Content Strategy: Consumer

**2014**

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1/1/2014



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## Introduction

According to the Pew Internet & American Life Project, 85 percent of adults in the U.S. use the web[[1]](#footnote-1); 10 percent of those users look for health and/or medical information on any given day[[2]](#footnote-2). “A hospital or physician’s first encounter with a patient is often through its online presence”[[3]](#footnote-3) and we propose to make that first encounter set the tone for a satisfying experience with NAH. We aim to turn the website into a content-rich experience that will drive revenue. In addition, integrating social media into our content strategy is a key goal, as “57 percent [of respondents] said that a social media connection with a hospital was likely to have a strong impact on their decision to seek treatment at that hospital.”[[4]](#footnote-4)

The web is a vital method of communication for healthcare organizations: 36 percent of internet users have looked for information on hospitals and 44 percent have searched for information on physicians and other healthcare providers.[[5]](#footnote-5)Our web presence should be a tool to reach those users and enact the organization’s mission to transform the health of our patients and their families in the communities we serve. We need a dynamic, engaging web presence:

* To say who we are (brand equity)
* Because we have to have one
* To control the message
* To explain our service lines
* To provide information
* To generate physician referrals
* To help our patients and their families to make informed decisions about their healthcare
* To elicit confidence in our community about the healthcare we provide
* To persuade users to come here instead
* To help users make an informed decision and to make them confident in that decision
* To connect patients with their families

## Current state

### Content updates: Making minimal use of content intended for other purposes

The most regular updates to the website are press releases—without photos or graphic elements—posted to the News and Events section. The homepages and department pages are infrequently updated due to both resource constraints in Marketing and on the department level; the inability of the current Content Management System (CMS) to tag and appropriately distribute content is also a barrier.

Currently, the site’s content focuses on business objectives, not patient needs. It says to users, "Here's our information, you figure out how to make it meaningful for you." The current content strategy is repurposing a limited amount of print content to put on the web. In addition, our desire to appear professional results in dry and impersonal content rather than the personal, genuine content web users want and expect. Our current content isn't user-friendly, web-friendly, reader-friendly. It is content that is internally-focused rather than focused on being useful to website visitors.

### Consequences of the current state

Content on NAH’s web presence is at best uninspired and uninspiring and at worst outdated and irrelevant. The website is not mature enough to support strategic initiatives such as “whole hospital” or Patient and Family Centered Care; promoting service line growth is also difficult.

**But what about print?**
Due to resource strain as well as functionality limitations, the current site does not even use print content the Marketing Department already produces well. Our vision for content—not just web and social media content—in the future would be a harmonious relationship between print and web; for example, stories written originally for the web might appear in the organization’s print magazines and press releases might be optimized for the web and sent out in a web-friendly format.

## The strategy

Ultimately, re-purposing print content for the web and merely updating current content is not a strategy that will significantly improve the organization’s web presence and thus will not help drive revenue. To make the website an asset that can drive strategic goals, it will be necessary to identify patient needs based on the organization’s history and industry trends. How do we know who our patients are? How do we communicate with them?

We need to create content that people want to share, comment on, "like" and embrace. We need to be seen as experts in our community; we need to be the health resource in our community. We need to empower our employees to be frontline brand managers. We need the resources to create, filter, curate, moderate and coordinate content.

### Timeline

Because the web is an ever-changing, dynamic communication channel, optimizing content for the web and social media is not a project with an end date. The review process would be continuous and would cycle through each year, with the goal of reaching out to each department or service line and assessing their content at least once a year. Key service lines would be reviewed more frequently, on an as-needed basis. Completion dates for each of the phases have been included in the phase proposals.

Phase one: Go-live in October 2014
We propose to go live with a new site platform and design and current content in this first phase, with two crucial additions to the project.

Expanding our social media presence and addressing population health
New legislation and healthcare trends mean hospitals and health systems must position themselves as much more than just inpatient care facilities; NAH will also be required to provide a continuum of care for our community. Social media provides one avenue to reach a large audience: “People continue to spend more time on social networks than any other category of sites—20 percent of their time spent on PCs and 30 percent of their mobile time.”[[6]](#footnote-6)

We propose to stand up a platform and create content for a Fit & Fabulous blog for both facilities. These blogs will position us as experts in not only traditional patient care but in keeping people well, aiding population health goals. “More than 40 percent of respondents reported that information found via social media would affect the way they coped with a chronic condition, their approach to diet and exercise and even their selection of a specific doctor.”[[7]](#footnote-7) Through these blogs, we aim to position NAH as the heart of wellness in our communities.

Content to be created for these blogs may include but not be limited to:

* Content the Marketing Department creates (i.e. a list of great places to walk in the Verde Valley, profiles on employees who have gotten fit)
* Content others in the organization create and the Marketing Department edits (blogs from our dietitians)
* Content we receive from partners or curated content from other credible sources (i.e. blogs from Team Run Flagstaff or other, similar groups)

Optimizing content
We propose to also do a pilot project with two service lines by going to each department and, with their cooperation, define their users’ needs as well as their business goals (see Appendix A for survey for content managers). Using the information we’ve gathered, we will completely re-vamp both departments’ sites with new information architecture, refreshed and revised content as well as completely new content (if necessary). The processes established in this pilot project will inform similar efforts going forward. The service lines for this phase are:

* FMC’s Team Health
* VVMC’s Verde Valley Medical Clinic

**Bringing social media and web content efforts together**
While the two tasks above are outlined separately, we intend—with the pilot projects and subsequent department content conversions—to leverage our efforts in both to provide the greatest ROI for our efforts. For instance, we plan to use our time with departments to not only improve their website but discuss social media opportunities—especially those that might benefit the Fit & Fabulous blog and our Facebook and Twitter properties—the departments can use to boost their marketing. This engagement might range from a one-off video from a provider on a specific topic such as flu vaccines to a regular blog that gives tips and advice on a variety of topics (see Appendix B for sample editorial calendar for February 2015).

### Phase two: Go-live in February 2015

#### Further expanding our social media presence to tell “the story of NAH”

In phase two, we will continue the work we did in phase one with an expanded scope. Another set of blogs for each facility devoted to patient and family centered care topics would be stood up and appropriate content would be created.

Content for these blogs may include but not be limited to:

* Content the Marketing Department creates (i.e. “Our Purpose” patient stories)
* Content others in the organization create and the Marketing Department edits (patient and family centered care blogs)
* Content we receive from partners or curated content from other credible sources (i.e. blogs from Cleveland Clinic)

Optimizing content
In addition to improving service line content, we propose to improve content on the website that does not strictly belong to a service line but nonetheless provides value. The patient and family content (visiting hours, smoking policy, etc.) sets the tone for their interaction with our health system, and we need to improve and refine that tone through useful, useable content that is easy to access and understand. This content should serve our customers in the ways we know they want to be served.

Content to be optimized in this phase includes:

* FMC’s Patients and Family section
* VVMC’s Patients and Family section
* The Heart & Vascular Center of Northern Arizona
* Cancer Centers of Northern Arizona – Flagstaff Campus
* Cancer Centers of Northern Arizona – Sedona

Phase three: Go-live in April 2015
Optimizing content
Donors and volunteers as well as potential employees are very important audiences for the organization, and like patients and families we should be invested getting them the information they need to act. The improvement of both web and social media service line content will continue with:

* FMC’s Make a Difference (Foundation/Volunteer Services) section
* VVMC’s Make a Difference (Foundation/Volunteer Services) section
* Fit Kids
* FMC’s Bariatric Surgical Weight Loss Center
* VVMC’s EntireCare Rehab & Sports Medicine

### Phase four: Go-live in July 2015

Optimizing content
Other strategically important audiences include potential employees and physicians. Presenting the best possible face of our organization is vital to recruiting and retaining the talent we need to grow. Content to be optimized in this phase includes:

* Careers
* For Physicians
* Guardian Air
* Guardian Medical Transport
* FMC’s Therapy Services
* VVMC’s Sleep Center

### Major milestones

* 1. Establish a workflow that includes web as the last step in the production process (April 2014)
	2. Hire writers and content publisher (April 2014)
	3. Establish appropriate metrics to measure success (September 2014)
	4. Implement new CMS with improved content-handling abilities such as tagging (October 2014)
	5. Move static content to new website and complete quality review (October 2014)
	6. Launch phase one (October 2014)
	7. Launch phase two (February 2015)
	8. Launch phase three (April 2015)
	9. Launch phase four (July 2015)

# Appendix A

## Survey for content managers

### Contact information

1. Physical address, phone number(s), department e-mail (i.e. marketing@nahealth.com)
2. Hours of operation
3. Short department objective
4. Keywords
5. Content Manager: Employee portal
6. Content Manager: Consumer portal (if different)
7. Service line leader (our point of contact for website communications and strategy - non VP)
8. URLs: Consumer portal, employee portal department page, employee portal private site, vanity URL(s)
9. Department name (and sub-departments that make up the parent department)

### Consumer portal: Strategy/objectives

1. Competition (internal, local, national)
2. Characteristics of typical patient/customer
3. Characteristics of ideal patient/customer
4. What resources are patients/customers referred to (internally/externally)?
5. What information/content would be helpful to have access to for patients/customers?
6. Describe goals for your website visitors (book appointments, refer a friend, research, register for info session, etc.)?
7. What are your strategic goals (all of them)?
8. List FAQs and answers
9. How could you be more involved with your 'brand' utilizing the web (blog, photos, social media, staff profiles, etc.)?

### Employee portal: Needs

1. Do you have a site on NAHLink.com?
2. What do you like about the employee portal?
3. What frustrates you about the employee portal?
4. What would you like to see on the employee portal (features, functionality, content)?
5. What are your challenges with communicating with your employees (schedules, tasks, information, e-mail chains, etc.)?

# Appendix B

## Sample editorial calendar for February 2015

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Theme(s) | One-offs | Venues | Conversions launching | New initiatives launching | Ongoing projects |  Who benefits? | Suggested topics |
| Heart Month (HVCNA) | Dr. Cohen video on stents  |  | FMC Patients and Families | FMC patient care blog | PFCC blogs (4) |  |  |
|  |  | Youtube | VVMC Patients and Families | VVMC patient care blog |  | CCNAH |  |
|  |  | Employee portal | HVCNA |  |  | Peds/PICU |  |
|  |  | Fit & Fab blog | CCNAH - Flagstaff |  |  | ICU |  |
|  |  | FB/Twitter | CCNAH - Sedona |  |  | ED |  |
|  |  | External site |  |  | "Our Purpose" stories (2) |  |  |
|  | Dr. Bescak video on diet |  |  |  |  | FMC |  |
|  |  | Youtube |  |  |  | VVMC |  |
|  |  | Employee portal |  |  | Fit & Fab blogs (8) |  |  |
|  |  | Fit & Fab blog |  |  |  | FMC Nutrition  | Heart-healthy foods |
|  |  | FB/Twitter |  |  |  | VVMC Nutrition | Heart-healthy foods |
|  |  | External site |  |  |  | FMC Therapy Services |  |
|  | Heart facts (20) |  |  |  |  | VVMC EntireCare |  |
|  |  | FB/Twitter |  |  |  | FMC Fit Kids | Cardiovascular health for kids |
|  |  |  |  |  |  | VVMC Fit Kids | Cardiovascular health for kids |
|  |  |  |  |  |  | FMC Marketing  |  |
|  |  |  |  |  |  | VVMC Marketing |  |

1. Fox, S. (2013). *Pew Internet: Health.* Retrieved from http://www.pewinternet.org/Commentary/2011/November/Pew-Internet-Health.aspx [↑](#footnote-ref-1)
2. *Trend Data (Adults).* (2012). Retrieved from http://www.pewinternet.org/Trend-Data-(Adults)/Online-Activities-Daily.aspx [↑](#footnote-ref-2)
3. PwC Health Research Institute. *Social Media “Likes” Healthcare: From Marketing to Social Business.* (2012). Retrieved from http://pwchealth.com/cgi-local/hregister.cgi/reg/health-care-social-media-report.pdf [↑](#footnote-ref-3)
4. YouGov Healthcare. *Consumers' Use, Preference and Expectations of Hospital Social Media.* (2011).

Referenced from http://www.fiercehealthcare.com/press-releases/consumers-use-preference-and-expectations-hospital-social-media [↑](#footnote-ref-4)
5. Fox, S. (2011). *Health Topics: Summary Chart.* Retrieved from http://www.pewinternet.org/Reports/2011/HealthTopics/Part-4.aspx [↑](#footnote-ref-5)
6. Nielsen. *State of the Media: The Social Media Report 2012.* (2012). Referenced from http://www.nielsen.com/content/dam/corporate/us/en/reports-downloads/2012-Reports/The-Social-Media-Report-2012.pdf [↑](#footnote-ref-6)
7. PwC Health Research Institute. *Social Media “Likes” Healthcare: From Marketing to Social Business.* (2012). Retrieved from http://pwchealth.com/cgi-local/hregister.cgi/reg/health-care-social-media-report.pdf [↑](#footnote-ref-7)