



## The Five D's of Brand Strategy

### Part 1: Discovery and Design Phases



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#### **BRAND STRATEGY: DISCOVERY PHASE**

All healthcare organizations have a brand, a set of deliverable expectations that are linked to the organization—commonly, consistently observed, and delivered. However, these expectations do not make a brand strategy. Many brands simply exist, delivering changing brand promises and confusing messages. They are often indistinct, without significant value, irrelevant, or out of sync with the organizational aspirations. The first step in forming a winning brand strategy is to learn what is already known about the brand as it is today, and to uncover the potential for the brand going forward in your target market.

During the discovery phase of the brand position, the organization must look at all measures of the brand's performance in the market. It is important to understand leaderships' (i.e. the board, administrative, and clinical) aspirations for the brand and realize the brand's potential in the minds of the consumer as it competes in its unique target markets. This phase is intended to bring to light the following:

- 1) Strengths and weaknesses regarding current brand performance. We learn this by:
  - a) Consumer awareness, attitudes, and utilization surveys (AAU's...quantitative research)
  - b) Market share reports (by service line)
  - c) In-depth interviews with leadership (board, administrative, and clinical)
  - d) Patient, Employee, and Physician satisfaction/loyalty surveys (by service line)
  - e) Qualitative research among current/recent patients
- 2) Aspirations for the brand that support the long-term organizational goals
  - a) Strategic plan review for brand contribution (growth, people, quality, community, service)
  - b) Interviews with leadership
- 3) Brand attributes that add value to the brand's position among its target market
  - a) Quantitative research of target market(s)
  - b) Qualitative research among current/recent patients
  - c) Comprehensive review of competitor performance and position (physician interviews, market intel, etc.)

- 4) An understanding of the brand positions currently held by the competition in the target markets
  - a) Comprehensive review of competitors performance and position
  - b) Quantitative research of target market
  - c) AAU studies

The timeline includes the internal steps needed to conduct in depth interviews with leadership. Typically, this can take as long as 1-2 weeks for scheduling, 24-40 hours of interview time, and another week or more to consolidate the input. The review of the existing secondary data is not usually overly time consuming, but where data does not exist and primary research is required, the timeline for this phase can grow quickly.

Patient focus groups can take 1-2 weeks to schedule, and typically 2-3 can be conducted per day by a trained facilitator. Typically, hospitals offer participants free parking or transportation assistance, a meal, cash or equivalent gift cards of \$50-100, and a "hospital" item like a mug, tote bag, first aid kit, etc. The patients should be grouped with some degree of commonality, such as similar points of service (OP, IP, ED) and/or same unit or service line (ortho, cardiac, neuro, etc.) as well as reference framing, such as geography, past use of the facility/competition, etc. This "shared" experience usually leads the conversation to relevant areas of focus.

Physician and employee focus groups, similarly, require 1-2 weeks of planning and scheduling and take a similar amount of time to conduct. Again, hospitals "thank" these participants with a meal, cash or gift equivalent (if employed, there is a value that does not require withholding, your HR department can be helpful here), hospital logo items, and the opportunity to participate during paid work time. With volunteer physicians, you may reward them for work under Stark as long as the reward for the work is reasonable, a \$50-100 gift for one and one-half hours is typical.

The Quantitative survey (including the AAU) can take 4-12 weeks to conduct, depending upon the following parameters:

1. Survey design – 1-3 weeks, dependent upon the level of organizational process required at your hospital
2. Survey implementation – 2-10 weeks
  - i) Target market size (local, regional, national)
  - ii) Sample size
  - iii) Methodology
    - (1) Mail—not recommended typically
    - (2) Telephone
    - (3) Online

3. Tabulation of findings and report generation 2-4 weeks

At the completion of this phase, you should know the following:

- The current "brand" and it's consistency in the hearts and minds of your multiple audiences
- What is desired, valued, and compelling to the target audience
- What is doable, motivational, and aligned with your organization, your employees, and your physicians
- What brand position is held by the competition, and how effective those positions are in the target market

## **BRAND STRATEGY: DESIGN PHASE**

Enlightened by the findings in the discovery phase, this next phase involves designing a meaningful brand position(s) to test within the organization to validate fit. Successful brands are relevant, valued, believable, recognizable, and compelling—not only the target market, but also to the organization, staff, and physicians.

Key elements in this phase involve considering what to “include” along with what to “exclude.” This may seem simple enough, yet there are many “potholes” to avoid, specifically:

- 1) **“Let’s add the kitchen sink”**— This is the tendency to take every position possible and combine it into a single position. The ensuing problem—no position. You have really done nothing to create a situation that truly distinguishes you in the market.
- 2) **Just pick one—any one—no process.** Successful brand development needs to be an integrated, facilitated, and inclusive process, requiring participation by patients, target market, employees, and your medical staff. Agree to a process in advance, and stick to it.

Many organizations hold the focus group detailed in the discovery phase during this phase, incorporating “non-patient” groups, so as to better understand the expectations that come with the valued brand positions in the Quantitative study.

Also, during this phase, if you did not start the process with one, it is recommended that you form and convene a “Brand Team” to work through the internal brand build. Typically, organizations include the following types (roles) on the team:

- 1) The marketing team as staff, with the department leadership as full member/chair
- 2) A brand strategy consultant as guide and facilitator
- 3) Senior leadership, both administrative and clinical (CEO, COO, CMO, CNO, HR, key service line leadership, other key medical staff leaders)
- 4) One to two board representatives if this is appropriate in your organization
- 5) The account representative/manager from your ad agency, if you have one

The Brand Team can be convened up front or upon the commencement of this phase. In either case, a kick-off meeting with education in mind is highly recommended. The brand strategy consultant in partnership with the chief marketing leader co-present an educational session intended to define terms, explain what brand strategy is and is not, and clearly articulate the intended process and products. Critical to this is clearly articulating the role of this brand team in your process.

It is important to share with the Brand Team all of the findings of the discovery phase to gain consensus on those brand positions that have possibilities for the organization. Taking these positions into testing will really be the focus of this design phase.

Throughout the design phase, the Brand Team’s role is to digest the focus group findings and ultimately select the optimal position.

Another key aspect of the design phase is to assess the “GAP” between the brand positions tested and the organization’s reality. A sweet spot is uncovered when the brand position is deemed to be very strong and the “GAP” is small or non-existent. Typically, however, there is an experience “GAP.” Critical to moving onto the development phase is identifying and gaining leadership’s support for not only the marketing elements of the “GAP” (i.e., what can be fixed by marketing/communications alone), but also the operational elements of the “GAP” (i.e., service, quality, performance issues, etc.). This is where the Brand Team’s ownership is crucial.

Factors affecting the time element in this phase include focus groups (see discovery phase for details), Brand Team consensus building, and detailing the “GAP” analysis (3-6 weeks).

At the conclusion of this phase, you will have the desired organizational brand position, the “GAP” analysis for both the marketing elements of the brand strategy as well as the operational “experience” elements that will be required as a part of the brand strategy. You will also have identified if you have brand architecture issues (what you call or name elements of the brand, how you portray them visually, etc.).

Using the right communications tools at the right time can improve the impact your brand has on your audiences. Give voice to your brand with Vericom’s SoundCare on-hold messaging when patients, leadership and others speak directly to callers when they contact your organization. Your brand can be reinforced with audio, tone, style, programming, music, content, and more. With Vericom’s ChannelCare digital signage your brand is strengthened at the point of care, elevating the image of your hospital and the quality of your care, as it reinforces your efforts to differentiate you from the competition. Remember, your brand needs to be consistently visible in many ways as people perceive and receive information uniquely.

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