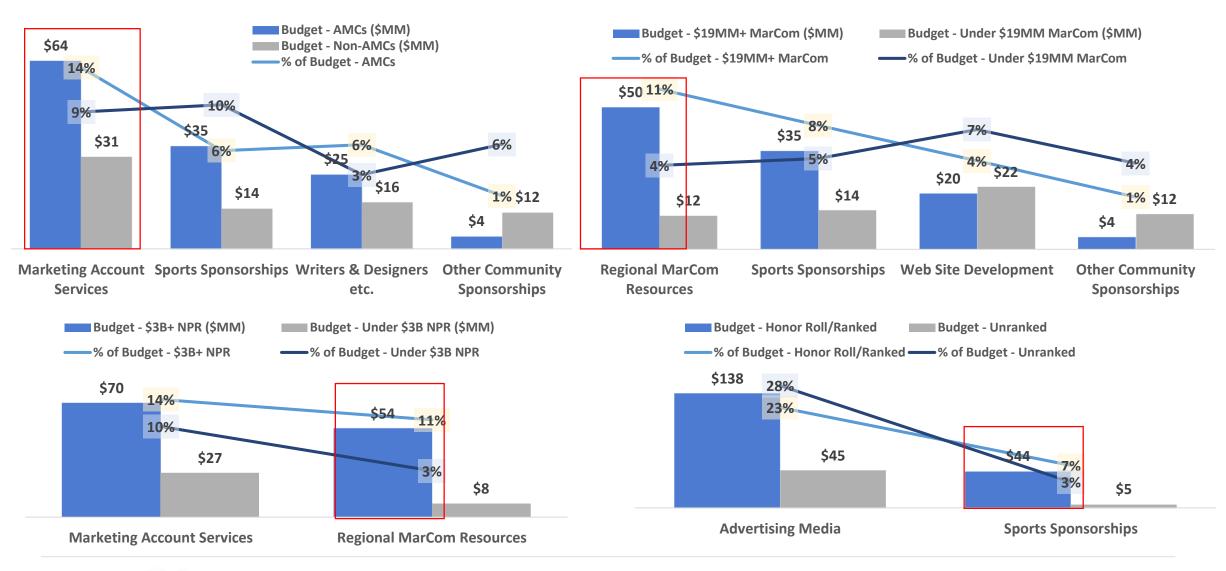








BUDGET ALLOCATION DRILL DOWN - LARGER











RECOMMENDATIONS

GET DIGITAL AND EMBRACE CONSUMERISM

Much of the overall budget growth is in this arena – particularly around content creation and distribution. If you're not engaging consumers online, your competitor likely will. Think like a consumer, not a patient, when exploring the digital experience you deliver (think Uber and Amazon, not the hospital down the street).

DETERMINE THE TRUE IMPACT OF YOUR MARKETING MIX

How much money is still being wasted on billboards? Marketing mix optimization is key. Even without it, we see a top-off of website development expenses around the \$20M. We are also pleased to see a greater emphasis on channels like physician outreach – an often-neglected segment which requires both outreach/sales AND marketing. And ensure that operations are assessed and determine ready to serve the demand generated through these efforts.

GET FOCUSED

Clearly defining the role of "marketing" in the organization seems necessary – is it engaging any publics or just those who represent direct revenue? Ensure leaders and teams are clearly focused on their target audiences using tools like segmentation and persona development.





LOOKING AHEAD



Expand Benchmarking Programs

We have started and plan to begin additional benchmarking programs including:

- Government and Community Relations*
- Quality and Patient Safety*
- Patient Experience*
- Law Department
- Compliance and Risk Management
- Physician Relations
- Development

^{*}Underway



Increase Participation / Sponsorship

We are pleased that a higher percentage of participants became sponsors this year. To expand our base, we are recruiting more steering committee members, including

stand-alone pediatrics and **Cancer centers**. Steering Committee members have also volunteered to recruit and obtain feedback from at least 5 sponsors/participants.



Improve Reporting Capabilities

We launched trending tables this year and provided sponsors with the ability to change their benchmarking groups, a positive improvement. We plan to include additional filters for hospital specialties (e.g., pediatrics and oncology) next year. In addition, we are evaluating ways to utilize the tool year-to-year, including saving including benchmarking groups and PDF scorecards.



Refine Survey Tool

We are always striving to minimize the survey completion burden. For example, this year we allowed participants to update their prior submissions via the online survey. Next year, we plan to provide only a PDF copy of previous year's responses to eliminate any confusion. In addition, participants will be asked only to confirm demographic information, not gather it (we will use third party data instead). We will also allow submissions throughout the year, with quarterly updates to the dashboard.









How Does Your Budget Compare?



Call to Contribute Data

You can still participate in this meaningful benchmarking.

Take the survey | Learn more

Questions? Email John McKeever at jmckeever@endeavormgmt.com







Contact Us



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