Healthcare Marketing During COVID-19

Pandemic Impact on Hospital Marketers

Greystone Engage Survey

4/27/2020

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PURPOSES

The coronavirus (COVID-19) pandemic has had a major impact on the lives of nearly everyone. In the US, hospitals and healthcare systems are in upheaval as they have been forced to abandon their traditional services to focus on the care of COVID-19 patients and to maintain the safety of their caregivers, front-line workers, other patients and their families.

Not surprisingly, the pandemic has had a major impact on how hospitals and health systems market. The original 2020 marketing plans are out the window and all the rules have changed. This research study was designed to find out how much has changed, to collect information on the impact of the pandemic on hospital marketers and marketing and to better understand how marketers are adapting to the new imperatives, priorities and realities.

METHODOLOGY

To meet the stated purposes, Greystone conducted a survey to help understand the impact of the COVID-19 pandemic on hospital marketers and healthcare marketing as a part of its Engage Survey series. This study was designed and launched in early April 2020 to learn more about how hospital and healthcare system marketing departments are handing the coronavirus outbreak and how it has impacted their everyday work. An email invitation for the survey went out to the Greystone pool of contacts in the provider-based healthcare space, and there were 139 total respondents. Data was collected from 4/1/2020-4/10/2020.

SUMMARY OF FINDINGS

The life of a healthcare marketer has been turned upside down by the COVID-19 pandemic. Most, if not all, of their work is now related to COVID-19. In general, nearly 60% of healthcare marketers are **marketing only services related to COVID-19**. However, Children's Hospitals, Cancer Centers and Independent Stand-Alone hospitals are exceptions.

In this new world, healthcare marketers are most actively involved in:

- Developing external communications for patients and consumers
- Developing internal communications for employees and providers
- Updating and revising marketing plans
- Developing COVID-19 documents, signage and tools.

Social media is the content marketing channel most used by healthcare marketers and it is, by far, considered the most effective.

Over 90% of marketing teams are currently working remotely and are using a combination of email, video huddles, conference calls, texts and collaboration tools to communicate with one another.

Healthcare marketers do not expect their daily activities to largely "return to normal" until several weeks after the crisis ends.

ANALYSIS

Q2. **"Thinking about how your job has changed over the past month or so, which of the following statements would you say best applies?"**

Over 75% of hospital marketers say that either MOST or ALL their work has been diverted to work on COVID-19. A crosstab analysis was conducted to see if the data varied by type or size of organization and in this case, the change in work was universal across all hospitals and health systems in the study.
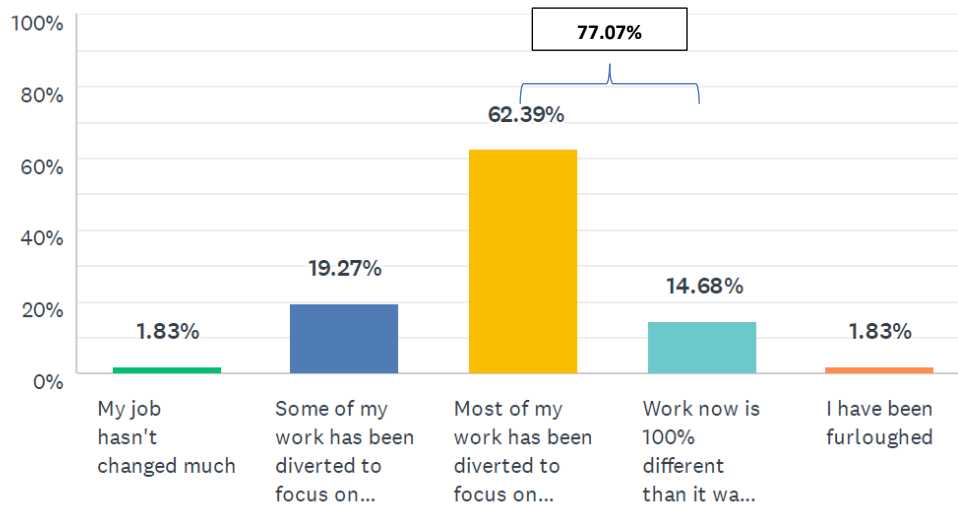
Q3. **"Is your organization continuing to market healthcare services that are not related to the current pandemic?"**

When asked if they are continuing to market healthcare services **not related** to the pandemic, 57% said no.

However, ***this varied by type of organization***. The survey found that over 75% of Children's Hospitals, Cancer Centers and Independent/Stand-Alone hospitals are continuing to market non-pandemic services.
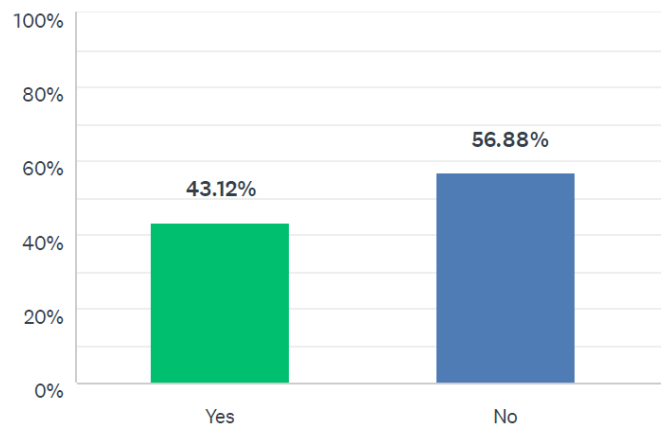
Q4. **"What percentage of your organization's current marketing efforts are committed to non-pandemic services?"**

Of those who are still marketing non-pandemic services, 62% say it represents less than a quarter of their current marketing efforts. The crosstab analysis suggests that larger organizations are marketing a lower percentage of non-pandemic services compared to smaller organizations.
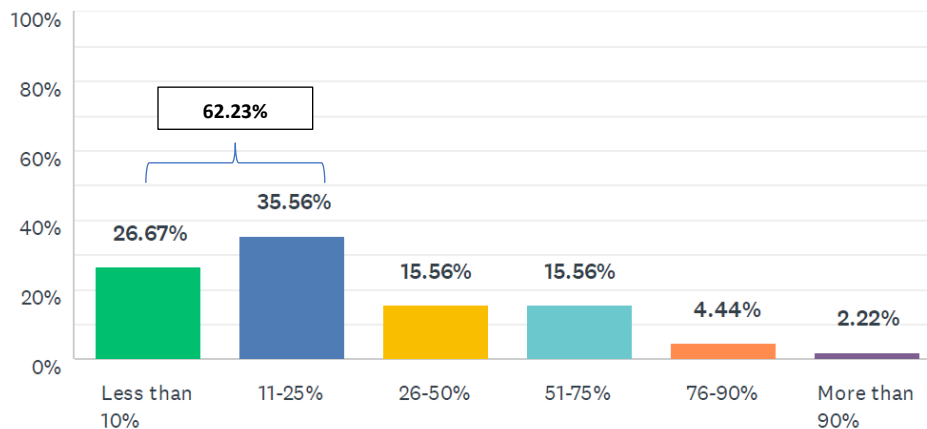
Q5. As a marketer, which of the following communications/marketing roles have you actively been involved in developing or managing during this pandemic?

Hospital marketers were asked to choose the roles they have most actively been involved in from a list of 14 options. The top five included patient communications, updating planned marketing activities, employee and provider communications, developing COVID-19 documents and social media management.

Communications/Marketing Role During Pandemic	*Percent*
Communications with patients, visitors, consumers, etc.	93.41%
Updating/Revisiting/Revamping your planned marketing activities	82.42%
Communications with employees and providers	79.12%
Developing COVID-19 documents, signage, tools, etc.	76.92%
Managing communications on social media channels	67.03%
Helping maintain morale and spirit inside the organization	63.74%
Communications with business partners, board members, corporate leaders, community leaders	54.95%
Listening to the voice of the customer (e.g., via research, online surveys, social media postings, etc.)	54.95%
Managing public relations activities and media inquiries	45.05%
Helping structure and manage your virtual care response program	41.76%
Helping your call center(s) prepare to handle the increases in call volumes from patients, worried-well, etc.	38.46%
Coordinating/Participating in the management of community partnerships and activities	34.07%
Creating/Updating the organizational strategic plan	19.78%
Other (please specify)	7.69%

Crosstab analysis shows that marketers in:

- Organizations with 1,000+ beds were more likely than others to indicate they were helping the call center prepare to handle the increases in call volumes.

- Large Health Systems were more likely than others to say they were creating and updating the organizational strategic plan.

Looking at the verbatims, the most listed "other activities" marketers are doing include:

- Developing/Managing COVID-19 Fundraising Campaigns
- Conducting town halls and internal forums about COVID-19
- Developing/Managing/Promoting blood drives.
- Assisting with public health messaging
- Staffing the command center.

Q6. Which content marketing channels are you actively leveraging during this pandemic to reach consumers and patients?

Social media is the most leveraged channel for hospital marketers during the pandemic. Email marketing, written content and blog posts are also being utilized by more than half of respondents. Not surprisingly, digital advertising and PPC, which are typically staples of a hospital marketer's toolbox, are not being used as much during the pandemic.

Marketing Channels Actively Being Used During Pandemic	Percent
Social media posts	95.60%
Email marketing	71.43%
Written content such as e-Newsletters, brochures, magazines, direct mail, etc.	69.23%
Blog posts	61.54%
Sharing interactive content (e.g., assessment tools, symptom checkers, quizzes, chatbots, etc.)	48.35%
Digital advertising – traditional	43.96%
Digital advertising – mobile	40.66%
Offering webinars or online events	34.07%
PPC	24.18%
Influencer marketing	18.68%
Building voice search capabilities and accompany voice content	4.40%
Other	4.40%

- In the review of crosstab data:
    - Larger organizations with 1,000+ beds are much more likely than others to use interactive content.
    - And, 80% of these organizations say they are sharing assessment tools, symptom checkers, etc.

- Verbatim analysis shows that "other" noted marketing channels used include digital signage and Facebook Live.

Q7. Which of these content marketing channels have been MOST effective so far? Choose the top 3.

Far and away, hospital marketers feel that social media has been the most effective means of communication during the pandemic. This makes sense, considering the real-time messaging capability of social media and the fact that communications related to COVID-19 and hospitals are changing minute-by-minute.

Most Effective Marketing Channels (Pick 3)	Percent
Social media posts	84.62%
Email marketing	34.07%
Blog posts	29.67%
Written content such as e-Newsletters, brochures, magazines, direct mail, etc.	25.27%
Sharing interactive content (e.g., assessment tools, symptom checkers, quizzes, chatbots, etc.)	21.98%
Digital advertising – mobile	9.89%
Offering webinars or online events	8.79%
Digital advertising – traditional	5.49%
PPC	3.30%
Influencer Marketing	2.20%
Building voice search capabilities and accompany voice content	1.10%
Other (please specify)	7.69%

- In a review of crosstab data, a full 40% of larger organizations with 1,000+ beds said that interactive content is one of their top three most effective tools.

Q8. Which of the following public-based marketing activities have you stopped doing during the pandemic?

As the marketing mix has shifted to accommodate needs during the pandemic, some marketing activities have significantly slowed or stopped. In particular, the research shows that over a third of hospitals have stopped digital advertising (~34%) and market research (~34%) and over a quarter have stopped conducting patient testimonials (~32%) and mobile advertising (~25%). This obviously represents a snapshot at the peak of the pandemic. These marketing methods will likely come back, and the percentages may even get better, before the pandemic ends as they become part of post-COVID marketing plans. Greystone will keep an eye on this trend in future surveys.

| Marketing Channel Stopped Using During Pandemic	Percent
Digital advertising	34.07%
Marketing research	34.07%
Patient testimonials	31.87%
Mobile-based digital advertising	25.27%
PPC	24.18%
Email marketing	20.88%
Written content such as e-Newsletters, brochures, magazines, direct mail, etc.	18.68%
Influencer marketing	16.48%
Video marketing	15.38%
Other (please specify)	15.38%
Webinars/Online Events	14.29%
SEO	13.19%

- In a review of the crosstab data, larger organizations with 1,000+ beds were statistically more likely than others to say they had stopped written content/direct mail compared to other organizations.

Q9. **What percentage of your own personal work activity is now, at least temporarily, allocated to COVID-19 activities?**

Nearly 75% of healthcare marketers say that over half of their work activity is allocated to COVID-19. So, in terms of focus, a large majority of marketers are spending most of their time on communications related to the pandemic. Again, this is a snapshot of what is happening now, and Greystone expects this to change as hospitals and healthcare systems begin to re-open to other types of healthcare services.
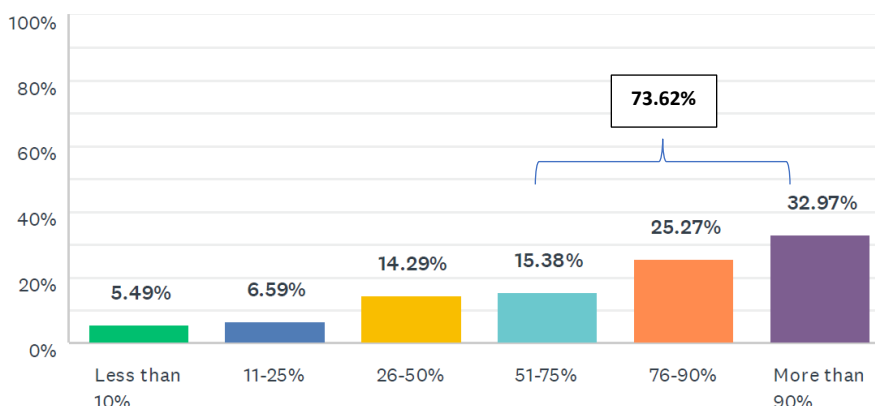

Q10. **Eventually, this pandemic will pass. How soon, after the crisis passes, do you imagine your daily activities will largely return to normal for you and your organization?**

When asked how long it might take hospital marketing activities to largely return to normal, most healthcare marketers feel that it will be either "a few weeks" or "up to a month" after the crisis passes. Children's Hospitals, Cancer Centers and Rural Hospitals tended to be the most optimistic about the return to normal timeline.
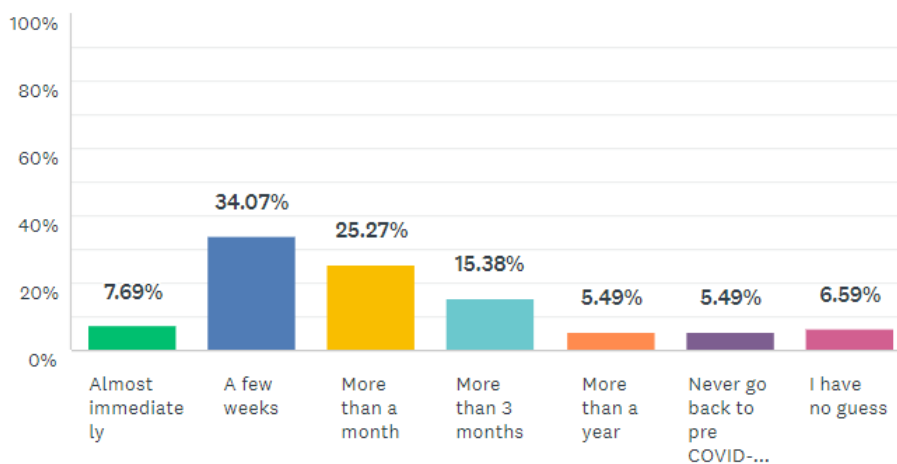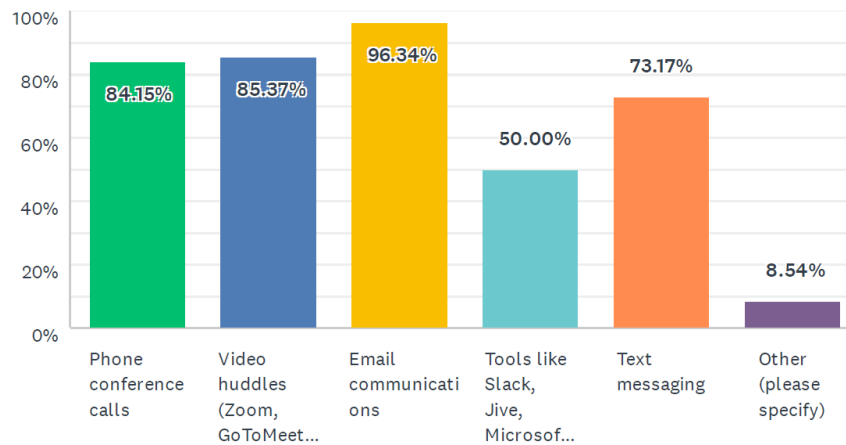
Q11. Is your marketing team primarily working remotely?
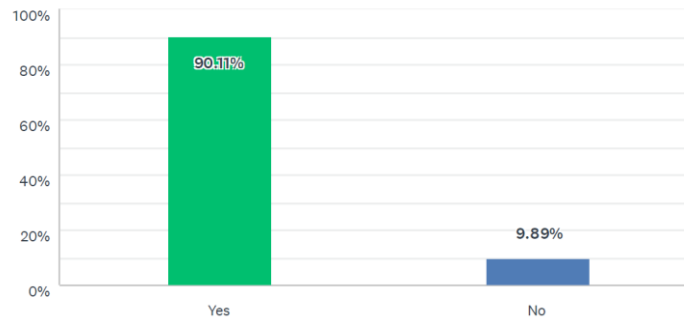
Q12. What communication tools have you been using in your department to communicate with your team, especially those remotely deployed?

Over 90% of hospital marketers are working remotely during the pandemic. And they are using a variety of methods to stay connected with their remote team. Specifically, email communications, video huddles, conference calls, and text messaging are being used. Collaboration tools, like Slack, Jive and Microsoft Teams are also being used, particularly by larger organizations.

Q13. **Thinking about how your organization has been communicating, as a whole, with all employees and providers, which of the following communication tools have been most useful and effective?**

Overall, hospitals are using a variety of tools to communicate with their employees and providers. Primarily, they are using email (90%), the intranet (69%) and phone/video huddles (65%). Video-based leadership messaging is more frequently used than text-based leadership messaging (~48% to 21%).

Communications Tools Used with Employees and Providers	Percent
Email communications	90.11%
Intranet updates	69.23%
Routine management phone/video huddles	64.84%
CEO/Leadership messaging – video	48.35%
eNewsletter for employees	43.96%
Tools like Slack, Jive, Microsoft Teams, etc.	23.08%
CEO/Leadership messaging – text	20.88%
Text messaging	19.78%
Dashboards	13.19%
Other (please specify)	9.89%
Blogs	6.59%

VERBATIM RESPONSES TO TWO QUESTIONS

Q14. **What has been your biggest challenge during the pandemic? (please describe)**

Working from Home (WFM)

- Balancing work from home with all other family members
- WFH with kids
- Technical hurdles in getting a lot of people working remotely.
- Adapting to working remotely with no personal interaction.
- Family/work/mental health balance. Hard being at work 12-14 hours a day, trying to help kids with homeschool/e-learning when I get home, and trying to manage other household duties...all without help because of social distancing and shelter in place rules to protect family members.
- Working from home with spouse and 6mo.
- Personally, the biggest challenging is working from home a FT job, taking care of my 2 kids and attempting to home school (yeah right!). I am so thankful to have a job that allows me to work from home and receive a steady paycheck. But man, this is HARD."
- Remote work has made it hard to implement in-person activation.
- Work/Life balance. Difficult to separate time dedicated to work from taking care of self and family.
- The boundaries are blurred between work and home. The demands are around the clock.

Anxiety/Concerns about Work

- The uncertainty of when things can begin to return to "normal" and the isolation felt - both by the staff working virtually and those remaining on-site.
- We are purposely suppressing admissions, so keeping up morale amongst marketers is a challenge as they worry about their jobs.
- About 80% of our marketing/communications/web team have been put on furlough
- Projects have been put on hold indefinitely. I have less work to do because of it.
- Some people are crazy busy, and others are not busy at all.
- Alignment across the organization
- Social distancing and not being able to do my normal day to day activity in the field
- Remaining positive on the future and keeping morale up at a time that crippling dread for the potential to become infected and the potential loss of income
- The lack of marketing work. Corporate Communications has been very busy, however.
- The continued unknowns.
- We've had staff reductions which have made our efforts more difficult.
- Feeling disconnected with our team and feeling like we are staying on track. We are a very collaborative team on a normal day and the ability to talk face to face and plan and come back to the group in real time is missing.
- Fear and anxiety within my team and throughout the organization.
- Disruption to routine; stress about uncertainty in what lies ahead; working too much.

Managing all the Work on my Plate/Job/Time

- Time management/boundary setting
- Everything needs to be done ASAP for the web and things shift even faster.
- Not enough time and resources to do my job properly. Internal miscommunication.
- marketing & communications work volume increased due to COVID, yet we had to partially furlough most of our dept (reduced hours)
- Handling the increased workload as we scramble to communicate new policies and protocols to staff and the public.
- Pace
- Keeping up with everything
- Keeping up with the ever-changing situation
- Initially, it was the pace of change in guidelines and policies.
- Keeping up with the pace of change
- Keeping a sense of normalcy as the COVID-19 communications are 24/7.
- Bandwidth; so many needs to respond to with tight deadlines. Staff is working 7 days a week which is not sustainable.
- The community wanting more information than we had available when this first broke out - we were still figuring everything, out things were changing super quickly, so it was next to impossible to keep info up to date.
- Keeping up with the rapid pace of change associated with information about the pandemic, and scaling solutions that were created early in the crisis.
- Time, stress and ever-changing circumstances
- Time. We need to move as quickly as possible.
- Keeping up with the rapid pace of changes in information delivered to the public and our employees.
- Managing the pace of change and keeping the communications up to date.
- Trying to get everything done in a timely fashion and keep up with the daily (sometimes hourly) changes; I am a one-person shop
- Working 7 days a week, sometimes 12-15 hours days.
- Keeping up with constant change
- Not enough time... I'm working 11-12-hour days and yet being mandated to take 80 hours of ET in the next 60 days.
- Time - significant pull on time with the tremendous number of briefings, command center staffing, unpredictable needs as this is so new for all levels of the organization
- Quickly changing landscape

Managing Internal Communications

- Communication among team and execs regarding what can and should be shared externally
- Effectively communicating with staff.
- Especially for staff, not to overwhelm their email and get their attention for the important messages.
- Supporting the front-line healthcare workers as information changes daily and sometimes hourly.
- The challenge of what gets shared externally vs only internally. We have done a lot of internal communication, but we need to work on our external comm plans.

Hospital Operations/Clinical Concerns

- Physician liaisons are doing everything remotely, so lack of personal interaction with referrers is hindering.
- Implementing new ways to keep patients, families and staff safe (i.e. masking, limiting visitation)
- Coordination with clinics to help reschedule visits over to telehealth visits
- Communicating to patients that are seeking care outside of COVID-19 conditions and cannot be done via video visits
- Approval process
- Providers and departments making unilateral decisions about procedures and communications without using our existing leadership structure.
- Finding the best tool for predictions for the surge and the availability of PPE and testing
- Finding ways to maintain patient volume
- Coordination of departments that normally do not work together to set up remote screening and virtual care.
- Organizing communication points among multiple teams for various scenarios such as media strategy, online content/architecture, and telemedicine
- Re-educating our clinical team members on proper donning and doffing.
- Keeping up with the ever-changing PPE guidelines is the biggest challenge
- Streamlining the approval process and information updates. Things seem to change by the minute.
- Getting messaging approved in a timely way (and knowing who has the final word on certain topics)

Concerns about Healthcare Marketing

- Revising marketing strategy, modifying messaging on print pieces that were slated to mail in April.
- Over stimulation of the content flow and re-work of messaging given the fluidity of public health guidance from the virus impact.
- Communications - with the information consistently evolving, sending out up to date information is challenging.
- Just keeping up with the constant stream of updates, changes in protocol or guidelines, etc. This situation (and our system's response to it) is ever evolving, and as the only manager of our system's website, it's been a challenge to maintain our growing content in a way that helps consumers and provides the best user experience.
- Keeping up with the fast pace of change and effectively communicating the important information to both staff and the public.
- Coordinating marketing efforts with operational efforts - we would like to increase messaging to patients, but there is some pushback on waiting until all the operational elements are in place.
- Document management and communication of changes and needs
- Having to pause everything that was planned and start over
- Consistent messaging
- Getting timely Leadership approvals on COVID messaging in order to launch in market as quickly as possible.
- Getting organized, who is doing what - with so many outside of normal job descriptions, there tends to be some redundancy and handling requests from community to help

Others

- Keeping information and communication consistent and aligned across the health system.
- Providing reports to show effectiveness of work is not understood by VPs.
- Establishing our goal for what we want to accomplish at the end of all this has been a challenge. We are very reactive to needs coming from all angles.

Q15. What has been your most important learning from the pandemic so far? (please describe)

Working from Home/Using New Technology

- That working remotely is far more productive than feared it would be.
- We can be effective at our jobs remotely
- Reliance/understanding of remote communications technology
- From an organizational standpoint, it's been interesting to see how some in our system have embraced new ways of communicating, while others are still resistant to technologies that can help us stay connected and do our jobs remotely.
- Half of my department, in fact, still goes into the office, while the other half was finally allowed to work from home. It really brought to light the tug of war that exists in our system, between those who want to innovate vs. those who are stuck in the old ways of doing things.
- The ability of many administrative workers, such as marketing and web, to work remotely
- How quickly we can transition to work from home.
- Learning how to over-communicate while remote

Team/Teamwork

- Working together as a team and reprioritizing our work can be affective.
- The ability to move quickly when new information becomes available is key to supporting patients, families and staff.
- How to let go and delegate out of pure necessity - I simply cannot manage everything I normally would and offloading it helped me learn more about who can take on new tasks within the team
- It takes a team effort and understanding that everyone is in this together and has to jump in to help with a crisis like this.
- That my team needs to be touching base over the phone at least once a day, or things get missed.
- How important it is for our team to communicate frequently. Most of us are working on COVID related tactics so coordination is more important than ever. It exposed some silos early on. But we are getting better at working through that.
- It's important to have people on your team who are willing to take on anything, even if it is out of their comfort zone. I have been fortunate to have those type of people on my staff.

Flexibility/Ability to Pivot

- To be fluid and flexible and shift priorities quickly.
- "Flexibility since everything changes hourly.
- The ability to move quickly when new information becomes available is key to supporting patients, families and staff.
- Ability to be flexible and nimble.

- You have to toss standard procedures out the window and just focus on getting things done quickly and effectively.
- How quickly we can pivot.
- Agile is key; quickly learning what's working and adapting is important.
- Versatility and flexibility are the best way to get through things.
- Being able to act fast is key.
- The information, what we think we know, changes by the hour. Especially at the early stages.
- Our new term is 'pivot', we are constantly pivoting to adapt to new changes in what we know about the virus and how to respond, and how to be flexible and communicate timely with our team members.

Organizational Communication

- Our organization's leadership sends an email every day. These emails are amazing. A mixture of uplifting and informational messages including status, plans, clinical trial research.
- Underscores the need for leadership visibility, open dialogue/Q&A through video conferences, transparency and communicate, communicate, communicate!
- How important internal communications is.
- Make sure you alert the call center before you post an operational update on social media!
- Clear communication to front line staff is absolutely essential.

Exposure/Higher Profile for Marketing/Communications

- Communicating our activities more broadly is highlighting the work being done by the marketing and communications team which was not broadly known. Will likely keep this type of weekly summary to senior leadership after the pandemic.
- Even though in marketing our part is small, it's still an important piece and we are doing it for the greater good for our employees and patients. This is what keeps me going and pushing my staff to do the same.

Clinical Improvements

- This has shown us that it is possible to provide effective care remotely.
- Communication and rising need for telemedicine, encouraged faster onboarding at an operational level

Great Team

- We have a great team at our hospital!
- realizing the dedication and bravery our employees are willing to face during a crisis
- Our infectious disease specialist has a set of rules: Don't panic, Be positive, and Kindness counts. We have adopted these as our rules amongst staff and providers across our clinics during the pandemic.
- We have a great team

Difficulty

- As an organization, we are not aligned on policies, protocols, and guidelines
- Some people are more "essential" than others and the non-essentials find all sorts of non-mission critical busy work for the "essentials" and somehow think it's a good time to make ridiculous asks.
- I have seen some others in our marketing ranks unable to offer much during the crisis because their skill sets were very limited to what was needed for their day to day jobs. They have simply faded into the background during all of this … actually, complaining that they don't have much to do while others of us work 12-16 hours a day.
- We are too slow to get relevant messaging into market. Other industries were almost immediately responding with related messaging, but it takes us longer.
- We were unprepared.

Disappointment in Government/Federal Support

- That our president is not well suited to manage a humanitarian crisis.
- Better planning at the federal level.
- That we weren't prepared for this and that our national health system is insanely broken.

Others

- That we can do things faster if we just remove the red tape and push.
- That we always seem to be in "Crisis Mode" even before our crisis. We are too reactive and not strategic.
- Communicate early and often with transparency, facts and compassion
- Local healthcare leaders have to act quickly, confidently and proactively in responding to community needs and concerns.
- We can't get CRM soon enough
- That we can and should focus more centrally and less based on the whims of the doctors.
- Have a plan in place with vendors that can support you
- A lot can be completed in a short period of time (like days versus months and years when to conditions apply:
  - Everyone in the org has the same goal.
  - Gov regulations are lifted
- The need to cross-train staff across disciplines and the importance of integrated teams so that redeployment of roles is easier.
- Depth of character of our team members. This crisis has truly brought out the best in people, working together to address the crisis.
- A crisis communications plan with clearly outlined responsibilities is paramount
- Need a broader variety of tools to share info
- It will be here for a while. everything cannot be urgent, so pacing oneself and managing expectations is key
- How important it is to avoid reactive and knee-jerk communication and to foster space for reflection - both about what is happening and about what communications efforts are working well and what efforts need to be improved upon.
- Communications structure (expected channels/timing) is very important

- Also, perhaps not MOST important, but no one has time, interest, or capacity to take on new projects with consultants, so their marketing efforts are mostly a nuisance and occasionally crass. That has been a lesson for me, too.
- Our email marketing is not demanding but supportive and informative. CTAs that say "send your patients to us" are seen as opportunistic. (Getting down off my soapbox now.)
- The community wants to help so we have launched a large COVID-19 fundraising campaign to support our front-line employees and further COVID research we're conducting in our labs
- That we need to find ways to communicate with our customers (patients) and staff. We are using Zoom to hold town halls meetings and potentially small conference.
- From a personal aspect there's less FOMO and options in the world and this has offered a time of reflection for me personally.
- Much better understanding of clinical operations
- The value of being the community resource via social media and email
- COVID-19 is driving health care transformation
- Continuing to conduct research and use data is vital.
- Also, endurance. we have regular emergency preparedness drills, but they last a few hours. We are on week 3 of our emergency response activation, and we are exhausted -- this is just the beginning.
- Keeping an eye on what is post COVID-19.
- Thinking creatively.
- Not sure at this point. I honestly haven't had time to reflect on that much yet. I think that time of revelation will come after things slow down.

For more information and resources on how Greystone.Net can help you, visit:

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