



# **From Insights to Execution: The Ballad Health Approach to Consumer Understanding**

Sponsored by LIFT Healthcare



# Featured Speakers

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**Molly Luton**  
Chief Marketing & Communications Officer  
Ballad Health



**David McDonald**  
Chief Executive Officer  
LIFT Healthcare



**Phillip Ritchey (Moderator)**  
Chief Growth Officer  
LIFT Healthcare

# Agenda

**The Insights:** Learn how Ballad Health strives to understand the consumer's *why* before defining the *how* in strategic planning.

**The Strategy:** Examine strategies for gaining buy-in from internal and external stakeholders, and the value of developing key personas, journey maps, and targeted audience building.

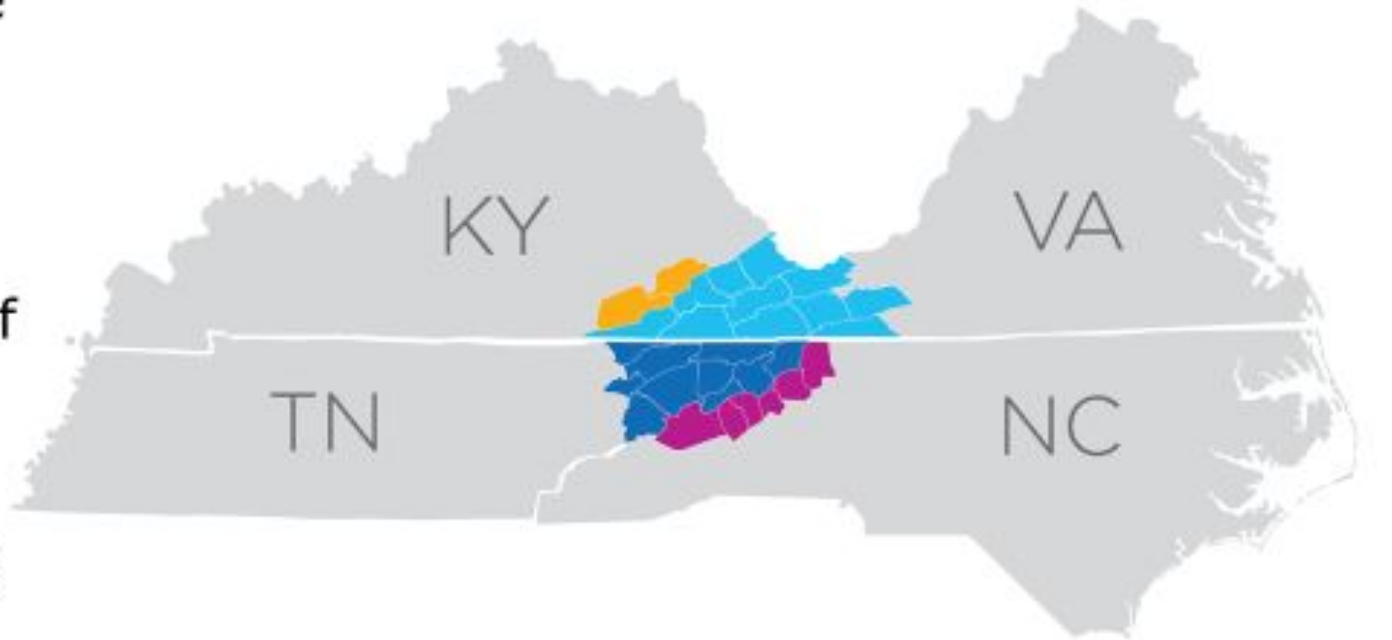
**The Execution:** How to apply an insights-first methodology in an annual marketing cycle and bring your external partners along for the ride.



# The Ballard Health Mission

**Five years ago**, Ballard Health was formed, under state-action immunity in compliance with federal antitrust law, to create a healthier region and keep healthcare local.

Each year since the creation of Ballard Health, the State of Tennessee and the Commonwealth of Virginia have independently confirmed the public advantage created by the unification of our 21 hospitals.



# Re-imagining Rural Healthcare

The Appalachian region is a challenging environment for healthcare access and outcomes.

**Health outcomes** in the Appalachian Region are **worse** than the U.S. as a whole in **7 of the 10** leading causes of death. Economic challenges also **EXCEED** the national level.



## Leading causes of death

- Heart disease
- Cancer
- COPD
- Injury
- Stroke
- Diabetes
- Suicide

## Economic challenges

- Income performance
- Poverty rates
- Unemployment rates
- Postsecondary education

**S**pecific  
**M**easurable  
**A**ctionable  
**R**elevant  
**T**ime-bound



# About Insights & Ethnography





# Consider This...

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How can healthcare marketers **leverage empathy** and **stakeholder understanding** to not only **GET MORE** from, but to also **DO MORE** for, the humans and communities we are charged with serving?

*...while still achieving those all-important financial results?*



# The Insights: Merit of Doing More



# The Insights: Path to Understanding

## Ethnography & Mixed Methods Research



### MEANINGFUL.

Patient experience and voice is full of meaning, and ethnography is a method to explain that meaning.



### INDUCTIVE.

Ethnography allows thinking to evolve as research progresses.



### CONTEXTUAL.

Ethnographic studies are conducted in the context of everyday life where the action occurs, and where meaning is constructed and shared.



### HOLISTIC.

The aim of ethnography is to achieve a comprehensive understanding (functional, psycho-social, and emotional) of the human/cultural phenomena under investigation.



### COLLABORATIVE.

Ethnographers work collaboratively patients, caregivers, HCPs, advocacy, and other stakeholders to illuminate the human truths that inform human centered marketing and education programs.



### RIGOROUS.

Grounded theory and methods preserve an open-ended approach to studying the world and build systematic checks into both data collection and analysis.

# The Insights: Five Dimensions of Emotional Truth



NEEDS

A tacit or explicit requirement.



MOTIVATIONS

A deep desire or willingness to act.



FEARS

The result of perceived threats or situations.



BELIEFS

A feeling of optimism or desire.



HOPES

The state of mind in which a person thinks something to be the case.

# The Insights: Seek to Understand – Do More

## IMPLICATIONS

### FOCUS

Now seeking to understand and partner with the community.

### OBJECTIVE

Interacting with and empowering stakeholders is increasingly important.

### OWNERSHIP

The voice of the brand (for ALL stakeholders) is fundamentally important to success.

### PLACE IN PROCESS

Strategy is rooted in a desire to understand and empower outcomes through relationships.

### TACTICS & CONTENT

Insights on all sides of the transaction inform tactics. Education is a key component.

**The consumer  
wants to be seen,  
heard **and**  
understood.**





# The Strategy: Tools for Success – Personas

## PERSONA PROFILES

### POSITIVE ORIENTATION / HIGH UTILIZATION



**GLORIA, 65**

RETIRED/DISABLED | WASHINGTON COUNTY, TN

Economic Status: Annual Income = \$0-\$29,000 (Lower Socioeconomic Class)  
Insurance Status: Insured (Medicare)

Gloria lives in Johnson City, TN, with her two dogs. She has a son and three grandchildren who live nearby. After losing her husband just 18 months ago, she finds herself struggling a bit to adjust to life on her own. However, she is fortunate to have a primary care physician who has been caring for her for the past eight years. Dr. Martin is more than just a doctor to Gloria. He is someone she can trust and confide in, and he always takes the time to listen to her concerns. As someone with diabetes and COPD, Gloria needs a doctor who is attentive and compassionate. He even calls her regularly to make sure that she understands her lab results and that she is doing ok with her medications. His attentiveness, kind demeanor, and eye contact were strong signals that he was "a doctor who cares."

One of Gloria's biggest fears is that Dr. Martin will one day leave her behind by moving away. She has heard stories from friends about doctors who have moved out of TN or just abruptly stopped practicing, leaving their patients to scramble to find someone else to care for them. Gloria doesn't want to go through that experience, and she knows how difficult it can be to find a doctor who truly cares about her well-being. Her previous PCP was arrested for unlawful distribution of opioids. This previous relationship (and his propensity to push addictive painkillers) posed a threat to her personal health. Moreover, this blatant breach of trust caused her to stop seeing a PCP altogether for a period of over two years.

*"I trust his opinion. I trust his knowledge. He's really good at what he does. And he's not stuffy and he doesn't talk down to me like some of them do. And he's got the best bedside manner. He's really, really great. I know he's not going to steer me wrong and he's not going to give me something that's going to hurt me. And that he cares. He cares. That's hard to find, really."*

She found Dr. Martin through her daughter-in-law, who takes her two grandchildren to a physician in the same practice. They were taking new patients and so she made the decision to make an appointment. She didn't click with her first PCP, so she requested another one. She insists that speaking your mind is important when it comes to healthcare. "You have to be your own advocate, and ask for what you need."

She sees Dr. Martin once a month, if not more often, and always makes sure to keep her scheduled appointments. It gives her peace of mind to know that she is being carefully and regularly monitored as she gets older. For Gloria, Dr. Martin is more than just a doctor—he is a friend, someone she trusts and relies on to help her navigate the challenges of aging.

#### Information Preferences:

- + Contact physician's office
- + Advice from friends and family
- + Daily news sources (Mass Media)

#### Critical Needs:

- + Availability from her PCP (practical and emotional)
- + Trusted relationship
- + Face-to-face meetings and hands-on care

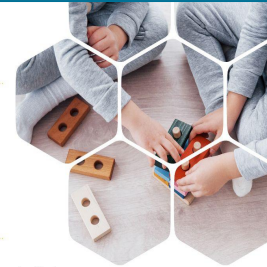
#### Challenges & Pain Points:

- + Loneliness and loss (of loved one)
- + Fear of losing her PCP (moving away, detaching from her)
- + Inexperience with and avoidance of technology
- + Keeping her diabetes under control

#### Seeking & Avoidant Behaviors:

##### Seeking:

- + Searched for a provider that was willing to focus on "getting to the root of the problem"
- + She sees a provider that has the availability for monthly visits to monitor her conditions



#### Avoidant:

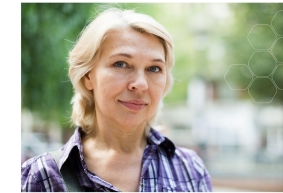
- + Removed herself as a patient from providers that wanted to "push pills"
- + Left PCPs behind that didn't respect her need for a consistent, hands-on approach to care

#### Journey Through Primary Care:

- + She started going to a PCP at around 50 years of age after having a panic attack. Her mother urged her to find a PCP after fearing it was a heart attack.
- + She saw that first PCP for 7 years. He pushed Xanax on her to treat her sadness, so she left. He was later arrested for "dealing" opioids.
- + She gave up on primary care for a period of two years. It took some time to gain the courage to go back after what was a rather traumatic experience.
- + She found her next (and current) PCP through her daughter-in-law who was attending that practice and feels grateful to have found a "family doctor."

## PERSONA PROFILES

### NEGATIVE ORIENTATION / LOW UTILIZATION



**CHERYL, 64**

(RE) MEDICAL RECORD AUDITOR | GREENE COUNTY, TN

Economic Status: Annual Income = \$20,000-\$29,999 (Middle Socioeconomic Class)  
Insurance Status: Privately Insured through Employer

Cheryl is originally from upstate New York and currently resides in East Tennessee with her family. She works part-time as an auditor, and when she's not working, she is typically doing outreach for the nonprofit organizations she volunteers with. When it comes to her overall opinion on the available options for primary care in her area, she believes they fall short when it comes to quality and expertise. While she does have a current PCP, there were several points of concern that the physician and their office had to meet in order for Cheryl to even feel comfortable becoming a patient. The PCP had to be a female physician and not affiliated with Ballad Health—this was non-negotiable for her.

The new addition about this became her husband's experience with his new PCP (a Ballad Health-affiliated physician in Tennessee as a caregiver). As she recalled, they had called the physician's office to schedule an appointment for an annual physical. It wasn't until they received the bill, that Cheryl realized they had been charged for a premature focused visit. After many conversations back and forth, Cheryl requested a copy of the medical records. It was then that she felt like much of the appointment wasn't documented "for nothing." She explained, in order for the physician's office to bill for a premature visit, documentation has to reach what they billed—which technically, it did. However, the records didn't match the services received at the time of her husband's appointment. After she called back, it was revealed to Cheryl that the physician who saw her husband "never did an annual physical." She and her husband left that practice feeling like they were caught in a "runny-making scheme."

- + A primary care visit was not a solution for her experience as a communication regularly with them
- + An administrative/billing team that is honest and transparent about how and why services are billed

- + Moves from TN to Tennessee without a PCP established. Begins her search for a PCP in her new area
- + Establishes a PCP about a year after moving to Tennessee after completing extensive online research
- + Currently, she's been established with her PCP for a few years and

## PERSONA PROFILES

### NEGATIVE ORIENTATION / AVERAGE UTILIZATION



**KAYLA, 35**

DISABLED VETERAN | WASHINGTON COUNTY, VA

Economic Status: Annual Income = \$0-\$29,999 (Lower Socioeconomic Class)  
Insurance Status: Insured through VA benefits

Kayla is a disabled veteran living with her children and long-term partner in Bristol, VA for the last several years. Although she no longer works full time, she has taken on the caregiver role for her young family and spends most of her time running her home in Bristol, VA. Before moving to Bristol, Kayla maintained the same family practice physician for nearly 20 years until he retired a few years ago. In her free time, she spends time outdoors and with her animals. Unfortunately, Kayla is managing a few different chronic conditions that greatly affect her ability to fully care for herself. Kayla struggles with nausea, anxiety, and clinical depression, as a result of being overly protective and addicted to drugs, and spent the first 6 months of her life in the NICU.

Aside from her ongoing health concerns, Kayla maintains her health by using the primary care and urgent care services in her area as needed. While she does have a current PCP, she typically prefers to use a quicker service like a clinic or Urgent Care type of facility if she has concerns, or feels she is getting sick. Her outlook on primary care has been described as indifferent, and even at times impenetrable, due to negative past experiences with primary care doctors in her community and the lack of provider variety. Kayla shared that the healthcare system in her area is not the best. She expressed under one large health system (Ballad Health). "Hospitals, they will utilize the resources in her area should she need to, although she won't be particularly enthusiastic about it."

- + Lack of empathy on behalf of the clinical team, including the physician and nurses during patient interactions

- + Moves to Bristol, VA with her family to work and find medical services close to home
- + Begins to utilize primary care services at a local provider's office and soon after removes herself as a patient due to negative experiences
- + Utilizes healthcare resources like Urgent Care—as needed, but does not maintain a consistent relationship with a designated PCP

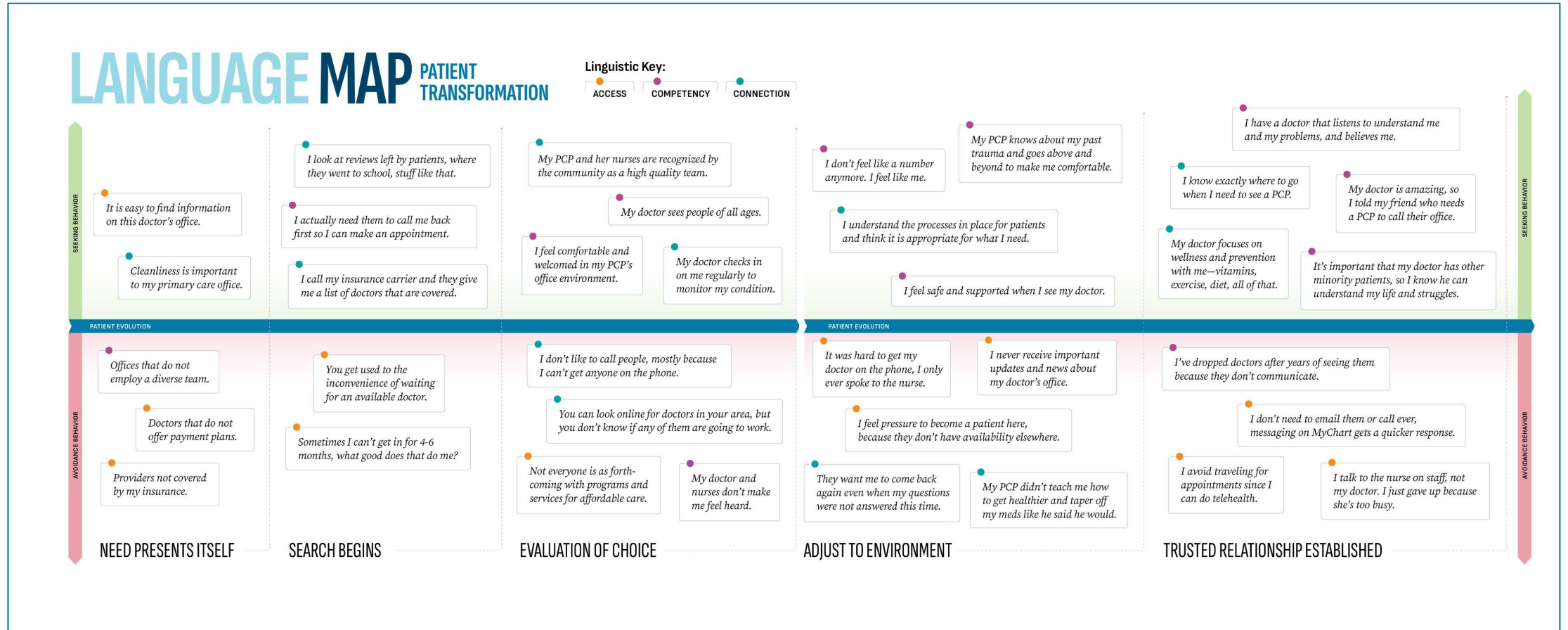


removed under her VA plan for health-related needs and

already seen in the past of "just looking for pills"

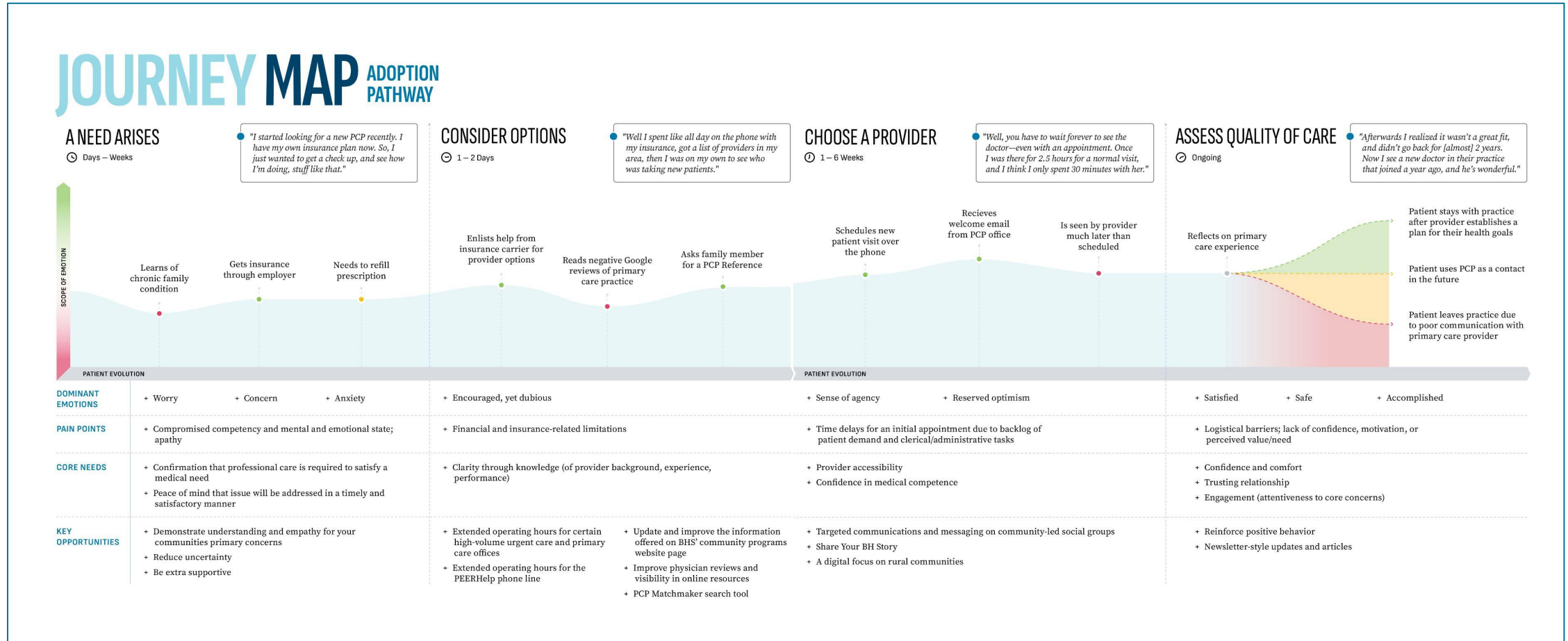
Physical injury

# The Strategy: Tools for Success – Language Map

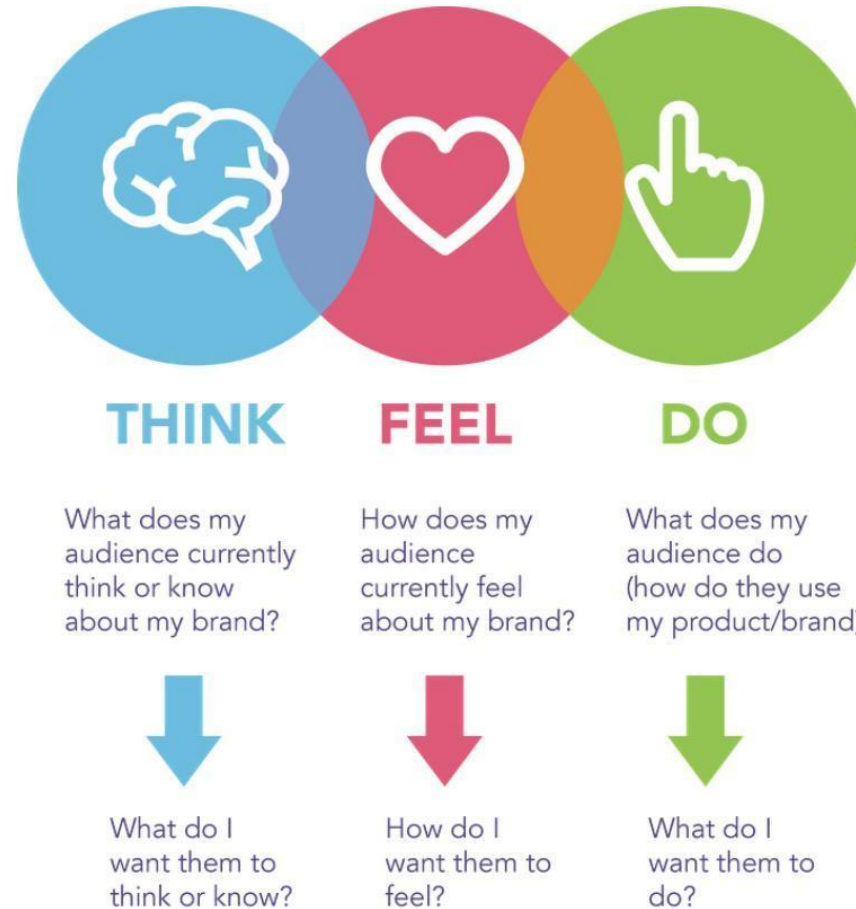




# The Strategy: Tools for Success – Journey Map



# The Strategy: Tools for Success



**Is the business**  
*ready for the business?*



# The Strategy: Building The Case For Support

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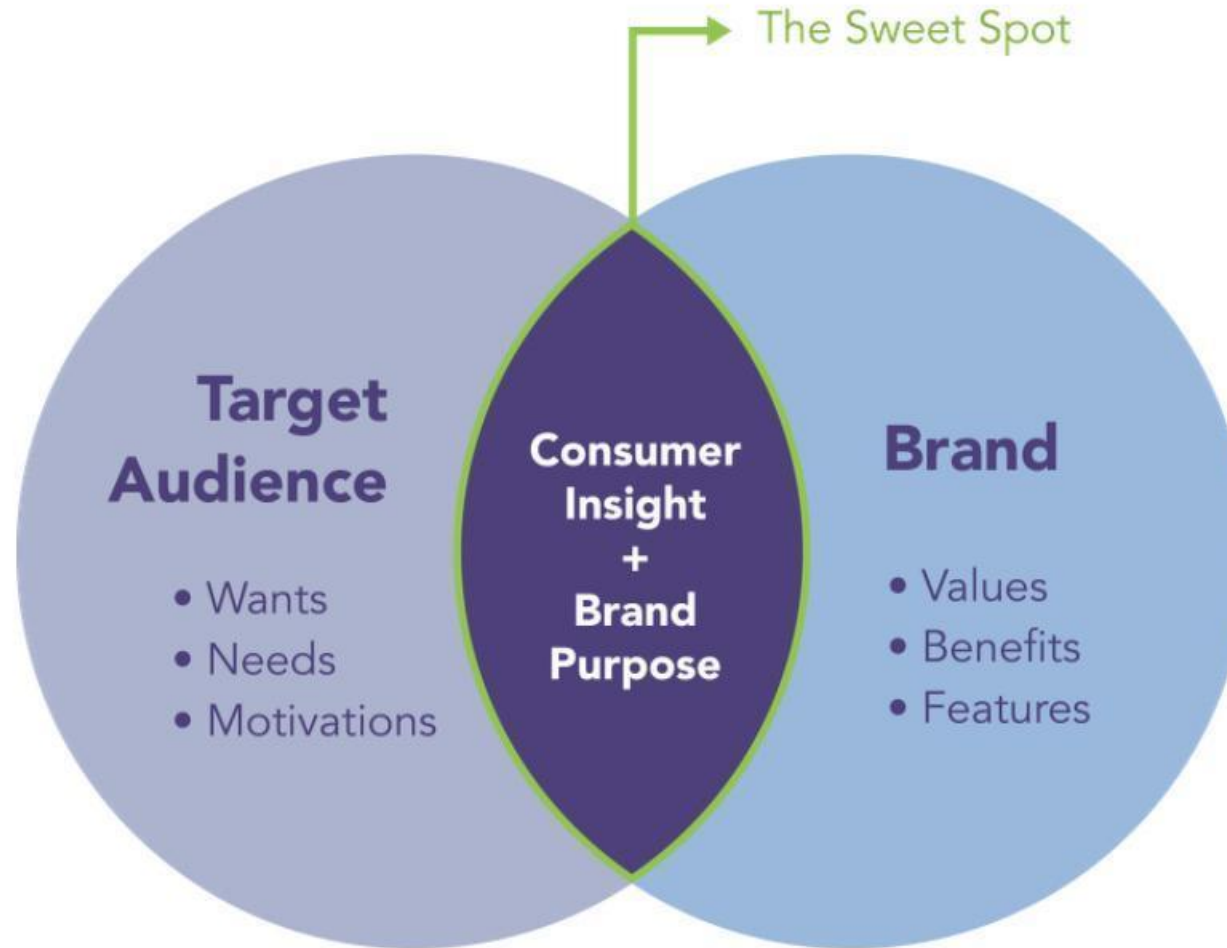
- What is our performance to date?
- Who is our audience?
- What does our audience want to hear?
- How do they want to hear it?
- What are we trying to say?
- What do **our patients want** to think, feel and do?
- What do **we want** our patients to think, feel and do?
- What is our current patient journey/experience?

# The Strategy: Building The Case For Support

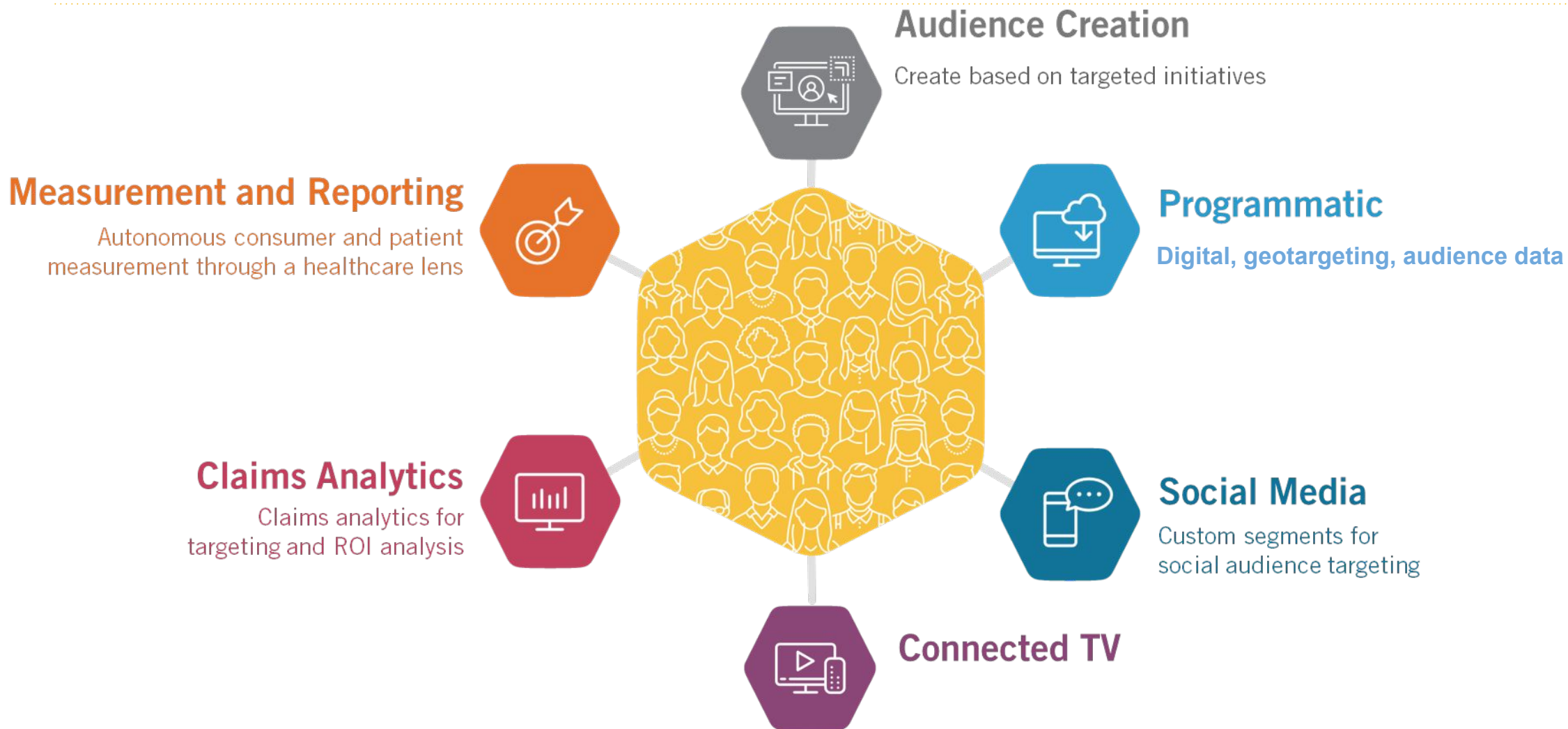
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- Is this a **strategic goal** or priority of the health system?
- What is the **value proposition** to the patient?
- What problem are we trying to solve?
- Who are our competitors in this space?
- What is our current volume?
- Is there physician or provider availability?
- What is our budget?
- How will we **measure success**?

# The Execution: And Finally...the What



# The Execution: Translating Learnings into Action





# Questions & Discussion



**Thank you for joining us today!**

