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Marketing Play Book: Shoreline Orthopaedics

Rio Weikum
Grand Valley State University

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MARKETING STRATEGY

Shoreline Orthopaedics - Holland, MI

Prepared by:

RIO WEIKUM

GRAND VALLEY STATE UNIVERSITY

FALL 2019

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EXECUTIVE SUMMARY

This campaign book is comprised of essential information for conducting a successful campaign for our client, Shoreline Orthopaedic located in Holland, Michigan. For the purpose of this campaign, both primary and secondary research were conducted in order to gain crucial information that would form Shoreline's marketing strategies, tactics, and objectives. Primary research was conducted in order to get a better understanding of the attitudes, perceptions, beliefs, and needs of the patients at Shoreline. Secondary research was conducted to gain marketing information on other orthopedic practices, the best marketing strategies to implement in the digital world, and information about our target market. Results from both the primary and secondary research data allow us to identify various opportunities and problem areas, using a situational analysis format. From this, we were able to identify our problem statement, strategy, objectives, and tactics. The plan of action for Shoreline bridges the communication gap between Shoreline and their patients, by utilizing tactics based on patient and staff responses. The evaluation section allows Shoreline to make sure that the set objective is being met. This section also includes information on how to analyze this data by utilizing analytic programs, surveys, etc. The last portion of this campaign book is the appendix, which includes evidence of data that was gathered during the research process of the project.

PROBLEM STATEMENT

"HOW CAN WE MARKET TO A BROAD DEMOGRAPHIC RANGE OF ORTHOPEDIC PATIENTS IN WEST MICHIGAN AT SHORELINE ORTHOPAEDIC?"

- Shoreline has an advantage compared to some of their competition in the sense that they have not had to advertise their practice as heavily in the past, due to their strong community reputation. This can be considered a double edged sword. With the new age of digitized marketing and technology, it is becoming more common that orthopedic practices promote themselves on multiple platforms and mediums. This helps these practices get the word out about their company and pulls in potential patients. This technology is giving the competition a voice and people are listening. In order for Shoreline to stay relevant and on top of their competition, it is crucial that Shoreline start to take marketing more seriously. The question that is posed above is a question that Shoreline has been searching to answer, after realizing how broad of a demographic is included in the patients at Shoreline. Again, because technology has changed the way we operate in our everyday lives, it is crucial to understand how these different demographics think. It is equally important to fulfill patient needs in order to keep a stability in the practice. By answering this question, Shoreline will have a better insight on what mediums to advertise on and how to better communicate with the patients of Shoreline Orthopedic. Thus, providing Shoreline with the tools to go above and beyond their competition.

OBJECTIVE

- INCREASE THE PATIENT POPULATION AND BRAND RECOGNITION AT SHORELINE ORTHOPAEDICS.

AUDIENCE:

- As mentioned previously, there is a broad range of demographics that need to be reached at Shoreline Orthopaedic. The main focus of this campaign is to gain more patients between the ages of thirty-five to eighteen, or Millennials and the Gen Zers.

MEASURE:

- A 30% increase in patient appointments/interest in Shoreline Orthopaedic. Increase in the engagement between Shoreline and patients/potential patients on social platforms, ROI, and patient acquisition cost (PAC).

STRATEGY:

- Using a story that explains the "why" of Shoreline in a creative, and heart felt matter. Why does Shoreline matter? What is their story? What makes them unique from the competition? We would really like to breathe new life back into Shoreline. By doing so, we will be able to differentiate Shoreline from competitors.

TACTICS:

- These tactics are going to aid Shoreline in carrying out the main objective, while also incorporating the strategy of storytelling.

TACTIC 1:

- **SOCIAL MEDIA & CONTENT MARKETING**

TACTIC 2:

- **COMMUNITY EVENTS**

TACTIC 3:

- **WEBSITE & SEARCH OPTIMIZATION**

TACTIC 4:

- **EXPLORING TRADITIONAL MEDIA, PARTNERSHIPS, & SPONSORSHIPS**

***THESE TACTICS WILL BE EXPLAINED MORE IN-DEPTH LATER ON.

RESEARCH

PRIMARY RESEARCH

INTERVIEWS

Interviews were conducted to gain insights and understanding between Shoreline and their patients. There are three different, main stakeholder categories in which interviews were conducted including Shoreline staff, Shoreline partners, and Shoreline patients. All of the people selected for these interviews were based the on stakeholder and affinity mapping, which can be viewed on the next few pages.

IN-PERSON SURVEYS

- A majority of the interviews conducted in this study were in-person interviews. This helped us to have an advantage in visualizing facial expressions, tone, body language, and more. There were nearly thirty six patient interviews and seven staff member interviews that were conducted in person.

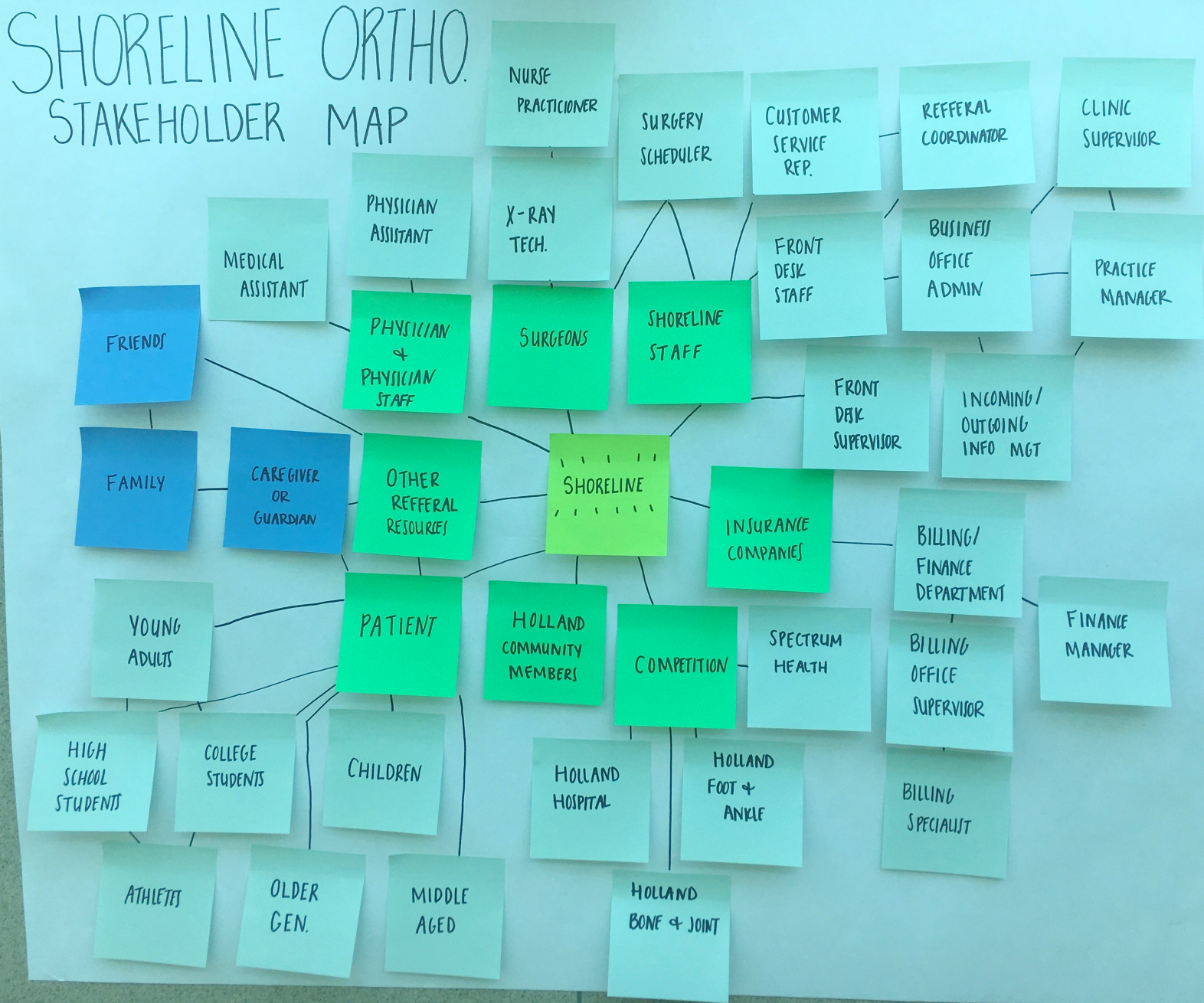
ONLINE SURVEYS

- Online surveys were used for patients that were unable to write, due to injury, or patients with limited time to complete an in-person interview. These patients were talked to in-person prior to taking the online review. Small cards were passed out including the introduction and link to the survey. SurveyMonkey was used as a platform for these surveys, as it allowed ease of use and real time cohesive results. There were three online surveys that were completed total.

PHONE SURVEYS

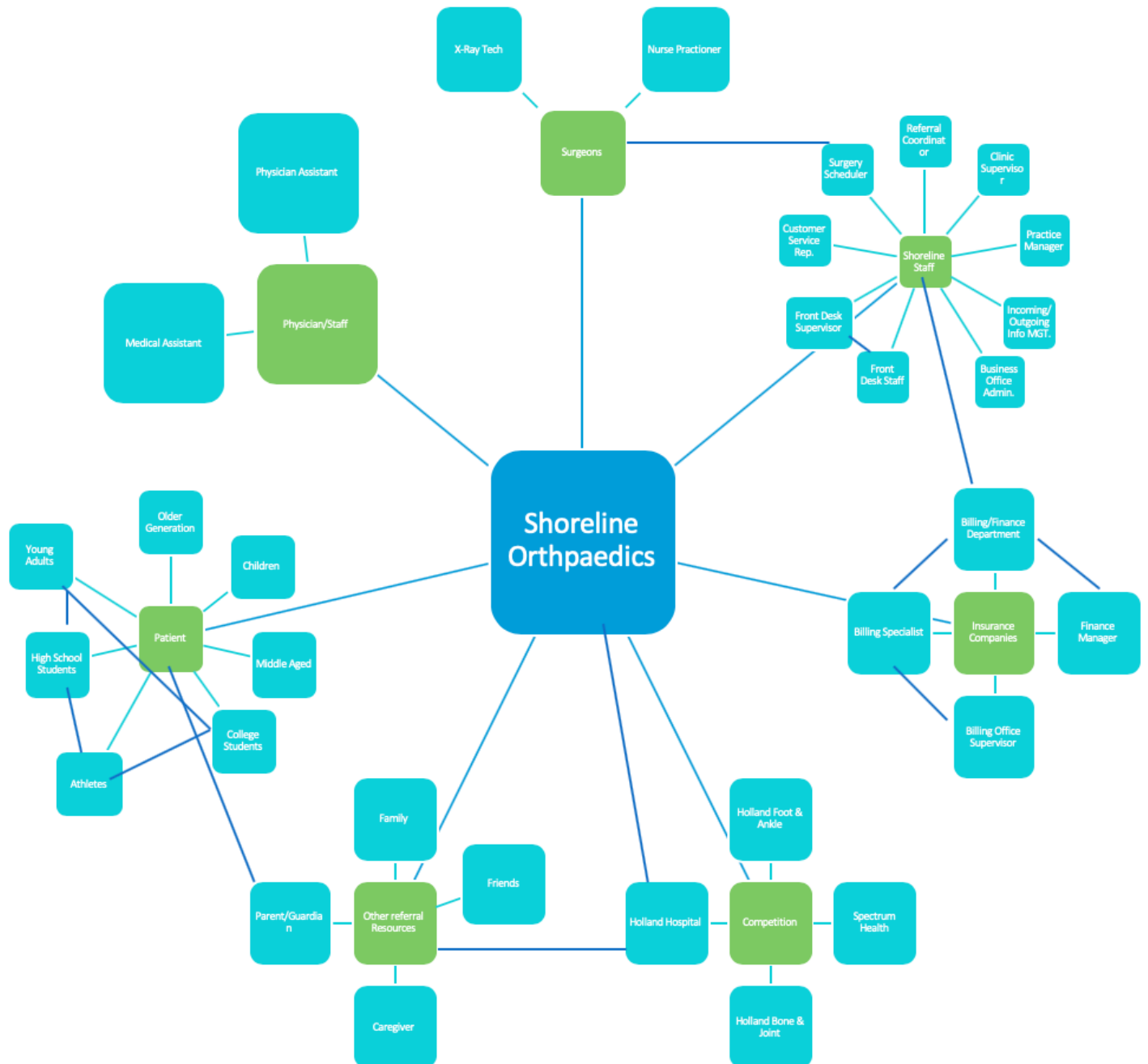
- Phone surveys were conducted for five Shoreline staff members and one of Shoreline's partners. This was used as a way to interview stakeholders in an quick and efficient manner. This method was beneficial for those stakeholders with particularly busy schedules.

STAKEHOLDER MAP



Affinity mappings was done in order to help us identify all of the people, organizations, and outside resources that impact Shoreline in either a positive or negative way. As you can see, Shoreline is in the middle of the map, as they are the focal point of this project. The darker green areas touching Shoreline are the primary stakeholder groups that have direct interaction with Shoreline. The light gray areas branching off of the primary stakeholder groups, break down these groups more in depth so that we have a better understanding of those affecting Shoreline. The blue cards are the main referral sources that are crucial for Shoreline to target with in their marketing efforts, as they typically have direct impact on Shoreline.

STAKEHOLDER MAP



From our Affinity Mapping, we were able to create a digitized copy of Shoreline's stakeholder map. This stakeholder map shows all of the connections that are important to Shoreline in many shapes and forms.

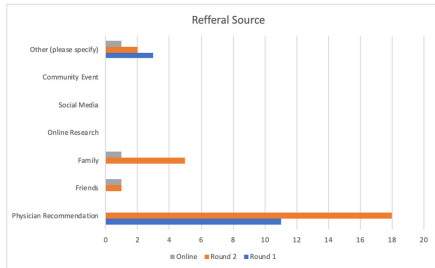
INTERVIEW REPORTS

PATIENT RESULTS

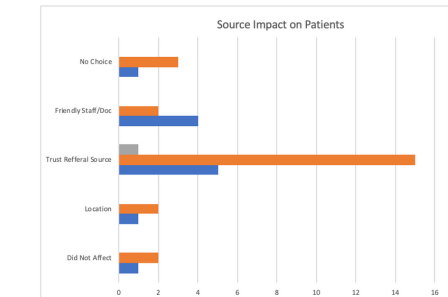
Shoreline Orthopedic Patient In-Person Survey

Question 1: How did you hear about Shoreline Orthopaedic?

- a. Physician recommendation
- b. Friends
- c. Family
- d. Online research
- e. Social Media
- f. Community Event
- g. Other (please specify)

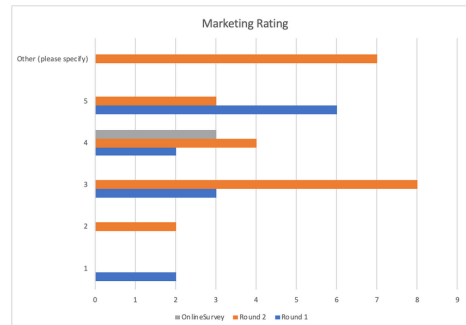


Question 2: How did your source impact your decision? (Short Answer, 1-2 sentences.)

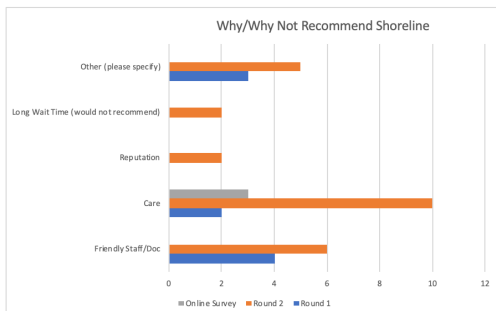


Question 3: How would you rate Shoreline Orthopaedic in terms of marketing their services overall? (One being the lowest, with five being the highest)

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. Other (please specify)

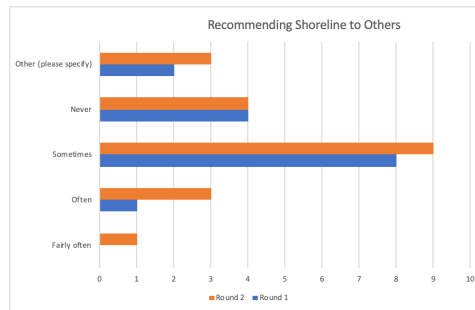


Question 4: Why would you or would you not recommend Shoreline? (Short Answer, 1-2 sentences.)



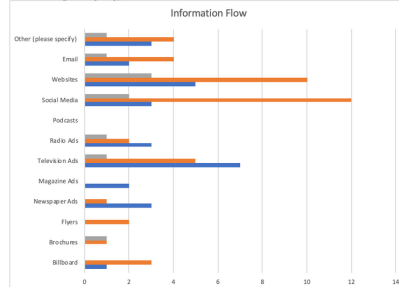
Follow up to Q4: How often do you recommend Shoreline to others?

- a. Fairly often
- b. Often
- c. Sometimes
- d. Never
- e. Other (please specify)

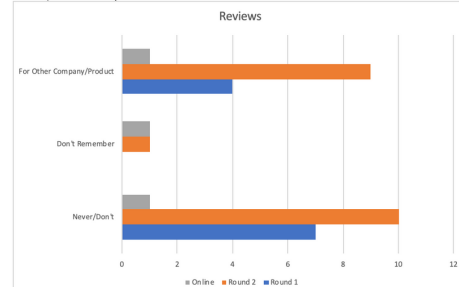


Question 5: Where do you get most of your information from? (May select more than one)

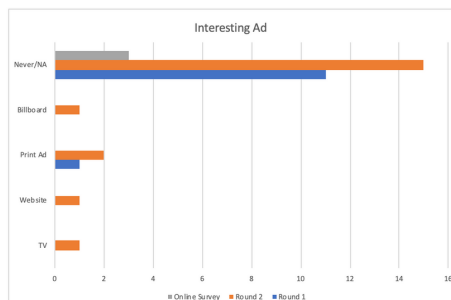
- a. Billboards
- b. Brochures
- c. Flyers
- d. Newspaper Ads
- e. Magazine Ads
- f. Television Ads
- g. Radio Ads
- h. Podcasts
- i. Social Media
- j. Websites
- k. Email
- l. Other (please specify)



Question 6: Tell us about a time that you left a review of a service or product online. (Short Answer, 1-2 sentences.)

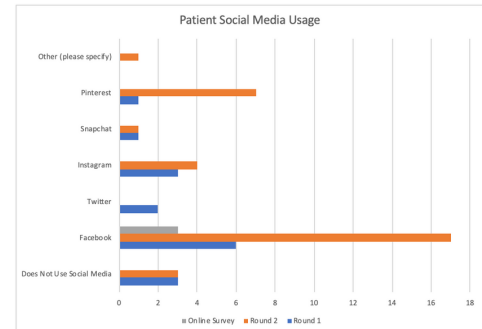


Question 7: Tell us about a time where an advertisement for an Orthopaedic company stuck out to you. (Short Answer, 1-2 sentences.)



Question 8: Which social media platform do you use the most?

- a. Does not use social media
- b. Facebook
- c. Twitter
- d. Instagram
- e. Snapchat
- f. Pinterest
- g. Other (please specify)



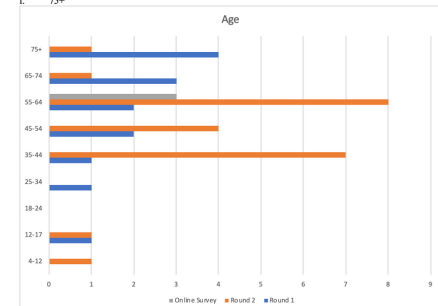
Question 9: Rank how Shoreline Orthopaedic could better market to you from most, being a one, to least important, being a three.

- ☐ Billboards
- ☐ Brochures
- ☐ Flyers
- ☐ Newspaper Ads
- ☐ Magazine Ads
- ☐ Television Ads
- ☐ Radio Ads
- ☐ Podcasts
- ☐ Social Media
- ☐ Websites
- ☐ Email
- ☐ Other (please specify)

	1	2	3	4	5	6	7	8	9	10	11
Billboards	3	0	0	2	3	1	3	2	0	1	0
Brochures	0	1	3	1	2	2	1	2	1	2	0
Flyers	1	2	0	2	0	2	3	1	3	1	0
Newspaper Ads	2	1	0	1	0	1	3	3	1	1	4
Magazine Ads	0	0	0	0	1	2	1	1	6	2	0
Television Ads	1	5	4	0	5	2	1	1	0	0	1
Radio Ads	5	4	2	2	2	1	1	1	0	0	7
Podcasts	0	0	0	2	0	2	0	0	1	2	1
Social Media	11	3	3	1	1	0	0	1	0	2	0
Websites	3	4	2	2	3	1	1	1	0	0	0
Email	2	2	2	3	1	1	1	1	2	1	0
Other (please specify)	11	0	0	0	0	0	0	0	0	0	0

Question 10: Age

- a. 4-12
- b. 12-17
- c. 18-24
- d. 25-34
- e. 35-44
- f. 45-54
- g. 55-64
- h. 65-74
- i. 75+



PATIENT REPORT

During this campaign, patients were interviewed on two different office days, with Round One being on a Wednesday and Round Two being on a Monday. The patients who participated in the online survey were also included in this data, which was recorded on a Thursday. As you can see from the first question, a majority of patients are hearing about Shoreline through family physician referrals in both Round One and Two. For the online survey, patients were split between family, friends, and emergency room referrals. Along with this, a majority of patients decided to follow through with their referral source, based on the trust factor in all three categories.

In the third question, we ask patients to rate Shoreline based on their marketing services, specifically. A majority of Round One patients rated Shoreline a five, but a majority of Round Two patients rated Shoreline a three. Survey patients rated Shoreline a three. There were also a lot of patients that selected "other" and explained that they have not seen or been made aware of any of Shoreline's marketing tactics. As for the fourth question, Round One patients indicated the helpful and friendly staff were a reason for recommending Shoreline to others. Round Two and Online Survey patients stated that the level of care received at Shoreline was the reason behind their recommendation to others. As for the "other" category, patients explained that this was their first visit with Shoreline, so they were unsure if they would recommend Shoreline just yet.

In the follow up to question four, a majority of patients stated that they "sometimes" referred Shoreline to others. For the online survey, this question was not included due to question number restraints. As far as information flow, patients in Round Two are looking at social media the most, whereas patients in Round One were looking to television to get information. Online Survey patients were looking at websites more. As for leaving reviews for other companies, most patients did not do this. The few that did, typically left them for restaurants. In remembering a time where an orthopedic advertisement had stuck out to them, a majority of them could not recall a time. There were a few that mentioned Holland Hospital television and billboard advertisements. Some patients recalled seeing print ads for walk-in appointments and hours of operation. As for social media platforms, Facebook was the winner in all three of the categories. As for figuring out which medium would best be suited for the patients, a majority of patients chose social media as their top choice. In the "other" category many patients were mentioning physician recommendation and texts messages would be a good way to communicate with them in terms of marketing. The second winner was television ads, brochures, and email.

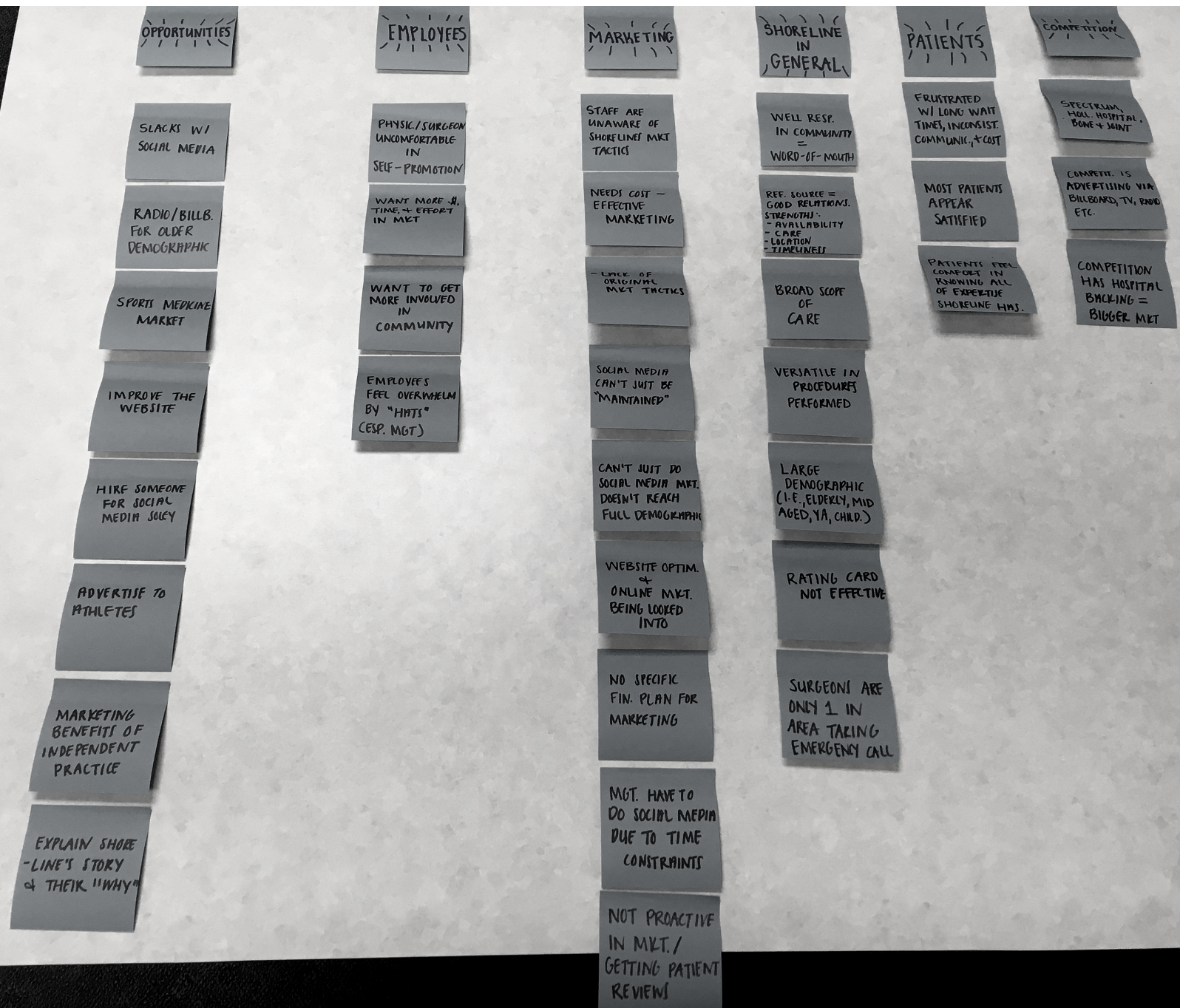
In Round One, a majority of patients were over the age of seventy five. In Round Two, a majority of the patients were around the age of fifty-five to sixty-four with a close runner up being between the ages of thirty-five to forty-four.

By looking at this data, we can conclude that there is a large difference in demographics between Monday and Wednesday. Round One (Wednesday) tended to consist of an older demographic compared to Round Two (Monday) which consisted of a more "middle aged" demographic. We note this, because it has a significant effect on the data recorded for those days. As you can see, television ads are most utilized in Round One, because this demographic may not be as familiar with social media as the demographic in Round Two.

PATIENT REPORT: FUTURE STUDIES

Future Studies: There were two interview days in which patient data was gathered. These days were on Monday and Wednesday, of two separate weeks. Wednesday was the first interview trial. We found that many patients were not filling out the survey completely. This may result in some skewed data. In question nine of the survey, patients were not completely ranking each category and some only ranked a few categories. After realizing this, the survey questions were formatted differently, in order to optimize survey results. Results from the following Monday included more completed surveys and more written responses. Answers for some write-in questions were categorized, to make the data easier to understand. Some responses were shortened, due to time constraints. Future studies should consider running a trial run of surveys online prior to passing them out in person, in order to eliminate any confusing questions or problem areas.

AFFINITY MAPPING



Affinity mapping was completed for insights that were found after completing Shoreline staff interviews. This mapping is split up into six different categories and will be explained in depth in the coming pages.

SHORELINE STAFF

From the interviews that were conducted with the various staff members at Shoreline Orthopaedic, we discovered many key insights including the following:

OPPORTUNITIES

- Improve Shoreline's website.
- Advertise to athletes.
- Hire someone for solely for social media.
- Shoreline should be marketing their independent practice.
- Explaining Shoreline's story and their "why" would give them an advantage compared to the competition.
- Surgeons are the only one in the area that take emergency calls, compared to the competition.
- Sports medicine is a big market that Shoreline should tap into.
- Radio and billboards may be beneficial to utilize for an older demographic.
- Social media would be a great area for patients to ask questions, access information on surgeries and the practice, and form a closer connection with Shoreline overall.

EMPLOYEES

- Employees, especially management wear many "hats," some may feel like they wear too many.
- Employees would like Shoreline to attend more community events
- Employees at Shoreline wanted to see more time, money, and effort being put into Shoreline's marketing.
- Management at Shoreline would need to take on social media for Shoreline, because there is no time for anyone else to do so.
- Physicians often feel uncomfortable in self-promotion.
- Staff members are unaware of Shoreline's marketing committee/marketing tactics.

COMPETITION

- The competition has an advantage in hospital backing their marketing campaigns.
- Spectrum, Holland Hospital, Michigan Medical, and Bone & Joint are main competitors.
- The competition is advertising all over Holland by utilizing billboards, print ads, and television.

SHORELINE STAFF

IN GENERAL

- Shoreline Referral sources feel they have a close relationship. With that, their strengths in this sense include availability, exceptional care, location, and timeliness with these referral sources.
- Rating cards are not effective, especially for the elderly demographics.
- Surgeons at Shoreline are very versatile in their expertise and what procedures that can perform.
- Shoreline has a very large demographic. A majority of these patients are an older demographic. This ranges from the elderly, middle aged, young adults, and children.
- Shoreline is very well respected in the community, which results in a lot of word-of-mouth advertising.
- Shoreline has a broad scope of care, meaning they offer a more complete package orthopedic package. Shoreline does not focus on a specific procedure.

PATIENTS

- Employees at Shoreline believe that patients feel comfortable knowing all of the expertise that Shoreline has in their field.
- The unexpected costs at Shoreline can frustrate patients.
- Shoreline feels most patients appear satisfied with the care and service based on verbalizing their thoughts, body language, and facial expressions.
- Shoreline often has long wait times and inconsistent follow up with patients.

MARKETING

- The social media should not be just "maintained." Shoreline needs to do more than that.
- There is no specific financial plan for Shoreline's marketing.
- Lack of original marketing tactics.
- Shoreline cannot just do social media to reach their demographic, because it is so diverse and not everyone uses social media.
- Website optimization and online marketing is something Shoreline has started to look into.
- Shoreline wants to look into cost-effective marketing to get the most out of their money.
- Shoreline is not proactive in their marketing tactics or in getting patients to write positive online reviews.
- Shoreline slacks on their social media presence. They have Facebook and LinkedIn, but it is not posted on very often.

SECONDARY RESEARCH

GOALS

- The goal of this secondary research was to find information about the marketing strategies and actions of other orthopedic practices. We primarily wanted to see how social media was affecting these practices in a negative or positive way. We also wanted to find tips that Shoreline would be able to implement in the future. Our secondary research should aid in supporting the tactics, beliefs, and ideas implemented in this campaign, along with the primary research. The two primary categories of this research are split into online articles and scholarly journals. From this, we have learned a lot about advertising in the United States and more specifically, advertising in Holland, Michigan.
-

ONLINE ARTICLES

- When it comes to the marketing tactics of successful orthopedic practices, it was found that consistent branding, target marketing, tracking and implementing your ROI strategy, building trust, and creating high engagement with patients were the driving factors in the success of these practices.
- **Consistent Branding:** Branding helps businesses to differentiate themselves from the competition. With consistent branding, patients will be able to understand what makes Shoreline unique. Branding can include things like a logo, value statement, message, theme, tone, etc. Branding gives these areas same idea behind them and make the practice easily recognizable. "Branding is not just about promoting your product, but it is about engaging patients and providing a value-for-money experience (Mangrolia, 2018)." The Internet makes branding much easier in bridging the communication gap between practice and patient. You can show this off through the practice website, social media, and on various advertising mediums.

ONLINE ARTICLES

- **Target Marketing:** Online marketing tools have given us in-depth descriptions about the type of people that engage with a businesses social media, website, and advertisements. Along with this, these tools have given us the ability to target specific demographics in our market, helping businesses to market to the right people. This marketing tool gives us a broader reach that can be used to target people anywhere in the world, which ultimately gets the business name and brand out.
- **SEO-** *In today's world, many people find information through the means of a search engine. Search Engine Optimization tools (SEO) are useful in figuring out who is searching for your name or specialization and what they are searching exactly. Knowing these two things can help you better market to these people. Shoreline already does a decent job in this area from what we can see from searching things like "orthopedics holland," "orthopedic practices in holland," etc. Google Analytics and Adwords is a great place to start. "Google Adwords is statistically the highest ROI digital marketing effort a practice can utilize (Goldberg, 2017)." You can set a budget, bid one specific words, and will have the ability to come out on top compared to the competition.*
- **Exposure-** *Getting out into the community and engaging with others is beneficial for both parties. Orthopedic practices can take advantage of educational opportunities, sponsorships, and exposure (Dydra, 2013). Other practices have taken advantage of sporting events in their communities, educational seminars, and networking with local medical experts. This has proven to show their dedication to the community and their passion.*
- **Social Media Strategy-** *Many people are using social media. In fact, an adult typically spend at least an hour a day on social media and social media has proven to be the most effective for branding in orthopedic practices (Goldberg, 2017). According to Dr. Bray (leading neurosurgeon at DISC Sports & Spine Center), Internet presence needs to be dynamic like the Internet, as it is always changing (Dydra, 2013). The information included needs to be as up-to-date as possible. Changing the company website to fit the needs of your market is crucial. It is equally important to post with intent and to keep the reason, message, and market in mind. Keeping a positive message inside your social media strategy is also helpful. Using "catchy" or "flashy" advertising often catches up to the practice. Instead, show that you care and that you have a good reputation. This is what patients tend to care about most. Patients typically don't like negativity.*
 - **Story:** *Along with this, having a story also helps in linking a brand to the practice in social media and has proven to be effective. Patients in the field are dealing with a lot of stress and want to know that they will be okay. Storytelling can help patients relate and motivate them to undergo a specific surgery and physical therapy (Dydra, 2013).*
 - **Ads:** *Posting on social media helps patients to see information about your practice, but posting ads on these platforms helps to improve business reach and traction. As mentioned previously, this can be done through target marketing. Ads are sent out to be cross-referenced with a variety of consumer data points (Goldberg, 2017). Done correctly, this form of advertising can lead to an increase in appointments and interest in the practice.*
 - **Personalization:** *When it comes to highlighting surgeons, including their credentials is great, but people want to connect and relate to their surgeon more. Tell the stories of surgeons and make it personal. This will give patients talking point when visiting the doctor and make them create a stronger relationship.*
 - **Dedication to Marketing:** *To be successful, marketing has to be a big part of the business. When you think about Apple or McDonalds, you start to realize their ads are everywhere. This is because they have dedicated a large part of their business to marketing. Traditional and online marketing both need to be implemented, in order to reach a broad range of demographics (Goldberg, 2017). You must constantly engage with patients in every way possible.*

ONLINE ARTICLES

- **Videos:** *Digital Targeted Videos are helping business get the word out about their product/service to a large range of people. "Facebook and Google are said to be pushing out more video content than written content (Goldberg, 2017)". In healthcare, more patients are performing Youtube searches to get information on treatments, procedures, and conditions (Goldberg, 2017). Again, you can target specific demographics that will allow them to see your ads before their video plays. Important things to note is that this is more cost effective than tv/radio/print advertising, it can be shown several times a day, and there is more brand recall or people remembering what was shown (Goldberg, 2017). "In 2011, there were around 50,000 searches on Youtube related to orthopedic care (Saleh, 2012)." Since then, the channels for Health care and searches have only grown.*
- **ROI:** All of these strategies serve some sort of purpose. It is nearly impossible to understand how these strategies are doing if there is no evaluation or return on investment (ROI) involved. Evaluation is important to do in any marketing campaign. Knowing what one spent on ads and the profit gained from those ads can help a business grow and learn. Marketing initiatives can add up very quickly, so knowing what is making a difference and what is not, can help the business thrive. As mentioned previously, online analytics make this easier to track than ever before. "According to one study by IPSOS, digital marketing generates 2.8 times more revenue than traditional marketing (Mangrolia, 2018)." The higher the online traffic, the quicker you can convert the traffic to leads.
- **Trust:** Feedback and reviews are everything nowadays. Most patients typically trust a business or product when it has an abundance of positive online reviews. Good feedback and reviews can get someone that is on the edge to switch to your practice or increase the patient population at your practice overall.
- **Engagement:** Patients interest, wants, and needs are constantly changing. Staying on top of this will help you to understand your patients better. This information is vital for the success of the company. Surveys can often help businesses to understand patients better. Through social networks and online analytics, you are also able to get a better grasp on the patients for your practice. You are also able to interact with patients through posts.

SCHOLARLY JOURNALS

- There were a vast amount of scholarly journals that were found on online databases. Some of the key takeaways from included:
- **Advertising Orthopedic Practices:** In one study, Direct-to-Consumer Advertising (DTCA) for orthopedic practices was examined and found that this form of advertising can be used to enhance patient knowledge, encourage patients to seek their options, and strengthen the communication between doctors and their patients (Bozic, 2007). However, there are some downfalls to DCTA as well. Results indicate that more than ninety-eight percent of orthopedic surgeons had patients who have experienced DTCA advertising, with seventy-seven stating that they may have been confused or misinformed on specific surgeries and procedures (Bozic, 2007). Some respondents even felt pressured to use a specific surgery. This is important to note and try to avoid for the purpose of this campaign. Orthopedic surgeons in this study are often weary on DTCA, as it can negatively impact their patients if not done correctly.

SCHOLARLY JOURNALS

- **Social Media Usage of Orthopedic Patients:**

- **Millennials-** In May of 2018, Cox Health Marketing released findings from a study indicating the millennials are quickly emerging as a diserable audience for orthopedic care (Johnson, 2018). The study was conducted nationwide and survey 2,000 people with three hundred fifty-six of those adults being millennials aged eighteen to thirty-three. Orthopedics has a large demographic of Baby Boomers, but that demographic is slowly diminishing. Millenials are strongly impacting demand and many driving forces for products and campaigns. Other key takeaways from the survey include: millennials are an active generation that enjoy health and wellness, marketing impacts millennials choices (thirty seven percent say marketing helped their decision), and retail-like experience is of huge importance when it comes to healthcare providers (Johnson, 2018). Millennials are looking for the convenience of scheduling. They typically will choose hospital first and then specialists, which is different compared to other generations. The survey shows how important it is to utilize media, but also use other channels of marketing to reach them as well, especially before and after their journey with orthopedics.
- **Increase in Social Media-** In another study conducted in Turkey, it was found that orthopedic patients typically use social media and the Internet to search for specialists or physicians and to search for solutions/diagnosis to health problems they may be faced with (Duymus, 2017). The results show that thirty-four point two percent of patients consulted with Orthopaedist using the Internet and forty-eight point seven percent preferred websites that allowed users to ask the orthopaedist questions (Duymus, 2017). In another study that occured in 2012, it was found sixty-one percent of adults were using the Internet to look into their Health Care options regularly (Saleh, 2012).
 - **Benefits:** Social media can be used to enhance patient knowledge, communication between doctors and patients, and can overall make patients feel more comfortable knowing that other people have gone through the same thing. Information gathered online in health care often complements what a patient's physician tells them (Saleh, 2012). The Internet helps patients to get confirmed information and can save time. The Internet does not replace the physician, but helps patients to form a stronger bond with their physician. Overall, social media and the Internet can push patients to take control of the overall health care (Saleh, 2012).
 - **Weaknesses:** Though there are many benefits for utilizing both social media and the Internet, disadvantages such as legal information and liability may be at risk. It is crucial to be aware and careful in the information that is being posted, advertised, etc. to avoid this risk. As mentioned previously, some patients may not fully understand the limitations to surgeries and procedures (Saleh, 2012). Practices also need to follow HIPAA regulations when it comes to sharing stories about their patients online. An online misdiagnosis from a physician will hold that physician liable. Patients may also be vulnerable to falsified information (Saleh, 2012).

MARKETING STATS

- In January 2019, 71% of patients searched online prior to setting up an appointment for physicians and surgery (Anderson, 2019).
- In 2018, US healthcare providers invested 2.86 billion dollars in digital advertising (Anderson, 2019).
- 91% of patients call to schedule an appointment for physicians and surgery after an online search (Anderson, 2019).
- 43% of millennials are likely to switch practices in the next few years (Anderson, 2019).
- More healthcare providers are switching to digital marketing tools.
- Content marketing gets three times more leads than paid search advertising. (Content Marketing Institute, 2017) (Source: <https://www.hubspot.com/marketing-statistics>)
- 71% of Instagram users are under the age of 35. (Statista, 2019) (Source: <https://www.hubspot.com/marketing-statistics>)
- Facebook is the second most-used platform globally, followed by YouTube. (Pew Research Center, 2019) (Source: <https://www.hubspot.com/marketing-statistics>)
- Around 43% of US adults get news from Facebook. (Pew Research Center, 2018) (Source: <https://www.hubspot.com/marketing-statistics>)
- 81% of B2B companies use Blog as a content marketing tactic. (Content Marketing Institute, 2016) (Source: <https://www.hubspot.com/marketing-statistics>)
- 32% of marketers say visual images are the most important form of content for their businesses. (HubSpot, 2018) (Source: <https://www.hubspot.com/marketing-statistics>)
- LinkedIn is the most effective social media platform for delivering content and securing audience engagement. (LinkedIn, 2017) (Source: <https://www.hubspot.com/marketing-statistics>)
- 61% of mobile searchers are more likely to contact a local business if they have a mobile-friendly site. (Junto, 2019) (Source: <https://www.hubspot.com/marketing-statistics>)
- Using videos on landing pages will increase conversions by 86%. (Wordstream, 2018) (Source: <https://www.hubspot.com/marketing-statistics>)
- 61% of marketers say improving SEO and growing their organic presence is their top inbound marketing priority. (HubSpot, 2018) (Source: <https://www.hubspot.com/marketing-statistics>)
- 17% of marketers plan to add podcasting to their marketing efforts in the next 12 months. (HubSpot, 2018) (Source: <https://www.hubspot.com/marketing-statistics>)
- Facebook is used by about 50% of American teens, but it no longer dominates the teen social media landscape as it once did. (Pew Research Center, 2019) (Source: <https://www.hubspot.com/marketing-statistics>)
- 59% of Americans believe that customer service through social media has made it easier to get their questions answered and issues resolved. (Lyfe Marketing, 2018) (Source: <https://www.hubspot.com/marketing-statistics>)
- 86% of consumers prefer an authentic and honest brand personality on social networks. (Smart Insights, 2017) (Source: <https://www.hubspot.com/marketing-statistics>)
- 29% of Internet users with college degrees are on Twitter. (Pew Research Center, 2016) (Source: <https://www.hubspot.com/marketing-statistics>)
- Tweets with videos get over six times as many retweets as tweets with photos. (Wochit, 2018) (Source: <https://www.hubspot.com/marketing-statistics>)

KEY INSIGHTS



- Branding, Targeted Marketing, Improved SEO, Patient Engagement, and ROI Strategies were shown to be the top five categories for how to improve your marketing tactics.
 - Millennials are taking over the market in a huge way.
 - There has been a significant increase in health care related topics on the Internet and social platforms in patients.
 - With this, there are benefits and weaknesses associated with social media. It is important to be conscious in what is being posted and advertised for the sake of Shoreline's reputation.
 - It is important to avoid risks associated with DCTA. Be transparent in the surgeries limitations and put emphasis on making sure to fit the patient with a procedure and not the other way around.
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MARKETING STRATEGY

VALUE PROPOSITION

- **SHORELINE PATIENTS:**

- Value being fully functional and independent. Want to feel better to fit in, do the activities that make them feel whole, and spend time with their loved ones.

- **SHORELINE STAFF:**

- Value the satisfaction of knowing they did the best they could for someone. Serving people is important to them for their religion or self-care.

- **SHORELINE PARTNERSHIPS/REFERRAL SOURCES:**

- Value timelinesses, communication, quality service and care. Why? Because it makes their job easier. People do not want to work harder than they need to, because it makes their life more stressful. People want to do the job they love with little obstacles involved.

- **COMPETITION:**

- Values being on top of the other competition and having backing that allows for the spread of marketing tactics.



**SHORELINE ORTHOPAEDICS - "PERSONALIZED ORTHOPEDIC
CARE JUST DOWN THE ROAD."**

THE FOUR P'S

PEOPLE, PLACE, PROMOTION, PRODUCT.

- **PRODUCT:**

- As an independent orthopaedic practice, Shoreline is able to offer a more broad scope of care and a complete orthopedic package compared to their competition. Shoreline is dedicated to making sure their patients are receiving the best care and are able to understand all of their options. Specialties range from:

- Arthritis
- Diagnostics
- Elbow
- Foot & Ankle
- Fractures, Sprains, & Strains
- Hand & Wrist
- Hip
- Joint Replacement
- Joint Disorders
- Ligament Orders
- Muscle Disorders
- Knee
- Minimally Invasive Surgery
- Neck & Back (Spine)
- Pediatric Surgeries
- Physical Medicine and Rehabilitation
- Shoulder
- Sports Medicine

- **PRICE:**

- Pricing varies at Shoreline due to insurance carriers and type of care needed from patient to patient. Medicaid and Medicare also affect pricing.
- Shoreline seeks vendors that have quality products, but at a lower price in order to make sure patients aren't getting charged asinine amounts.

- **PLACE:**

- Shoreline Orthopaedic is located in the community of Holland, Michigan. Shoreline can often be found at local community events such as Tulip Time, Athlete Screenings, and more. Shoreline fosters close relationships between their partners. The website for Shoreline one of most important communication tools and is incredibly useful and beneficial in finding information for current and prospective patients. Shoreline also performs more surgeries in orthopedics than anyone else in the area.

- **PROMOTION:**

- Shoreline's promotion will soon consist of:
 - Search engine optimization
 - Social media marketing
 - Content marketing
 - Paid traffic or advertising
- Currently, Shoreline's promotional materials are consist of some search engine optimization and social media marketing on Facebook and LinkedIn. There is also some content marketing. To note, this marketing is a very small amount and may not be used to the fullest potential.



POSITIONING

- MARKET ANALYSIS

- Market analysis is one of the key parts of a business plan and can be very useful when it comes to a marketing campaign. By using this, Shoreline can take a step back to recognize any differences from when Shoreline was first starting out, to the present. Included in a market analysis is the demographics and segmentation, target market, market need, competition, barriers to entry, and regulation. Demographics, segmentation, target market, and competition will be discussed more in depth throughout this campaign book.
-

MARKET NEED, BARRIERS TO ENTRY, REGULATION

- **MARKET NEED-** Shoreline provides a service. When you look at the Maslow's Hierarchy of needs (Appendix N), you will see the various levels of human needs. As an orthopedic practice, Shoreline would fit under the safety category. This is because people go to Shoreline to fix injuries affecting specific parts of the human body that Shoreline specializes in. Orthopedic practices are a need for us. Without them, we would lose that safety factor.
- **BARRIERS TO ENTRY-** Shoreline currently has a strong word of mouth, which may make it slightly more difficult for the competition to enter this field. They also have a strong reputation in the community and their location is a big factor. Shoreline also has many benefits that come along with being an independent practice, including more options for their patients.
- **REGULATION-** Within the U.S. Government, there is the Health Care and Human Service Department that regulates general health care in the United States. There are also many regulations that orthopedic practices need to understand when it comes to insurance programs, Medicaid/Medicare, etc.



- MARKET SEGMENTS

Market segments are important in understanding the target market of an organization. Pictured above is Alex Smith. Here we will learn more about Alex by using marketing segmentation.

- **Demographic:**
 - Gender: Male
 - Age: Twenty
 - Race: White
 - Family size: Four
 - Class: Upper Middle Class
 - Religion: Catholic
 - Degree: Pursuing Bachelor at Hope College
- **Behavioral:**
 - Price Conscious
 - Customer need: get back to full health as quickly as possible
 - Light/Prospect User
 - Early Adopter
 - Variety Seeking Buyer
- **Psychographic:**
 - Health Conscious - runs track for Hope College
 - Values time with friends and family
 - Finds fulfillment in school and work
 - Enjoys scrolling on social media in the evenings, especially Instagram
 - Conservative
- **Geographic:**
 - Holland, MI
 - Ottawa County
 - Beach Town
 - Strong Dutch Community
 - Population of 33,327 (2018)
 - 16.59 sq. miles (2010)

- TARGET MARKET

- As mentioned previously, Shoreline has a very broad range of demographics. This ranges from the elderly, athletes, middle ages, children, and all of the areas in between. Their most common market would be considered the elderly, depending on the specialty. For example, most patients of spine surgery, tend to be of an older demographic. In this campaign, we need to narrow down our target market. For this campaign, we need to be focused on the Millennial (ages thirty-five to eighteen). As you can see from the survey, these ages were more scarce on the days of interview. We want to be able to capture the attention of these young people sooner, rather than later. This way, when they are older, they will remember Shoreline and will want to go to them in the future. Millennials make up a significant portion of our population, so it is important to get them into Shoreline.

INTERNAL ANALYSIS

- RESOURCES

- Shoreline's current resources include a Facebook and LinkedIn page. They also have a website. There is a marketing committee, but it meets very rarely. Shoreline has also participated in a few community events in the past. Shoreline has a few referral sources, like Lakewood Family Practice. Shoreline participates in networking events with their colleagues and other referral sources. They also use Google Analytics to track reports, but this may not be looked at very often due to all of the other priorities for Shoreline employees. Along with this, Shoreline has a great reputation and large word-of-mouth referral among their patients.

- CONSTRAINTS

- Shoreline has a limited budget and limited resources when it comes to the marketing. In the past, Shoreline has nominated employees to help run their social media, website, and advertising initiatives. Shoreline would like to keep their advertising based in-house, rather than seeking outside advertising/marketing agencies. This can be good or bad. The main director on the marketing committee needs to be experienced and have an interest in this field. Running social media accounts and creating advertisements is a specialty that not everyone may be cut out for. Time is also a large constraint for Shoreline. If they are planning on continuing to do in-house marketing, time needs to be set aside for this for meetings and projects to be done in teams or alone.

- VALUES

- Shoreline values the relationship that they have with their patients. As an independent practice, they are dedicated to making sure their patients are receiving the best care possible and are able to truly explore all of their options. Patients are incredibly unique to Shoreline and it is important that patients are understanding of this when it comes to surgeries and procedures. Not every procedure is for everyone.

A black and white photograph of two men arm-wrestling. They are both wearing long-sleeved shirts. The man on the left is wearing a dark, textured sweater, and the man on the right is wearing a light-colored, ribbed sweater. Their hands are clasped together in the center, and their arms are extended towards the left. The background is slightly blurred, showing what appears to be a wooden surface.

COMPETITIVE ANALYSIS

STRENGTHS

- The competition for Shoreline has funding from Holland Hospital, which gives them access to various marketing tools such as billboards, newspaper advertising, radio advertising, and more. Billboards could be the most successful in their marketing campaigns, as they are seen over many areas in Holland.
- "Out-of-Home (OOH) advertising in Holland, MI costs \$1,698 per billboard with an average of 60,000 weekly impressions and 242,000 monthly impressions and \$9.41 cost per thousand viewers (Times OOH Media, 2019)"
- "OOH in the U.S. shows that seventy nine percent of consumers have seen a billboard in the week leading up to the survey in April. (Statista, 2019)." In Appendix.

WEAKNESSES

- The competition is limited in the surgeries and procedures that can be performed on patients.
- Some of the competition have limited staff members and surgeons/physicians.
- Location may play the role of weakness for community members in Holland. Some patients may choose to come to Shoreline, based on the convenience of the location, rather than going to competition in Grand Rapids.

CURRENT POSITIONING

- As for current positioning goes, Shoreline Orthopaedic is being taken over by some of the competition in the area. This could be due to a variety of reasons, but the main takeaway is the fact that the competition is able to get their name out more easily and successfully.

VIABILITY

- The success of this campaign is dependent on the commitment of Shoreline's marketing team to the practice. It is crucial that time is carved out for Shoreline's marketing initiatives. If this is not done, the campaign will fail instantly. By utilizing this campaign strategy, Shoreline will be able to accomplish their main objective, which is to increase and maintain patient population. Through the accomplishment of this objective, Shoreline will be able to tell their story, increase brand recognition/get their name out, and create clear, cohesive communication between the target market.

DESIRABILITY

- As we have reviewed the data conducted from primary research, we see that certain advertising (print, media, and online) platforms are what the target market and employees of Shoreline is looking to increase engagement in. By utilizing the tactics previously mentioned, Shoreline will be able to maintain contact between their patients, partners, and employees while also promoting their practice to other communities and various demographics.

FEASIBILITY

- In the follow through of this campaign, more efforts will need be dedicated to the marketing of Shoreline Orthopaedic. This can be done with ease if those on Shoreline's marketing team are dedicated to the success of Shoreline, organized in the output of their tactics, collaborate on the creation of ideas, and are understanding of Shoreline's purpose in their marketing campaign or their "why." Keeping all of these points in mind will help to carry out this campaign in a more efficient and effective manner.

RECOMMENDATIONS & ACTION PLAN

SWOT ANALYSIS

STRENGTHS

- Positive and strong reputation in the community
- Strong relationships between partners, vendors, and colleagues
- Strong word-of-mouth advertising
- Perks of independent practice and inclusivity of orthopedic specialties
- Patient satisfaction for surgeries, customer service, and care
- Expertise in various surgeries/procedures

WEAKNESSES

- Poor/Few Google Reviews
- Long wait room times
- Unexpected costs of visits
- Miscommunication between office and patients
- Unfamiliarity in marketing tactics/Inconsistent marketing

OPPORTUNITIES

- Creating a defined marketing committee with people who are passionate and knowledgeable about marketing.
- Holland Community advertising the orthopedic practices in Holland, Michigan.
- Increasing social media usage and analytics
- Increasing face-to-face interactions with patients and potential patients at events/places in the community. (I.E. churches, Tulip Time, Triathlons, etc.)
- Marketing to various demographics proactively, but specifically Millennials.
- Gaining more knowledge on patient wants/needs, beliefs, and attitudes.

THREATS

- Competition such as Holland Hospital and Spectrum Health that have "deep pockets." This backing allows them to get their name out more through a variety of advertising mediums such as billboards, radio advertisements, television commercials, and more.

TACTICS



TACTIC ONE

SOCIAL MEDIA & CONTENT MARKETING

- Social media can be used to keep up to date on the news, surf the web, search for information, and communicate with others. Facebook was the most popular social media platform for Shoreline's patients.
- Currently, Shoreline has Facebook, but it is not updated or posted on consistently. Facebook is a great place to give patients a voice by allowing them to write reviews, ask questions using the chatbot or messenger, and gives them the ability to keep up with events or new information.
- Shoreline also has a LinkedIn page, which can be utilized to connect with potential referral sources, partnerships, and sponsorships.
- Instagram is considered to be made of seventy-one percent of people under the age of thirty-five (Hubspot, 2018). This may be a good platform to utilize for content and social media marketing.
- Based on the interviews, many patients are utilizing online media. This is especially present in Millennials and Gen Zers. It was found that the most useful approach in reaching this demographic is using social media as an advertising platform (ADI Ad Survey, 2018). For older generations, television is being used the most, which is also what we saw in our patient survey.
- Video marketing should be included in Shoreline's campaign, as people tend to pay attention to these ads more than print content (Hubspot, 2017)
- Shoreline should not just be engaging with patients online via posts, comments, likes, etc. They also need to be posting ads in order to capture this generation.



TACTIC ONE CONTIN.

SOCIAL MEDIA & CONTENT MARKETING

- Optimal times for online posts/advertising for Shoreline includes Mondays from eight am to two pm. There are nearly 120-160 users looking at Shoreline's Website. This could be due to the fact that many injuries occur over the weekend and many orthopedic practices are typically closed during that time. Monday is the first day of the week to see a specialist.
- Shoreline should look into optimal times to post on their social media pages in order to tap into that market better.
- Content calendars are proven to be incredibly useful in organizing posts and advertisements.
- 86.3% of users on Shoreline's site are new users.
- From the time this marketing campaign has started in May, users on the website have gone down drastically.
- The ages looking at Shoreline's Website is primarily 25-34 year olds, with a runner up being 18-24 year olds.
- A majority of those looking at Shoreline's patients are interested in sports and running.
- Patients are mostly finding Shoreline through organic search, this shows us that social media is not helping Shoreline very much, because they are not utilizing it to its full extent.
- Facebook, Instagram, and Twitter Analytics should also be looked into to gain more information on who Shoreline is or could be reaching on that specific platform.
- Over half of users are looking at Shoreline's site via mobile.

Key Takeaways: Post consistently on social media platforms, engage with patients in posts/advertisements, use a content calendar to know when to post, and stay organized.

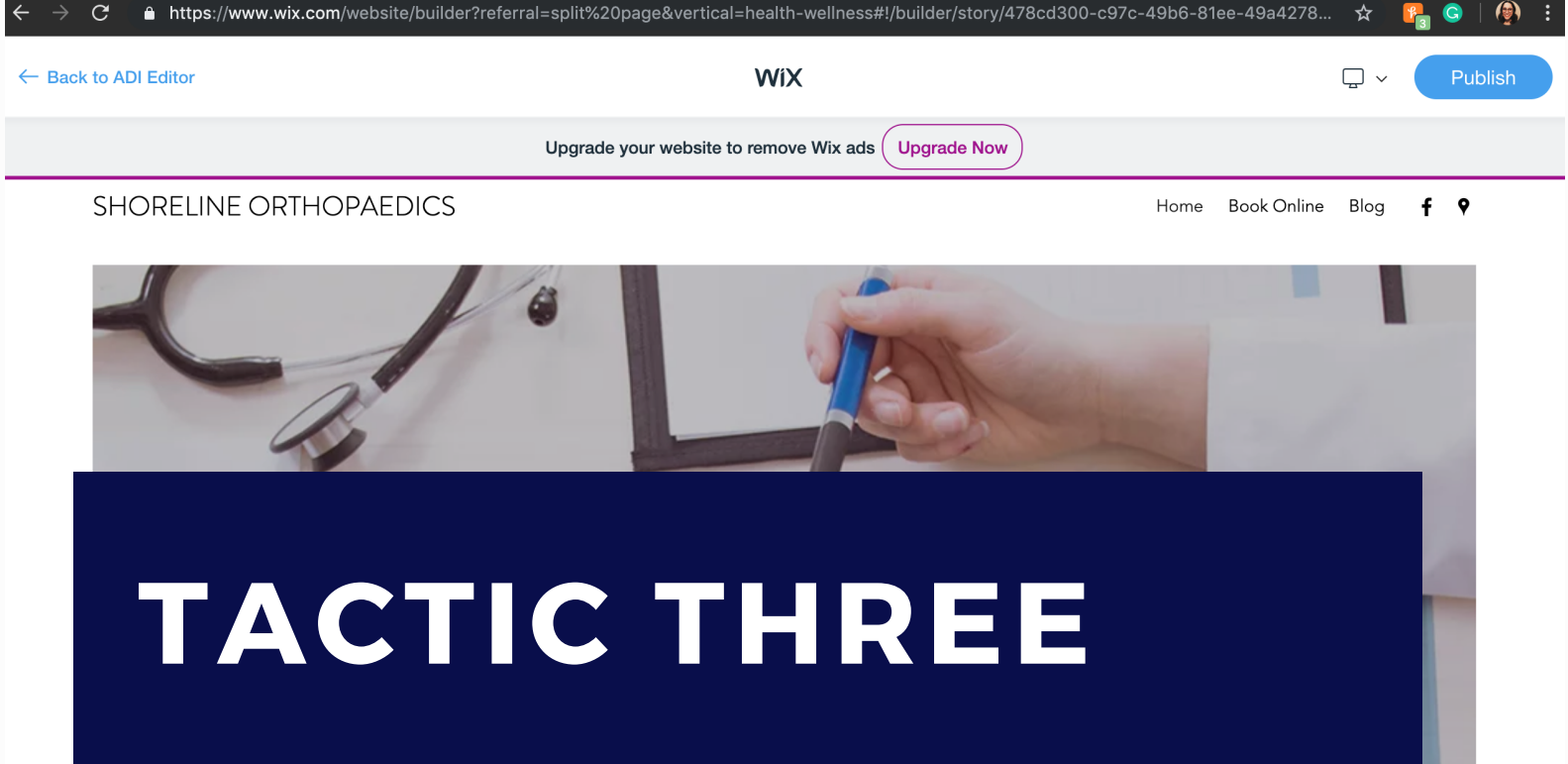


TACTIC TWO

COMMUNITY EVENTS

- Shoreline has an outstanding relationship and reputation in the Holland community. They have participated in hospital informational seminars, popular events such as Tulip Time, and senior citizen outreach events. However, Shoreline is capable of doing more. Shoreline understands the importance of face-to-face interactions with potential and current patients already. To amp their outreach would continue to increase the community's love for Shoreline.
- Some other events Shoreline could table at or participate include but are not limited to:
 - **Sporting Events** - i.e. Lake Michigan RTS 10K, the Riley Trails Marathon & Relay, Pedal the Provinces, or local school sporting events. GVSU, Hope, and high schools in Holland are great opportunities.
 - **Social Events** - Ottawa County Fair, Holland Farmers Market, Parade of Lights,
 - **Health and Wellness Events**- Benefit & Wellness Fair
 - **Volunteer Opportunities** - Disability Network & Children Advocacy Center
- Within these events, Shoreline may be able to pass out informational material about Shoreline, communicate further with the community, create relationships, network, and pass out promotional material to spread the word about Shoreline. Promotional material can include t-shirts, bracelets, water bottles, stress balls, hats, pens, popsockets, and more. Doing so would allow Shoreline to get their name out there and show the community how much they care.

Key Takeaways: Get more involved in the community to make form stronger relationships, get your brand out there, tell your story, and advertise.



WEBSITE & SEARCH OPTIMIZATION

- Shoreline has already made some significant progress on their website. They have included a patient portal in which patients can access data on their diagnosis, turn in paperwork, etc. They have a lot of useful information on their website as well for FAQ's, insurance, new patient forms, specialties, doctor/staff information, and more. This is incredibly useful for patients to access. One thing that Shoreline can do is periodically update the site to make it easier for patient and partner usage. This can be done by simplifying Shoreline's website. For example, though it is good the Shoreline wants to inform patients, it can be slightly overwhelming. On the first page, some of the text boxes do not make sense with the slideshow. Shoreline has the potential to use real patients to include the patient success stories on that first page, rather than making a potential patient go searching for it. The online tools should also be a bit easier to find, rather than hiding it in all of the other information. The About, Specialties, and other tabs at the top should be reduced if possible. This will help in that information overload that was previously mentioned. Doctor information should all be personalized more, so patients are able to relate.
- The blog for Shoreline also needs attention. The formatting of the blog is very basic. There are photos, but you have to scroll to look at them. This is an area for creativity. Blogs are supposed to have an appealing visual effect that goes along with the message that Shoreline is trying to get across. There are many blog sites that are easy and free to use that Shoreline can access.
- Search Optimization is crucial in understanding patient thinking when it comes to web searches. By utilizing the information that comes from this, Shoreline can make changes to their website in order to reach the most people. SEO can provide information about not only what people are searching about your company, but who these people are based on demographics.

Key Takeaways: Update the website and blog periodically, use SEO to understand patients better, and curate your digital content to fit patient needs and thought process.



TACTIC FOUR

EXPLORING TRADITIONAL MEDIA, SPONSORSHIPS, & PARTNERSHIPS

- Though a majority of the target market is looking towards social media and digital marketing, traditional marketing is still important to the success of this campaign. Email marketing, print media, and podcasts (along with content marketing and social media) were proven to be the most influential advertising mediums in 2018 (Heinig, 2018).
- Print media is equated to trust and it was found that millennials are still consuming print and other forms of traditional media.
- Print media is also helpful in getting the patients full attention, rather than causing distraction like social media can.
- Shoreline can utilize print media by using various products to hand out events like free t-shirts, pens, phone chargers, stress balls, etc. This would help to promote Shoreline even more, tell their story, and create brand recognition. They can also have brochures, business cards, put ads in magazines, and more.
- Through community events mentioned in tactic three, Shoreline will have the opportunity to form partnerships with other businesses in and outside of the community. These close relationships will allow Shoreline to have an even broader reach. Sponsoring various events such as sports, wellness and health, and other community programs will aid in increasing Shoreline's reputation and brand recognition as well.
- In future research, these partnerships, sponsorships, and traditional marketing tactics can be explored even more to aid in the success of Shoreline.

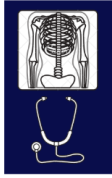
Key Takeaways: Utilize print and traditional medias, utilize community events to form partnerships and sponsorships to optimize success. More research can be done on these areas and would be beneficial for Shoreline to look into.

A photograph of a person's hands typing on a laptop keyboard. A black coffee cup is on the left. The laptop screen shows a website with a logo. A dark blue banner with white text is overlaid on the bottom half of the image.

THE LOGO:

- In our strategy, we talk about telling the story of Shoreline. What story does the current logo of Shoreline tell? At first glance, it could be an "S" and an "O," standing for Shoreline Orthopedics. There is a chance that the logo is abstract of a spine. Either way, we want to create brand recognition and understanding when someone looks at Shoreline's logo. On the next page, you will see a few logo examples that may tell Shoreline's story or create more understanding of what Shoreline does. There are times where people can be unfamiliar with what an orthopedic practice entails. Having a recognizable and simple logo can potentially eliminate that confusion. As mentioned in the research portion, consistent branding is key to success. Implementing a new logo and sticking with the theme of storytelling can push Shoreline to be their best.



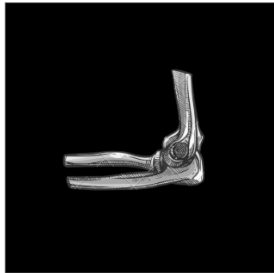
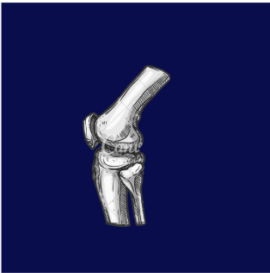


**SHORELINE
ORTHOPAEDICS**

ORTHOPEDIC PRACTICE



**SHORELINE
ORTHOPAEDICS**



EXAMPLES:



**SHORELINE
ORTHOPAEDICS**

ORTHOPEDIC PRACTICE

CALENDAR

- Making sure to stay organized is crucial for this campaign to stay successful. Below is a timeline to follow for the campaign.

	September	October	November	December	January	February	March
Consistent Social Media Posts	x	x	x	x	x	x	x
Attend/ Participate in Community Events	x	x		x		x	
Print Promotional Material		x		x		x	
Social Media and Digital Marketing	x		x		x		
Website Updates	x		x		x		x
Blog Posts		x		x		x	
Evaluation				x			x

BUDGET

- Budgets were emphasized to be of utmost importance to Shoreline in regards to their marketing tactics and committee. Shoreline's marketing budget will depend on the specifics included in the tactics they choose to implement. Consistent social media posts, Blog posts, and Website updates should be free. As for Community Events, Print Promotional Material, and Social Media Marketing, Shoreline can choose how much they would like to spend in these areas and can adjust the budget down the road if they find a specific tactic is not working. To start, five percent the businesses revenue is supposed to account for the marketing budget for small businesses Nuphoriq, 2019). From there Shoreline can choose to increase or decrease this amount based on profits.

EVALUATION

BELOW ARE SOME METRICS YOU CAN START WITH IN ORDER TO EVALUATE THE SUCCESS/FAILURE OF THE TACTICS PREVIOUSLY MENTIONED

ANALYTICS

Many social platforms such as Facebook, Instagram, and Twitter offer their own analytic services. Google and Google My Business also offer their own analytics which can be useful for the Shoreline website. Once you are logged in to one of these platforms, you can view various categories on the analytic page. Engagement is going to be of the biggest importance to Shoreline, because it entails follower count, likes, mentions, shares, comments, clicks on links, preview of page, and much more.

There are also analytics or statistics that may be offered through a specific media that Shoreline may choose to advertise with in order to show how many people are being reached by that specific ad.

TRAFFIC COUNT

Another analytical tool that can be used is to count the amount of people Shoreline is reaching at various events. This can be done manually or by pushing out surveys, email lists (perhaps for newsletters), etc and recording that data. Along with this, the evaluation of the marketing campaign can be evaluation based on an increase in potential patient interest and an increase in appointments/surgeries at Shoreline. ,

FUTURE PATIENT SURVEYS

Patient satisfaction surveys can be sent out in the future to gain more insight and feedback on patients to understand if the marketing campaign put into place is effective.



CONCLUSION

SHORELINE ORTHOPAEDICS '19

- Shoreline Orthopaedic has a lot of potential and opportunities. By utilizing this campaign, we hope to see Shoreline's main objective being met, which is to increase the patient population and brand awareness. Through these tactics, it is possible that Shoreline may need to expand their business. The tactic involve increasing social media and content marketing usage, attending and participating in community events, website and SEO improvement, and looking into partnerships and more traditional marketing efforts in the future. These tactics have been researched using secondary and primary data and will aid in putting Shoreline on top of their competition. The main takeaway, is that Shoreline needs to create a dedicated marketing team of those who are interested in experienced in marketing. Time needs to be carved out for marketing and five percent of Shoreline's revenue should be going towards marketing efforts. The campaign will not be successful if the marketing committee is not taken seriously.



APPENDIX

APPENDIX A

PATIENT INTERVIEW GUIDE

Shoreline Orthopedic Patient In-Person Survey

Question 1: How did you hear about Shoreline Orthopaedic?

- a. Physician recommendation
- b. Friends
- c. Family
- d. Online research
- e. Social Media
- f. Community Event
- g. Other (please specify)

Question 2: How did your source impact your decision? (Short Answer, 1-2 sentences.)

Question 3: How would you rate Shoreline Orthopaedic in terms of **marketing** their services overall? (One being the lowest, with five being the highest)

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. Other (please specify)

Question 4: Why would you or would you not recommend Shoreline? (Short Answer, 1-2 sentences.)

Follow up to Q4: How often do you recommend Shoreline to others?

- a. Fairly often
- b. Often
- c. Sometimes
- d. Never
- e. Other (please specify)

Question 5: Where do you get most of your information from? (May select more than one)

- a. Billboards
- b. Brochures
- c. Flyers
- d. Newspaper Ads
- e. Magazine Ads
- f. Television Ads
- g. Radio Ads
- h. Podcasts
- i. Social Media
- j. Websites
- k. Email
- l. Other (please specify)

Question 6: Tell us about a time that you left a review of a service or product online. (Short Answer, 1-2 sentences.)

Question 7: Tell us about a time where an advertisement for an Orthopaedic company stuck out to you. (Short Answer, 1-2 sentences.)

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APPENDIX A

PATIENT INTERVIEW GUIDE

Question 8: Which social media platform do you use the most?

- a. **Does not use social media**
- b. Facebook
- c. Twitter
- d. Instagram
- e. Snapchat
- f. Pinterest
- g. Other (please specify)

Question 9: Rank how Shoreline Orthopaedic could better market to you from most, being a one, to least important, being a three.

- ☐ Billboards
- ☐ Brochures
- ☐ Flyers
- ☐ Newspaper Ads
- ☐ Magazine Ads
- ☐ Television Ads
- ☐ Radio Ads
- ☐ Podcasts
- ☐ Social Media
- ☐ Websites
- ☐ Email
- ☐ Other (please specify)

Question 10: Age

- a. 4-12
- b. 12-17
- c. 18-24
- d. 25-34
- e. 35-44
- f. 45-54
- g. 55-64
- h. 65-74
- i. 75+

APPENDIX A

ONLINE SURVEY CARDS

Front



Back

TAKE OUR SURVEY:

<https://www.surveymonkey.com/r/XYDQRW9>

Thank you for taking the time to complete this survey. This survey will be used to further improve research for Shoreline's marketing initiatives as a part of a GVSU Student Senior Project. This survey will aid in understanding Shoreline patient's attitudes, perceptions, and beliefs in regard to Shoreline's marketing. There are ten questions composed of multiple choice and short answer. It will take five minutes to complete. Please answer these questions to the best of your abilities.

APPENDIX B

TRANSCRIPTIONS - FRONT DESK

Dialogue Leader: Rio Weikum

Stakeholder Group/Location: Shoreline Orthopaedic Front Desk Staff
Estimated Age: x 20-30 30-40 40-50 50+
Gender: Female
Primary Goal of this Opportunity:
The primary goal of this opportunity was to gain more feedback from the Front Desk staff, as they are the first and last point of contact for the patients. This is an area where patients can voice their satisfaction or complaints with the service received as they are checking in, checking out, or waiting to be seen by the physician. Here, the staff has a different insight on patients and are crucial to Shoreline. They may also play an important role in further marketing to patients/the patient's inner circle.
Important insights:
<ul style="list-style-type: none">Most patients appear to be satisfied with their visit and have been referred to Shoreline, rather than conducting their own research.Shoreline is not proactive in encouraging all patients to leave a review for them, based on their experience.Many patients are frustrated with the unexpected costs and wait times.Staff aren't familiar with the marketing committee and their efforts, other than knowing they have a Facebook page that is posted on here and there.
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.
Introduction: Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time. Disclosure: Reporting Taking Notes/Recording the session
Q1: What are your roles and responsibilities at Shoreline Orthopaedic? - A1: I deal with scheduling, appointment scheduling. I also check in and check out so front desk responsibilities, faxing, answering phones. I do some tests scheduling for MRI's and C.T. scans injections at the hospital. So, I do a lot of insurance authorizations and prior authorizations for those testing. We all do appointment scheduling and check in and check out. We rotate on a four-hour basis and in the mornings we're either check in/check out or down on the phone appointment scheduling and then we usually flip flop any afternoon to something else. So, we all do the same pretty much all do the same responsibilities. Taking patient information, sending out forms, faxing notes to primary care doctors, etc.
Q2: What percent of patients are you seeing that have been referred to Shoreline? Would you say like a majority of patients? - A2: Yes.
Q3: Do you see any patients that have done their own research and have come in because they've been looking online or looked at google reviews or stuff like that? - A3: Not so much. I wouldn't say so much like google reviews but definitely word of mouth from their family members or friends or whatever. They get a lot of self-referred patients have heard really good things about a doctor or you know something like that. People do, but mostly I would say a lot of our referrals are from primary care physicians.
Q4: What have you noticed to be the biggest problem at Shoreline regarding your marketing tactics? - A4: I think our online reviews aren't the greatest because I think a lot of people tend to write or review on a negative basis rather than in a positive way. So, what we try to catch patients with like cards. So, we have these cards and it has our website on here and places that they can leave or review. So, if they've mentioned at check out that it is their last visit and they really enjoyed their care they received. We give them one of these cards and hope that they will leave a review and just general people tend to leave a negative review than a positive review.
Q5: Do think that a lot of the front desk staff are actually passing out those cards? - A5: Sometimes with patients we'll see on their encounter that they don't have to make a follow up. So, we just tell them to call us if needed.

Q6: What would you say is Shoreline's biggest success among patient's success? - A6: Well we hear feedback on success when they had a successful surgery. Like they couldn't walk because their knees hurt so bad and they were using a cane and now all of a sudden, they had knee replacement and they can get back to their lives. But for me I haven't really had a whole lot of experience with people sharing a huge success. I mean people do but not like a lot. People tend to complain about the time they've spent here, for the money that they've spent, etc.
Q7: Out of all the patients you're seeing, how many of them appear to be satisfied with their visit? - A7: 75 percent.
Q8: How do you deal with this? So, like someone tells you they had a really good experience here. Do you just hand them the review card? - A8: Or sometimes I'll send a message or an email to, depending on who they've praised, if it's the M.A. or the team, I've sent an email to the MA before to let them know the patient had such a great experience. Please tell Dr. Pia! know that the patient felt the surgery went smooth, quick, and easy. So, I've done that but sometimes you don't really get that feedback as always. We tend to focus more on the negative trying to make it more positive for them.
Follow up: So, you're saying that you're not super proactive when it comes to positive reviews? - A: I think so. Yeah.
Q9: Do you think that this number could increase if Shoreline was more successful in their marketing tactics? - A9: Yeah. I think we have plenty of staff at least the front office. I can't really speak for the clinical staff. I know there's days where they get tied up and get behind. But as far as like the front office. Tuesdays are the busiest day and sometimes they have around 200 patients on Tuesdays. So, I think we get kind of stressed out those days. That is. That's a lot I think we can handle it.
Q10: Are you aware of the marketing committee's efforts? So, like the google reviews, social media, etc.? - A10: Yup. I know we have Facebook. I think Christie mans the account for it. So, I don't even think I would have liked us on Facebook. For whatever reason I just see other posts. And there's no reason for that really, I just forget to go and like it. But I know we post certain updates. We had a closure during the weather. And I know there was a post about that when we closed the office. In history we've never closed for weather. But things like that.
Q11: How do most of these patients hear about Shoreline of your knowledge? - A11: Probably from their doctors, their primary care physician, or E.R. staff.
Q12: What do you think is the best form of communication for your patients? - A12: I get a lot of questions we can send appointment reminders via a phone call or text. A lot of people like a text and a lot of people like email. I think a lot of people tend to not want to answer their phones because the scam phone calls. So generally, the older adults prefer a phone call and usually to leave a message before they'll call us back. But for the younger generation a lot of people want to refer a text or email so that they can answer on their own time.
Q13: Name a time where you've dealt with a patient that has switched to Shoreline from the competition. Why did they switch and what were their concerns? - A13: I think when people are faced with knowing that they have to schedule a surgery, they like to get a second opinion. So, I think if they're coming from another office, they've heard good things about a certain physician at our office depending on their condition. So, they'd like a second opinion just to make sure that that's what this other physician would recommend too to make sure they're making the right decision based on you know surgery is a big deal.
Q14: So how do you cater to these people's needs that have switched from a different physician to Shoreline? - A14: I don't know that we cater to them. I think it's a huge process when they want a second opinion because there's a lot of paperwork involved in getting their records to us and they get kind of held back because we have to see those records before they can get scheduled. They want to know first how far out we are, and second when can they schedule a surgery or when can they get seen. They want to get seen right away. Chances are they already have an appointment scheduled. So, I don't know how our process could be sped up or how it could be improved. But I think maybe that could use some tweaking maybe to speed up that process.

Q15: What do you wish Shoreline would do differently if anything? - A15: I don't know. I don't think like in general that we're doing anything bad. I know. I wish I knew because I think we all try to give good service and try the best that we can. I think a lot of people don't like the wait times and they don't like the expense but a lot of times it is unexpected. So, you just aren't happy because it's something that is an emergency and they planned for it because it's an emergency. So, I don't know how we could control anything like that. I also think like you know friendliness is huge, especially for a kid who's scared because they were injured. They don't know what's going to happen and they don't know getting their cast off if that's going to hurt. That saw sounds so scary and loud. So, I guess just like being more compassionate and comforting the patients that are here and having a rough day. So maybe the doctor could say "this patient isn't having a very good day" or let the next person know they are worried or something. So then maybe they next person can adjust how they are going to talk to them.
For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?" - I don't know. I'm trying to think like as far as like marketing, but I think when you said communication, I was thinking like there are some things that we should work on with communication with everyone (employees too). I think just people feel out of the loop about certain things and not everybody knows what's going on or needs to know. But I think communication within the office should improve. But as far as a marketing standpoint, I wouldn't know.
For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted? • Call/Email

APPENDIX C

TRANSCRIPTIONS - PHYSICIAN

Dialogue Leader: Rio Weikum

Stakeholder Group/Location: Shoreline Orthopaedic Physician
Estimated Age: 20-30 x 30-40 40-50 50+
Gender: Male
Primary Goal of this Opportunity:
The primary goal of this opportunity was to speak with a physician on the marketing committee, to gain input on where Shoreline is currently at in their marketing tactics and where they would like to go from here. As a physician, he also has a different, perhaps closer relationship with patients compared to other staff members at Shoreline.
Important insights:
<ul style="list-style-type: none">Those on the marketing team are in need of more data or data driven sources to that they are able to understand what social platforms and forms of advertising would be the most beneficial to Shoreline.Large demographics are involved in this field.Physicians do not feel comfortable in "self-promotion" to others.Reputation in community is brought up again.Shoreline is inclusive to many other orthopedic surgeries/practices. They do not just focus on one thing.Web optimization and online marketing is what the marketing team is currently aiming to work on.Doing social media would have to be done by a manager, because no one else really has time.Figuring out the most cost-effective form of marketing for Shoreline would be best, since their budget is limited.Emphasis on large, changing demographic.
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.
Introduction: Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.
Disclosure: Reporting Taking Notes/Recording the session
Q1: What are your roles and responsibilities at Shoreline? <ul style="list-style-type: none">A1: So, I'm one of the physicians. So, I see patients evaluate them and decide what kind of treatment they need. So, whether that's like just a cast, injections, or surgery. Then as one of the business owners, I'm a partner too. So, we have sub-committees. We also have business meetings, where we make decisions about how the business runs. So, we make those decisions about staffing, and that kind of stuff as well.
Q2: What is the main demographic you're dealing with in your field? <ul style="list-style-type: none">A2: I mean I would be hard pressed to even say that there is a main demographic. This afternoon, I saw a 63-year-old Caucasian lady. I mean it's a slice of local area. It has a pretty large Hispanic population as well. I would say maybe 15 percent of patients are Spanish speaking from infants to 93.
Q3: How can you tell if your patients are satisfied or dissatisfied with the services they receive, and then how do you deal with this? <ul style="list-style-type: none">A3: So, I mean some of it is like nonverbal communication, right. Also, when patients follow up from whatever care that they're getting, part of what we do to evaluate them and ask how they're feeling. There's that, but success of a treatment doesn't always dictate satisfaction and vice versa. So, we can have an unsuccessful outcome from an objective standpoint and still be satisfied. So, I try and solicit when I talk to patients by asking if they're happy about what is being done. If they say they're very happy, we will solicit them to post about it. We're not like "Oh you're really unhappy? Go tell everybody!" but those folks get on there and do that anyway. I think most of us are pretty good about making sure patients are happy and linking that to posting the online reviews for Shoreline.
Q4: How can we encourage more patients to leave more positive online reviews? <ul style="list-style-type: none">A4: Well a big part of that is incumbent on us to solicit it from the patients. I know personally and I would imagine that most of my partners self-promotion is not necessarily a comfortable thing to talk about. So, if people are kind of effusive in their praise like when you come in, they're vocalizing how successful their procedure went and their satisfaction with the care and services received, it makes it a little easier for me to ask them to post a positive review for us. Most of the time people understand that and they say they'd be happy to do that. It's just we need to be better about soliciting.

Q5: Why do patients come to Shoreline from your knowledge?

- A5:** Well I think it's I think we have a good reputation in the community, and we are the really the only orthopedic practice with a few exceptions. There is one guy from the hospital that just essentially does total knees and hips; that's his whole practice. So, if you need anything else besides that, we're inclusive of that and we're where to go. So that's a good portion of it. I think, like I said, we have a pretty good reputation in the community. The practice has been around in its current form a short time, since about the 90s.

Q6: How much improvement do you see in patients?

- A6:** So, I would say a lot. A lot of that depends on what they have. So, if somebody breaks a wrist, we put on a cast on it or some plates and screws. So, most of the time, they get back to normal. So, if somebody has some really complex elbow deformity or really just blasts a joint, then it's a little bit of a vague crushing, because there is such a wide gamut of disease pathology that we see.

Q7: Is there a way that we could create spotlights on these patients that make the improvements, just to showcase that people, when they're done with their treatment, that they are typically pretty successful?

- A7:** Yeah. So, I think you'd have to obviously involve the patient in that. I think we probably don't do a great job of soliciting either anonymous testimonials or specific named ones. But I think that if we were going to try and put together some sort of patient testimonial campaign, I think the patients that are really gushing about us, would be happy to be involved in something like that. So, I think, it's probably not a bad idea. I think patients connect with that, you know, that haven't been seen.

Q8: What would you say is the best method of communication for your patients in a marketing perspective?

- A8:** That's difficult. I don't know that we've figured it out, because again we do, we do have a broad demographic. So, we used to advertise and in the Yellow Pages. You don't do that anymore because no one really looks in them anymore. In the past we did radio ads. I don't think we're doing any currently. I think right now we're working on web optimization and online marketing, which I think is probably the highest yield. However, I still think that there's a significant portion of people that aren't getting that. It becomes you know not really risk benefit per dollar benefit. You have to find out what's the most cost-effective method of doing marketing. We don't really have the budget to like to do four billboards. So, having this stuff can be a huge expense. It would be nice, but I don't think as we've kind of weighed out our options, that it is the most cost-effective option. I also don't know that those are data driven decisions either right now.

Q9: How does the competition market themselves in an efficient manner?

- A9:** So, they don't have to be efficient, because the competition is the hospital. The hospital has extremely deep pockets. There is really just not a way that we can compete with that, because they have much deeper pockets, like I said. So, I don't think it's realistic to try and match what they do. We need to kind of find data that suggests to us how to be really smart about what we do. Look, I don't think that billboard is a terrible idea. The last time we looked at a billboard, it was like ten thousand dollars for maybe 60 days or so. I mean it's a big expense. So no, I don't hate that idea. Technically, some of what Holland's marketing is supposed to include is marketing for the orthopedic service line, which like we're like 90 percent of the orthopedic service line. They won't put anything that says "Shoreline" on there. So, for example, Doctor Stuart has been on a number of billboards with Kirk Cousins and one of the other doctors. It is for a non-surgical sports medicine specialist through the hospital, which is through their sports medicine service like the hospital. So, it's kind of indirect marketing. It doesn't harm our brand. Again, it doesn't mention our brand, so it's not quite as helpful.

Q10: Do you think that liking utilizing social media would be good? This would be utilized by certain demographics, like the younger generation, middle aged adults, etc.?

- A10:** I think that's it's a reasonable thing. We've talked about having a Twitter feed or a blog or something. I don't know if any of us are active enough or feel like we have time. It would end up being one of our managers or some other staff that is primarily doing that. I don't think you're going to get physicians to try to do that. It's tough to stay on top.

Q11: What have you noticed me the biggest issue in Shoreline's marketing tactics?

- A11:** I guess the biggest problem is that a lot of our decisions are not necessarily data driven. So, trying to decide where the best spend is difficult. To even get that data involves you spending more money. So, it's a tough pill to swallow to spend. We've increased our marketing budget a little bit in the last year. When we look at that marketing budget, I don't remember the numbers off the top my head and what they're allocated to. But to try and get that data that can allow us to have a purposeful campaign, is difficult. So, we are at war. We don't want to do that. So, let's try this, try that. So, that is probably our biggest issue. We just don't have enough money to get the data and then be able to act on it.

Q12: What would you change at Shoreline if anything in terms of their marketing?

- A12:** I don't know. I don't have a great answer for that. To be honest with you, I think just like I said, I'd like to have more access to data to me to make educated decisions.

- That's a tough one too. I think your questions have been pretty thorough.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Email

APPENDIX D

TRANSCRIPTIONS - SURGEON

Stakeholder Group/Location: Shoreline Orthopaedic Surgeon				
Estimated Age:	20-30	x	30-40	40-50 50+
Gender:	Male			
Primary Goal of this Opportunity:				
The primary goal of this opportunity was to gain some perspective on a new employee starting at Shoreline Orthopaedic. We also wanted to see the difference between their past job and if the market is different in a specialty spine surgeon. Along with this, it was important to gain insight and suggestions from this stakeholder to continue our research.				
Important insights:				
<ul style="list-style-type: none"> Shoreline offers a broader scope of care compared to other places. Meaning, it is more complete in the services they provide to patients. They do not focus on one specific treatment or part of the body (like hips). Shoreline is very well-respected in the community, which may help in word of mouth referrals. Primary Care Providers and trauma are a big referral source for patients at Shoreline. Most of those getting surgery on their spine, tend to be an older demographic, so social media may not suit their needs. Middle aged and elderly are a main demographic for spine surgeries. We should put emphasis on the fact that specific doctors have specific specialties, but it is important that they go over a patient's options clearly, before going ahead with the surgery. This shows that we care at Shoreline and we want our patients to have the best outcome. 				
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.				
Introduction: <p>Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.</p> <p>Disclosure: Reporting Taking Notes/Recording the session</p> <p>Q1: What are your roles and responsibilities at Shoreline?</p> <ul style="list-style-type: none"> A1: I'm an orthopedic surgeon and spine surgeon. My responsibility is taking care of my patients. So, I see patients in clinic, if need surgery ask for surgery and perform the needed procedure. <p>Q2: Where did you work before and what were your roles and responsibilities there?</p> <ul style="list-style-type: none"> A2: I previously was employed at Bronson Health Care in South Haven, Michigan. I had the same job. I also served as Chief of Surgery and Chief of rehab and rehabilitation medicine. So, I had more responsibility then. I just started here three or four months ago. <p>Q3: So, what makes Shoreline more or less successful than your last place of employment?</p> <ul style="list-style-type: none"> A3: I think Shoreline offers a broader scope of care than where I was before. I think it's more of a complete orthopedic package. I also feel and I also feel that a physician or a surgeon run practices tend to be more driven towards the specialty. So, we tend to have better outcomes in my opinion. That's a separate issue. <p>Q4: As a new employee what have you noticed being to be the biggest problem at Shoreline regarding their marketing tactics?</p> <ul style="list-style-type: none"> A4: I don't think currently there's any problems. I've had a good experience thus far. I've been out meeting different positions and different practices. I think they've done a good job of setting me up to see and meet the other primary care providers because that's where we get the lion's share of us of our referrals. So, I guess currently I wouldn't say there's any issues that I see. I mean obviously it takes time to set those things up and we can only do them so fast. So, from a timing standpoint I guess maybe we should have more. But I understand that setting up the meetings and taking time to get people to get their schedules open and so on so forth. <p>Q5: Are you aware of any of the social media that Shoreline has?</p>				

<ul style="list-style-type: none"> A5: I know we have a Facebook page. I know we have a LinkedIn page, other than that says that the majority of it. I like them on my Facebook page and on my and I'm a LinkedIn I'm associated with them. I am doing the best I can. <p>Q6: What would you say is Shoreline's biggest success and why?</p> <ul style="list-style-type: none"> A6: I think that we do a good job for our patients for my experience thus far. I think we're well respected in the community. So, I can't tell, I mean being that I've been here for three months, I guess that's my impression. I can't tell you why we're not getting more of a majority of care. I am assuming it is because Spectrum is close by. <p>Q7: Out of all the patients you are seeing how many of them appear to be satisfied with their visit?</p> <ul style="list-style-type: none"> A7: Currently I think the majority appear to be satisfied with their experience. I haven't had any, at least to my knowledge, I haven't had any people complain about any issues with timing or scheduling or getting in to see us. <p>Q8: How do you deal with patients that are unsatisfied?</p> <ul style="list-style-type: none"> A8: I try to figure out why they're unsatisfied. So, I will sit there, and I ask them if there's anything I can do or help or what can we change. I do attempt to remedy this helping with this to the best that I can and if I can't I find the person that can, whether it be Christie or Tricia. <p>Q9: Have you ever had a patient switch places after seeing you?</p> <ul style="list-style-type: none"> A9: As far as a going to say like Spectrum? Yes, but that's only because I sent them there. I think it's too small of a hospital for Holland to handle. But that's different. So again, nothing I'm aware of. It's too complex of an issue. <p>Q10: Is this because you feel like you don't have the tools here to like properly to handle it and Spectrum does?</p> <ul style="list-style-type: none"> A10: Not Shoreline, but Holland hospital. That's a level of care issue. It has nothing to do. The rest of the positions probably wouldn't have this issue. As far as spine surgery is, there are some complicated issues that we can't be performing as a smaller hospital. We don't have the intensive care level here. <p>Q11: What seems to be the biggest concern regarding your patients?</p> <ul style="list-style-type: none"> A11: That's a hard question to answer. They want to get back to their previous level of function. They want to feel good. They want to be able to live their lives without pain. <p>Q12: How many patients are you seeing a day?</p> <ul style="list-style-type: none"> A12: Just between 15 and 25 depending on what I'm seeing. Just say 15-20 for now, because there are only a couple times, I see 25. <p>Q13: Do you think that this number could increase if Shoreline was more successful in their marketing tactics or do you think that like this is kind of like a max?</p> <ul style="list-style-type: none"> A13: I think based on my schedule, I sort of work, they assess me about 20 patients. And that's fine. That's the schedule they need to be functional. And I'm currently I'm still new. So again, it's all right. It seems like I'm booking my schedule, enough to where I am filled up. There are some days where it is not still, but it's because I am still new. <p>Q14: What are the demographics of the patients you're dealing with? So, examples of this would be age, race, income, religion, education, kind of stuff like that...</p> <ul style="list-style-type: none"> A14: I see all these levels. But the majority of my patients are middle aged to elderly just because of the nature of what I do. <p>Q15: How do most of these patients hear about Shoreline from your knowledge?</p> <ul style="list-style-type: none"> A15: I would imagine at least from my knowledge to have a referral from their primary care provider or from the emergency department if they're a trauma referral. Occasionally it's word of mouth, but I think that's less, less so. And then I guess previous family or another friends experience or something like that. <p>Q16: Would you say you deal with some patients that have learned about Shoreline from their own research?</p>

<ul style="list-style-type: none"> A16: Yeah. I think so, but I think less so on social media because again my demographic tends to be older folks so I'm not sure they'd think to go on Facebook to look good for recommendations for surgery. I think they typically ask their doctor and they ask their spouse, you know, "where have you gone," to their friends. <p>Q17: What do you think is the best form of communication for your patients?</p> <ul style="list-style-type: none"> A17: I think the best form for my patients is going to be from their referral providers, just that they know that they can trust us. I'm not sure what a good platform is to tell the majority of my patients. If it's a billboard or a TV commercial, I don't know how social media works. Like I said for the majority of them I definitely have some patients that are in their 30's-40's that would have pertained to them. But I think that's a small model practice currently. That's a tough question to answer. I guess since I'm more of a more of a size like a subspecialty from a specialty, so yeah, it's a majority referral. <p>Q18: What do you wish Shoreline would do differently if anything?</p> <ul style="list-style-type: none"> A18: Again, I don't think I've been in long enough to answer that question specifically. We can always do more to market ourselves, but I don't know as far as social media. I think that only pertains to a certain group of people. I guess my parents have a Facebook account, but I don't know if they look at the doctor's office or use LinkedIn for that matter. I think most people that use LinkedIn now are professionals. I'm not sure it's a research or healthcare provider yet. So, I know I don't. <p>For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"</p> <ul style="list-style-type: none"> You have covered everything. Specifically, what we do as opposed to general things like spine care or joint care. I think it's a bit focused on that specific problem that we fix or a surgery. As far as a perspective like "oh look what we do, we do surgery this way" compared to the competition or something to that nature. I didn't when I worked for Bronson they tended to focus on the system and not the surgeon ranks or the doctor. So, I like that it works to just focus on like the general entity. I think it needs to be focused on like "Oh look! Dr. Check does this special surgery, or this doctor does this special surgery, or it works better to be more specific. But that's my opinion. <p>For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?</p> <ul style="list-style-type: none"> Call/Email

APPENDIX E

TRANSCRIPTIONS - NURSE NAVIGATOR

Stakeholder Group/Location: Shoreline Orthopaedic Nurse Navigator				
Estimated Age:	20-30	30-40	x 40-50	50+
Gender: Female				
Primary Goal of this Opportunity:				
The primary goal of this opportunity was to gain insight on the data that is coming in from patients on surveys that are given to them. We wanted to have a better understanding of how these surveys are put together, what data is being reported, and in what ways Shoreline can create more successful marketing tactics.				
Important insights:				
<ul style="list-style-type: none">Shoreline has long wait times and inconsistent follow up when it comes to getting back to their patients at times, which can be frustrating to patients.Shoreline is lacking in their social media presence. This would be a good area for patients to voice their concerns and ask questions.Radio, Billboards, etc. may be more beneficial to the older population.Shoreline needs to do a better job at marketing to their sports medicine patients.Shoreline's surgeons are the only ones to take emergency calls and their versatility can be used to a marketing advantage.Shoreline has potential to grow their practice and to include their own physical therapy and more.Finding a cost-effective way to get the word out about Shoreline is exactly what they are looking to do.Communication is key to being more successful at Shoreline.				
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.				
Introduction:				
Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.				
Disclosure:				
Reporting				
Taking Notes/Recording the session				
Q1: What are your roles and responsibilities at Shoreline?				
<ul style="list-style-type: none">A1: My title is nurse navigator. So, my role is to function as a liaison for the patient, between the patient and the doctor or vice versa. If needed, I do some prep education with patients either in the office or over the phone, depending on their surgery. I have some care management roles as well, where I'm talking to patients before their joint replacement surgery and discussing their discharge plan. Then I perform follow up phone calls with them after their surgery. For every patient that needs a type of a clearance before their surgeries, or if they need lab work an EKG or need to be seen by their doctor, I do that as well. When those records come into their chart that's sent to me, I review that. So, I'm looking for anything abnormal or out of the ordinary for things that would be red flags prior to the surgery. I am making sure that they're optimized for surgery.				
Q2: I think someone mentioned you are a part of the marketing committee, is that right? So, you are the one who deals with the online surveys, correct?				
<ul style="list-style-type: none">A2: Yes, I do I review all of our surveys on a weekly basis and patient reported outcomes. So, we have a third-party vendor that either calls or e-mails the patient and the patient fills out the survey. If there's any free text or written responses by the patient that needs, follow up. I'm looking at all of those responses and if they're concerned or the patient expresses a need for an appointment then I follow up and call the patient.				
Q3: Okay. So, do you put together these surveys or how is that done?				
<ul style="list-style-type: none">A3: No. The surveys are already put together. They are nationally recognized surveys. So, each surgery has a different survey. We refer for a knee replacement or if we refer to it as the "kooos". A hip surgery would be a "hoos". There's also the "hoos/kooos" are that are a functional health tool. Within that survey, there is also a global health survey called the Promise Ten good and then there's some patient experience questions and there's some complication and readmission questions.				
Q4: How many patients actually complete the survey out of all the patients that you're giving this to?				
<ul style="list-style-type: none">A4: I think we're at a capture rate of about 85-86 percent.				

Q5: These surveys are only given to patients after surgery, correct?

- A5:** Yeah. When they are scheduled for surgery and they sit with our surgery schedulers, they're asked for either their email or if they want to be contacted by phone. Then we forward that information to that third-party vendor code and then code contacts them. In order to start the process, they have to complete the preamp survey. If they do complete the pre-app, then they'll also get one at three months and a year or two.

Q6: So, in these surveys, what seems to be their biggest concern among patients?

- A6:** We do have that complaint consistently about wait times for certain physicians. We know that they were called back to the room in a pretty timely manner, but then they waited. We do have a couple of physicians that that tend to run behind in clinics pretty consistently. The other complaints we have are some lack of follow through. So, like when a patient calls to the office they're not always getting a call back in a timely manner and probably going through a couple of different people. When a task is created with the patient question, it gets taken by the clinic line, and then passed back to the medical assistant. This person then finds the doctor and then they will review it with the doctor, when the doctor is available. After this they will send it back to the clinic line to follow back up. Well sometimes those tasks just don't even completely get addressed or they'll get forwarded on to an APP to their PA or MP. Then they don't get addressed in a timely manner. So, inconsistencies in follow up with like returning calls to patients about questions and concerns is a big one.

Q7: Is there any way that like we would be able to fix this that you can think of?

- A7:** Yeah, there is a way to maybe cut down on the number of people that are involved in processing the tasks. I think we've actually come a long way in the last couple of years and in training our medical assistance to all kind of have the same types of responses. Some are better at giving those advice types of things back to the patient over the phone than others. Some are better at communicating with their doctors than others.

Q8: So, what do you think is the biggest success for Shoreline, according to patients in the survey?

- A8:** Most often I mean they're happy that they're pain free or their surgery worked. They're able to get back to their prior level of function. Some people will report that they have excellent encounters with staff in the office. So that's kind of hit or miss.

Q9: How would Shoreline be able to better understand patients' thoughts and opinion on Shoreline, besides the survey? For example, social media is a platform that patients would be able to ask questions and get responses in a pretty timely manner. Do you think that's something that could be implemented at Shoreline?

- A9:** I do. Within the ability to keep it legal, because you wouldn't want to give out certain information. I think that would be helpful. I think we do need to increase our presence online or at least our positive presence online. In media, I think that's one place that Shoreline is lacking.

Q10: So, what do you think would be a better way to communicate with patients in terms of like a marketing perspective, since there are for Shoreline there's such a broad demographic?

- A10:** I think like radio or maybe radio advertising. For our older population, it would be beneficial to use our local radio station and billboards. That type of thing. I don't even think we've done a good job at marketing our sports medicine. Then we do have banners at most of our area high schools that do share our name, but I think a good thing to point out within the marketing, is that our surgeons are the only ones that take on call services for both the local hospital. The other office in the area does not take emergency call at all. That is something that we can use to our advantage that; we are available and can see patients.

Q11: So, as a nurse navigator, how would you say you have an advantage in connecting with patients compared to others?

- A11:** Well I have experience in a couple of different roles of a nurse. I think my experience makes me more comfortable in talking with patients and I enjoy giving patients education and encouraging them.

Q12: What do you think makes Shoreline more successful than the competition?

- A12:** The fact that we are versatile. We have so many different providers that specialize in everything from basically their neck to their toes basically. So, I think that versatility is big. Even if something comes up and a patient has been established with one surgeon, they can discuss that with their colleague who specializes in that other body part and pass it off. So, just the coordination of care across the board for any type of orthopedic procedure is a plus. We service the two area hospitals with emergency call.

Q13: What can Shoreline do to make a more successful marketing campaign?

- A13:** I think we need to just amp our presence and in media and marketing somehow. We need to get our name out there in the most cost-effective way. It's going to cost money, but just repetitive advertising would make a huge difference.

Q14: What do you wish Shoreline would do differently, if anything?

- A14:** I don't know. I think if they maybe they expanded. I don't think currently I would see anything differently. Looking to the future, if we could move to a larger practice and incorporate physical therapy and occupational therapy under our practice. Whereas we share that space right now with the hospital or they rent from us. So just adding kind of more of a multi modal approach to everything and maybe like urgent, same day appointments availability, walk in clinic, etc. I don't know if those would be something that would be utilized.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- If I am satisfied with my position? I don't know that that matters in marketing. But I am, so that's good. So, I think you know for the most part I and I only came on two years ago. Within the last couple of years, we've just had a lot less turnover now and then I guess the last year. So, it's kind of seems like most people are satisfied.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Call/Email

APPENDIX F

TRANSCRIPTIONS - OFFICE MANAGER

Stakeholder Group/Location: Shoreline Orthopaedic Nurse Navigator
Estimated Age: 20-30 30-40 <input checked="" type="checkbox"/> 40-50 50+
Gender: Female
Primary Goal of this Opportunity:
The primary goal of this opportunity was to gain insight on what the office manager is doing to help Shoreline in their marketing, considering she is in charge of the office website and social media sites.
Important insights: <ul style="list-style-type: none">More time and money should be invested into Shoreline's marketing tactics.The office manager simply "maintains" Shoreline's social platforms. Meaning, she only posts what she has to (i.e. closings, events, etc.). She is also not an expert in this field and is unsure of how to reach Shoreline's audience.Word of Mouth, again, is brought up as how Shoreline gets their marketing across.Marketing at Shoreline is not a priority.Doctors at Shoreline typically want to have a conversation with the patient to show them the best options based on what the patient needs. Therefore, Shoreline would like to advertise Shoreline as a whole rather than specific specialties/surgeries or specific doctors.Shoreline is not proactive in getting patient feedback and getting patients to write reviews on their website. They are supposed to pass out what is known as "rating cards," but often times, staff is forgetting to do so, or patients forget them in the office.
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.
Introduction: <p>Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.</p> Disclosure: <p>Reporting Taking Notes/Recording the session</p> Q1: What are your roles and responsibilities at Shoreline? <ul style="list-style-type: none">A1: I am the office manager. So, I have the appointment schedulers, the team that does the check in and check out. I have the surgery schedulers medical records tests scheduling that stuff. So, my responsibility is managing them on day to day things that go on. I also am responsible for the physician's schedules and also our website and Facebook. Q2: How many people do you think are utilizing Shoreline's website? <ul style="list-style-type: none">A2: I think people utilize it. Do I think that people find us by searching us on the Internet? I think that we're probably more well-known for word of mouth than people going online. Our Facebook is just very basic. When I say I'm in charge, I maintain. I am not a social media guru. I'll post on it. We have physicians that do seminars at the hospitals and stuff like that, so I will spotlight that at times. We don't do education or anything like that on the website. We tend to not interact with patients that comment on Facebook, whether it's positive or negative. We don't engage a whole lot. Q3: Is there a reason why you guys don't engage a whole lot or is it just that you have other responsibilities that come first? <ul style="list-style-type: none">A3: Right. That's not my expertise. We don't really have anyone that that's their forte per say. I manage it because I manage the website. We've had a lot of discussion over the past several years about social media and I am a firm believer that if you are going to have social media, you should be active in social media. So, whether it's Instagram, Facebook, or whatever, you need to be active on because otherwise you're going to lose people's interests. So, I don't think that we necessarily have somebody dedicated to do that. Q4: I've looked over the website a little while ago. How do you feel about the website's layout? Do you think it's like a good layout? Do you think there's things that we can kind of improve on that? What are your thoughts on that? <ul style="list-style-type: none">A4: I think that the basis of the website is good. The layout probably needs some updating and we have talked about that with the company that actually helped us implement that website. They feel that that's something that we should look at as well. We just haven't. That's just not really not appropriate on our priority or on our top of our budget list right now. We spent a lot of time in the physician's stead as well getting the content for the website built and we feel like the content is really good. It's just more so the design that needs work. We also developed diagnosis cards. We did it for each body part. So, shoulder, wrist, foot, spine, etc. Then we took the top six or eight diagnosis that the physicians use on a regular basis. We put that on a card and then there's a little checkbox next to each one and then there's also one that has just a blank line. Then when we implemented those, we made sure that on our website there was a search box. The diagnosis on the card, can be searched on our website to get additional information that they may have forgotten. Our physicians are supposed to give those to patients, and they're supposed to mark them. They are supposed to make sure the patient doesn't have any more questions, but if they do, to utilize the website that will explain their diagnosis to them more. Nine times out of ten, the physician forgets, or they don't mark the card. So, I ask the patient if they'd like a card. Some people don't want it. So, there's people that want it and there's people that are the people that leave it behind or whatever. But we made an attempt to try to get people to our website and made sure that the search box worked the way it should for the verbiage that's on the card. Some of the doctors are really good about it. They're supposed to carry them around and maybe also have writing cards that have our website rating cards. So, they're also supposed to give those to patients, preferably more to the ones that have positive things to say. So, we do have those cards as well. But again, people forget, and doctors are not very good at giving those. The front office staff is supposed to be giving those out too. So, if they have a patient that checks out and they're just raving about us or if they're done with their treatment and they're super happy then they're supposed to be giving them that card so that the patient can write a review. Q5: So basically, what I'm gathering is that we need to somehow remind our doctors to be passing these out or maybe even like a way that we can do that would be to incentivize the whole thing? <ul style="list-style-type: none">A5: Correct. Q6: What percent of patients are you seeing that have been referred to Shoreline versus people doing their own online research? <ul style="list-style-type: none">A6: I would say the majority of our patients are referred by a primary care doctor or through the emergency room. I also think that there is a large part of our population that is finding out about Shoreline through word of mouth. Q7: What have you noticed to be one of the biggest problems at Shoreline regarding their marketing tactics? <ul style="list-style-type: none">A7: It's not really a priority.

Q8: What would you say is Shoreline's biggest success?

- A8:** I would say that our biggest success is our reputation. Word of mouth reputation clearly, online reputation is not successful. But I think it's like a lot of things. People like to complain more than they like to praise.

Q9: Out of all the patients you are seeing, how many of them appear to be satisfied with their visit?

- A9:** I would say 90 percent.

Q10: How can you tell that they're satisfied with it?

- A10:** Just the way they are when they're here. So, body language or how they talk are great examples of this.

Q11: How do you deal with that? How do you deal with these patients being satisfied?

- A11:** Yeah that's hard because we aren't super proactive about it other than asking how their visit went and keeping it at that. Again, the rating cards come up, but a lot of people forget.

Q12: How do you deal with those that are unsatisfied?

- A12:** We typically try and touch base with them for follow up. The management team tries to make sure that we follow up with dissatisfied patients and our patients' families. We have a complaint tracker that we can keep track of complaints.

Q13: How many patients are you seeing a day?

- A13:** I would say our average, around one hundred and thirty. Sometimes more than 200 patients a day.

Q14: Do you think that this number could increase if Shoreline was more successful in their marketing tactics or do you think that is the max?

- A14:** I mean I definitely think we could build out our patient base.

Q15: What are the main demographics you are dealing with? So, examples of this would be age, gender, race, income, religion, education, etc. I know that you guys have a pretty broad range of people that are coming in. This ranges from an older generation to the middle aged and then even young athletes, children, etc. But what would you say is like a majority of your target market?

- A15:** The target is that's pretty broad. We cover so many different specialties within orthopedics, you have sports medicine which is going to be you know your high school and college age athletes, versus the doctors that do joint replacements which typically are going to be fifty-five to seventy-five. And then you have spine which really could run the gamut. So, in the hand and wrist, that demographic is probably more 40 to 60. So, I think it just depends on the specialty.

Q16: With one of the spine doctors, he said that I should try to be focusing on the specialties of surgeons instead of just making it a broad marketing strategy, focus on doctor specialties compared to what the competition can do. So, what do you think about that?

- A16:** I think that that would have to be physician directed. So, for example, we consider our biggest competition to be Dr. Johnson at Bone joint. So, because he's hospital based, he has obviously a huge marketing budget and a big backing. They do it all, whether it's you know ads or billboards or whatever. First, the big thing was anterior hips and so then he did all this whole marketing campaign for anterior hips. Well we have physicians that do that as well, but they choose not to promote that, because they don't want patients to walk in the door thinking that they're going to get it. They would prefer that they meet with the patient and discuss their options rather than the patient coming in and saying I want to have an interior hip replacement if that's not appropriate for them. Same thing with a new process called the Mako robotic arm assisted surgery. You can do that as well for knee replacements. So, two of our physicians are certified to do that. It's mentioned in their bio and you can do a whole big huge ad campaign which again they did for Dr. Johnson. So, in the public eye Dr. Johnson is the only doctor in this area that does it, but that's not necessarily true. We have physicians that are certified as well. When they got certified, the doctors preferred not to post it anywhere. They wanted to have a conversation with the patient to explore their options first. So that's a hard question.

Q17: How do most of the patients that are coming into Shoreline hear about Shoreline from your knowledge?

- A17:** We do try from a marketing standpoint try and get out to some of our bigger referral source. For example, Lakewood family medical next door is one of our biggest referral sources. They have a monthly meeting with their physicians and talk about what we could do better.

Q18: What do you think is the best form of communication for your patients in terms of marketing?

- A18:** Yeah that's a good question. I wouldn't say that we have a very big following on Facebook. But then again, we don't promote that either. So, it's hard to really answer that question.

Q19: What do you wish Shoreline would do differently if anything from a marketing perspective?

- A19:** I mean I think you know if they invested some more time and obviously money into marketing, I think that would be good. I again without knowing, one result of that is it's hard to I mean we have a great patient base, but I think it would be nice if we could figure out a way to get a more positive online review system that would be great.

Q20: What do you think they could do differently in terms of dealing with patient satisfaction?

- A20:** Yeah, I think that just depends again on the physician and the patient. I don't know. Time obviously. I think one of the biggest complaints is patients having to wait. Physicians have their schedules and sometimes a patient takes longer than the one before that. If you get behind and you can't help it and patients get upset.

Q21: What is the most important to patients in terms of service?

- A21:** I think that from what I can see patients just want to have that personal interaction, not only with the staff, but with the physician. I think that their biggest dissatisfied is the waiting.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- I think you asked all the appropriate questions.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Email

APPENDIX G

TRANSCRIPTIONS - CLINIC MANAGER & STAFF MEMBER

Stakeholder Group/Location: Shoreline Orthopaedic Clinic Manager and Staff Member
Estimated Age: 20-30 x 30-40 40-50 50+
Gender: Females
Primary Goal of this Opportunity:
The primary goal of this opportunity was to gain information on how to better market to Shoreline's demographic and target market. We also were trying to figure out how to communicate with patients, provide better service, figure out patient concerns, where potential patients are hearing about Shoreline, and much more.
<p>Important insights:</p> <ul style="list-style-type: none"> • People are unaware of the marketing committee. • Putting our story out there and explaining the "why" and what Shoreline is about would be incredibly beneficial for patients and Shoreline. This will create a sense of understanding between the patients and Shoreline. • Be creative in marketing tactics. Perhaps spotlighting a doctor per week/month would be beneficial for patients. • Attending more events and getting Shoreline out in the community is always refreshing and lets Shoreline create more connections and relationships. • The competition is doing billboards all over in Holland and other local communities. • Shoreline can't just do social media to reach their demographics. It has to be more than just that. • Shoreline needs to put together a marketing committee that meets regularly and is dedicated to making Shoreline more successful. • The rating cards typically are not super successful with the elderly patients, because they are typically not technically savvy. • Marketing the benefits of an independent practice would be beneficial for Shoreline, so that people understand the level of care they are receiving at an independent practice versus the other option. • Many patients are hearing about Shoreline through word of mouth. Family members and church are a big platform for this conversation.
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.
<p>Introduction:</p> <p>Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.</p> <p>Disclosure: Reporting Taking Notes/Recording the session</p> <p>Q1: What were your roles and responsibilities?</p> <ul style="list-style-type: none"> • A1: Staff Member - I work with one of the physicians here. I work solely for him unless I'm covering no vacations or something like that. So basically, I prep my schedule when I'm in clinic. Then I'm taking patients back, getting the history, doing vitals, drawing up injections if they need it, bringing that up to x-rays if they need it. Basically, just kind of doing whatever needs me to do. • Clinic Manager - I am the clinic manager, so I oversee the medical assistant team, the x-ray team, and the cast tech. I have a variety of roles aside from overseeing them. I do policies, protocols, and procedures. I do audits for the insurance companies in regard to our bundled payment initiatives that we're doing, which is care improvement initiatives. So, I handle the audits and preparing the paperwork/books for those and organize those. I'm also a care manager for the bundle program. So, I case manage numerous patients for that are hip and total knees or total hip total knees for Dr. Wolf and Dr. Schwartz. So, I case manage them a month prior to their leading up to their surgery all the way through their surgery and 90 days after their surgery so online assessing them during several assessments. I'm doing phone telemedicine on them and placing them in skilled nursing facilities, home health care, outpatient therapy, coordinating with nurses, physical therapists, care managers, social workers. That's just a few of the things. <p>Q2: How much do you deal with patients based on face-to-face interactions?</p> <ul style="list-style-type: none"> • A2: Clinic Manager - My bundled patients I do try to. They obviously hear my voice on a weekly basis on the phone, so I will jump in or they'll come and get me and ask me to do something for them or obviously if there's patient complaints or concerns. There's been times where I've sat down on patients to kind of dig into those a little bit. <p>Q3: How can you tell if your patients are satisfied or dissatisfied with the service they receive and then how do you deal with this?</p> <ul style="list-style-type: none"> • A3: Staff Member - Most of the time they will verbalize if they're happy or not, sometimes, not always. But you know the ones that don't verbalize it, it's sometimes hard to tell. You can sometimes look at body language, but sometimes they'll take right to Google. • Clinic Manager - Obviously, those people that are not satisfied are more apt to jump to social media unfortunately. So, like last week, for example, I spent all day Friday at a senior community event. We go out and you talk about Shoreline. Several different hospitals and services in the area go out and basically set up booths. Seniors get to walk around, and they ask questions and we talk about our physicians and what we do. And I mean just the hundreds and hundreds of people that come past our booth and the stories that they stop and tell about our physicians and not a single foul word was spoken about any of those people to stop by. It was you know "oh my goodness you know Dr. Hop gave me an injection and I used to walk with a cane and look at me now" and they were dancing around and so I mean a lot of times it is verbal reactions by a patient. <p>Q4: Now, what do you do with that information?</p> <ul style="list-style-type: none"> • A4: Clinic Manager - A lot of times you know if patients are willing to express their happiness or their gratitude, I'm always sure to thank them and appreciate them for their feedback. I know they want us to kind of encourage patients too. For example, "if you have time or you'd like to if you could write a review." I am horrible about remembering too. I'm just in the moment with the patient. "Thank you so much for showing your appreciation we were really glad you are pleased with your services with us I'm glad you're so happy." Not "Can you stop by Google and write a quick review." I am not a marketing type of person, I am clinical. • Staff Member - Doctor Cheeks pretty good about doing that. We have these little cards with some websites and usually it's on his patients that are about four to six months after surgery. That's when they're usually feeling, or even a year after surgery, they really get past that first initial post-op issues. They are super usually happy with the results and you will give that to and explain why it would be beneficial to put a review out there for other people looking for somebody to do that specific surgery. <p>Q5: So, what are some other ways that we can encourage patients to leave more positive online reviews besides rating cards?</p> <ul style="list-style-type: none"> • A5: Clinic Manager - That's a tough question, because we do see a large population of older, elderly. There's some of them that have smartphones and are very functional technologically, but there's other ones who they have no idea. So, it's hard trying to figure out how. I think that's a question we all have is how to reach those patients. But I think being in private practice and being a smaller office, I do strongly feel that we get overshadowed by the larger facilities that are in the area, because they have the big name that goes behind them. Even though, most people you know like the senior community have heard of Shoreline. Yeah, it's pretty big for the ortho community. But I don't know of more immediate triggers. You can go down Chicago drive or anywhere around Holland, you're going to see a billboard sign for Holland Hospital or Zeeland Spectrum. I mean that stuff is expensive and that's something we need to figure out. How do we reach those people? How do we reach those people in a budget friendly manner so that we're not constantly getting overshadowed by the bigger practices? Bone and Joint is owned by Holland Hospital, so they have that big marketing behind them. So that name is able to be pushed out there in a bigger way than our physicians, even though we have ten. I think that's something we all struggle with. <p>Q6: Why do patients come to Shoreline from your knowledge?</p>

Why do patients come to Shoreline from your knowledge?

- **A6:** Clinic Manager - I would probably have to agree with the word of mouth. I know some physicians like Dr. Wolfe and Dr. Hoppe, they've done surgeries for daughters, mothers, and sisters. They have like a whole family that they've done different surgeries for. So, that good care and good service travels.
- **Staff Member** - When I'm in clinic, about twenty five percent of my patients, every day, will tell me, "I hear he's really good a friend at church told me I had to go to see him." So church is a really big area for word of mouth.

Q7: How do you work to make sure that the needs of the patient are met?

- **A7:** Staff Member - I would say giving them an appointment and just making sure that when they come in and they visit, their experience is the best that it can be and making sure that they're satisfied with their visit and satisfied with the service that they receive and stuff like that. I try to keep them involved in what's going on. My doctor tends to run a little behind, quite often. So, I try to, in my brain, about fifteen to twenty minutes is all we like to have that patient in that room without me coming in there and having to apologize for the wait time. I'd like to keep them knowing what's going on, because I think sometimes if they're left in the dark then they start to get angry. So, I try to do that. I try to get their messages answered, their questions answered, you know as soon as I can so that they're not having to wait for responses. I try to be very timely as far as that goes. We live in a world where nobody wants to wait for anything, yes, but that's what I try to get them satisfied as far as that goes.

- **Clinic Manager** - To piggyback on what you're saying, and I know you're very good at. You're very conscious of this but setting those realistic expectations for patients. Patients are, some, are very understanding when it comes to their doctor being in surgery/incredibly busy. As long as they know they're not going to get a call back today, it will probably be tomorrow. Most patients are fine, but if you just leave it open ended, they get anxious. Every person they come in contact with, whether it's our check in staff, our floats that are rooming them. If somebody is assisting them filling out a history form any kind of. If that patient is rubbed the wrong way or gets the wrong perception from anybody, whether it's the tone of their voice, their body language, the look on their face it can really set the tone for their entire appointment. And even though maybe these four people that had touch points with the patient were exceptional, they explained everything, they educated the patient, they made sure they understood and didn't have any questions. That part was phenomenal. That patient's going to dwell on that one point of contact that wasn't up to par and that's what they're going to focus on. They could all be great, but they're going to focus in on that and the whole thing is just kind of "terrible" at that point. They're going to categorize it by that one poor demeanor.

Q8: What would you say is the best method of communication for your patients in terms of a marketing perspective?

- **A8:** Staff Member - I wish we could utilize our Facebook a little bit, because I think I see maybe four posts a year. Yeah, we don't do a lot with that. And even my generation in my mid-forties, or I know you on Facebook and social media quite a bit. So, I think that could be a good push for you know that generation. The older generation that might not be on, but my mom she's in her mid-sixties and she's on Facebook.
- **Clinic Manager** - We're doing like the stream M.D. or the streamed for Doctor Stewart, some of his surgical patients, and the response to that and they get these texts alerts that are specific to their diagnosis to their surgery. So, everything from you know here's when you need to stop eating, or I know you may be feeling a lot of pain today, that's completely normal. So those texts we've had a lot of positive response from that now. There is kind of a gap, because there's some elderly that do have that functionality use cell phones, but other ones they're very stuck on. They do like the phone. They will pick up the phone several times if they need something or want something, they will respond to the automated appointment reminders. There's a fine line, I guess, between like reminders and trying to market and tell them. Of course, they're going to run you the machine that way.

Q9: How does the competition market themselves in an efficient manner? What have they done that you have noticed or that has stuck in your head?

- **A9:** Clinic Manager - There's a Holland Hospital advertisement right off the corner street to Zeeland Community Hospital. How does this happen? What are we doing here? But it is those billboards there on the highways. They're all around town and it's like, how do you compete with that when you've got that right in your face, whether you're running out to the grocery shop, or you're driving to work, or you're going to a family reunion? The likelihood of you running past a billboard is very great compared to driving past our little office when our sign blends in with the surroundings. It's just being truthful.

Q10: So, when people see the specific doctor and then the associate it with that the name of that competition on billboards. Do you think that's something that we should kind of be looking into or should we be looking more into marketing the fact that Shoreline is an independent practice?

- **A10:** Clinic Manager - I think independent, in a way, because where you are coming from with the marketing. So, for example, the competition tended to market the Mako knee which is a robotic knee. But they marketed that like they could do it on every patient, it was no big deal. We didn't market that heavily, because there's very strict stipulations to who is a good candidate. Really, I kind of feel like that's false advertising if you're marketing this to everyone, when really is about "yay big" the population that actually would qualify for that.

Q11: So, would you say that we should be marketing like the benefits of Shoreline being an independent practice and just the benefits that they offer as absolute compared to a lot of competition?

- **A11:** Clinic Manager - Yeah. So, what are the benefits of coming to a smaller independent practice? What is the "TLC" for lack of better terms, that you're going to get at that versus the big corporations? There are little special touch points that we could offer that the big guys can't.

Q12: In what ways are you involved in the marketing at Shoreline?

- **A12:** Clinic Manager - I didn't know we had one. I mean I guess I would assume there is, but ...
- **Staff Member** - So, I think it would be helpful because we do get a lot of phone calls about specific procedures and things like that. People don't really understand everything we do.
- **Clinic Manager** - We need to be marketing what exactly we do or what's the purpose of Shoreline. I mean you have some patients that come in here or we'll call inquiring and they have to check if they are handling bones. We do more than handle bones, we handle every bone in the body. But yeah, I think we need to market not only in the specialty, but more than that.
- **Staff Member** - So, we have a unique thing here, because we have a little bit of everything in one place. We have spine, physiatry, I mean every specialty pretty much each of them has a dedicated medical system that works for them.

APPENDIX H

TRANSCRIPTIONS - CLINIC MANAGER & STAFF MEMBER

- Clinic Manager- You know, we have an ortho-pod team that is dedicated to your success as a patient. So, if you're having shoulder surgery then Chad, Lisa, and Dr. Cheek are your pod of people that are going to be in contact to make sure you're well taken care of before during and after surgery. So, I think getting the word out about what a variety Shoreline has.

Q13: Is there anything else you'd say we could maybe improve on further marketing tactics?

- **A13:** Clinic Manager- Start with maybe a designated marketing committee? It has people of different areas of the office that wear so many hats and are on so many committees. Sometimes, I will have to look in a folder and look back at my note just to remember what we discussed at this last meeting, because I do wear so many hats. There's got to be people obviously around you that have some interest in marketing or have some great ideas of how we can get out there.

Q14: Do you think that it would be beneficial to have a marketing committee that's like here part or full time?

- **A14:** Clinic Manager- So, I think just looking at it from the business side of things I lean toward, yes it would be nice to have somebody to come in and be just strictly our marketing person to beef up Shoreline. But again, from that business side of things marketing itself is expensive and paying somebody to handle the marketing it's like then you kind of got to be smart about it. So, it's like "what can we utilize that we already have to help beef it up." I mean we've got medical assistance, physicians physician assistants, nurse practitioners, people with clinical, management degrees, people with accounting degrees or so many of us have different. I think if there were some people that enjoyed or had some idea about putting the committee together like I said, you know a couple medical assistants, maybe a doctor, maybe somebody from billing, that was kind of a main committee that they were on and have somebody headed up, that maybe didn't have a huge role. I mean having a role but didn't wear as many hats as some people do. I just don't think they would go for having an outsider, as nice as it sounds. I don't think financially; we are not the big guys.

Q15: What would you change at Shoreline if anything in terms of like their marketing?

- **A15:** Staff Member- Increase it.
- Clinic Manager- Maybe highlight a doctor a week or a doctor a month and be creative. Let's try to think of some things that everybody else is doing. It's easy to throw up a billboard, just put yourself out there, but I mean I think we can be a little more tasteful. Really highlight what our practice is and what our physicians do.
- Staff Member- We did a senior day and I wish we did more types of things like that. If we did more type of things like that, where you can get out and meet and see and answer questions.
- Clinic Manager- And I think it's important to know for the physicians to get involved too and go to some of these. I know Dr. Paff goes to the Tulip Time race. He runs and such, but even the senior community value putting the name of a physician/staff to a face. Just getting our face out there an answering questions is huge.

Q16: Do you think enhancing Shoreline's social media presence would be something Shoreline would be interested in looking into?

- **A16:** Clinic Manager- I don't think it's enough. If you just go like Facebook and Instagram things like that. I think you're only going to hit a minute amount of our patient population.

Q17: Going back to the whole billboard topic, do you think that that's something that Shoreline should be looking into, or do you think that it's something that we should kind of disregard?

- **A17:** Clinic Manager- I think it would be helpful. I mean like you said anybody can throw a billboard up, but you got to get your face out there a little bit sometimes, and perhaps if we did that a little bit and then we wouldn't have to do that all the time. It would help enforce all the other tactics. Well you have to have some big force to kind of drive everything and the little stuff will start to flourish if you have something to hit it home.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- Staff Member- I think you covered the questions about getting our name out there.
- Clinic Manager- Yeah, I am not really sure.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Email

APPENDIX I

TRANSCRIPTIONS - FINANCE MANAGER

Stakeholder Group/Location: Shoreline Orthopaedic Finance Manager				
Estimated Age:	20-30	30-40	<input checked="" type="checkbox"/> 40-50	50+
Gender:	Female			
Primary Goal of this Opportunity:				
The primary goal of this opportunity was to gain insight on how the Finance Department works at Shoreline and how much of a budget is allocated to the marketing tactics. We also wanted to see if there were any issues that can be resolved for patients. We also wanted to look into who Shoreline partners/sponsors, what events they are attending or putting money into, and what improvements can be made to the marketing tactics.]				
Important insights:				
<ul style="list-style-type: none">Shoreline needs diversity in their tactics when it comes to marketing and reach their broad range of demographics.Word of mouth is once again brought up and physicians are said to have a good relationship with Shoreline.For as little marketing as Shoreline does, they do have a great reputation in the community.Social media for Shoreline needs to be "beefed up," not just maintained.The management team at Shoreline wears many different hats, so many that they often miss out on opportunities that could be beneficial for Shoreline. They are getting spread thin.There is no specific finance plan for the marketing initiatives at Shoreline.Billboards could be helpful in reaching broad range of demographics.				
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.				
Introduction:				
Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.				
Disclosure:				
Reporting				
Taking Notes/Recording the session				
Q1: What are your roles and responsibilities at Shoreline?				
<ul style="list-style-type: none">A1: Okay so my role is the finance manager for the practice. I have a wide variety of responsibilities. I do payroll for staff and the physicians. I do all the monthly financial reporting and present that at our business meeting. I administer our profit sharing and cash balance plan paid to federal and state reporting. There is a lot. So, we have service line agreements with Holland Hospital on health point and so, I submit time sheets for the physicians each month. I track the work that they do up at health point, and then I give reports to the physicians each month for that. I pay all of the bills/ the invoices. I reconcile the bank accounts. And then there's other things that I do obviously. I prepare monthly benchmarking report. So those would be like stats for our practice patient volume. Those are like some main things that I can think of. Yeah, I'm always working on special projects that come up.				
Q2: How much face to face interactions are you making with patients each day?				
<ul style="list-style-type: none">A2: A limited amount. I really have no interaction with the patients. I mean on occasion, if one of them is using care credit. Which we started using about a year ago and that's like basically like a credit card for physician's offices. So, I kind of set that up. So, if people came in and they had questions lot of times I would help the patients. Most people have the hang of it now.				
Q3: Are you responsible for supervising anyone?				
<ul style="list-style-type: none">A3: No. So, my role is a little unique. I am a manager and report to Tricia and physicians, but I don't have direct reports.				
Q4: So, what would you say is the biggest concern for Shoreline in the Finance department?				
<ul style="list-style-type: none">A4: Well something that's always a concern is you know what our reimbursement rates are going to be from insurance carriers and Medicare. They pretty much dictate what they're going to pay us. We can put a charge or whatever we want, but they're only going to pay 'X' amount. It seems like over the years, reimbursement rates slowly decline you know. So that is a concern. Obviously patient volume is also a concern and our competition in the area. We want new patients, because that generates a possible surgical case. So, we want to keep the new patients coming through the door for revenue. Those are probably the two biggest ones. The other thing that's kind of new is called "value-based payments or bundled payments". We've been trialing this. If someone is having a knee surgery. Well with that knee surgery you know there's our services, an anesthesiologist, and potentially therapy after. So, they're kind of just wanting to pay for that whole care in				

one payment and then giving it up between the provider. So, that is kind of a new model that we've just kind of entered into this year. It's a new form of a new payment model and nobody really knows what it's going to do, because it's confusing. You don't know if other insurance payers are going to go that route. It just kind of changes the whole format and how we have operated and collected payments over what I know.

Q5: What other partnerships do you have?

- A5: So, Health Point is a joint venture with Holland Hospital, Spectrum and then Shoreline Orthopaedics. Holland Hospital and spectrum built a hospital on the south end of Grand Haven 31. So, it's their facility, but our physicians provide orthopedic services there.

Q6: Do you think that this could be increased to make Shoreline more successful?

- A6: Yeah, we have a really good working relationship with both the hospitals, which is great because even though we're a private group and we want to remain private; we really try to have good working relationships with both the hospitals. This way, they can benefit us, and we benefit them as well. So that's kind of what the health point is.

Q7: How familiar are you with the competition with Shoreline like in your department?

- A7: Holland Hospital has a group called Bone and Joint. There's a place in Muskegon and Grand Rapids. They are Ortho surgeons, so they can potentially get that market share. I would say those are probably the biggest ones in the area or immediate competition.

Q8: What is the finance plan for the marketing tactics that are implemented or is there not really like a finance plan?

- A8: Exactly. We really don't have an asset finance plan for marketing objectives. We do some local sponsorships at the high schools or some other organizations around, that they've just done every year. That's kind of what we've continued to do. We haven't like said "we want to make these changes and we set aside these kinds of dollars to do it." We have not done that yet.

Q9: Is there a reason why you haven't it or is it just because like the marketing committee isn't meeting regularly?

- A9: Yes. They don't really get together. It's kind of our lack of marketing department.

Q10: To really drive those initiatives, do you think that if there was a marketing program, that the budget would be flexible enough to have a budget for the marketing committee?

- A10: I would like to say yes, because we already just do things any way. We do several sponsorships and such throughout the year, but if we have more of a committee, we could kind of look at those and see if they're still relevant now. If not, we could reevaluate our marketing and look into moving those dollars towards something more beneficial. So, I would say there would be some flexibility.

Q11: In what ways could the marketing committee be utilized to make Shoreline more successful?

- A11: I think managing like our online presence and maybe beefing it up a little bit more. I think that you know we're a little behind with the times with that. Also, utilizing radio and television could be beneficial.

Q12: The thing with the Shoreline, is that there's such a broad demographic for the patients. This ranges quite a lot. The obstacle that I'm trying to overcome is just trying to figure out how can we market to all of these individuals. So, do you have any suggestions for this? Some people that I was interviewing, said that there's not one specific marketing tactic that's going to work for everyone. Adding three or four different tactics might really help, because a lot of patients I'm hearing are being referred by word of mouth. Which is great, but there's also a lot of people that may be doing their own research online. Sprucing up the Google Reviews that are out there and the social media, may be helpful. I'm not sure if you're familiar but they have like a LinkedIn page in a Facebook but it's like very rarely utilized.

- A12: The management team wears so many different hats, sometimes they get spread thin and now some time goes by and it's like "oh wow I skipped out on that." So, we definitely know beef up our online in social media and connecting, but I mean even just like billboards. Spectrum and Holland Hospital are on billboards everywhere around in the area and they stick in your head. That's a good way, especially on and if you're going to drive further south like Allegan County or going north a little bit.

Q13: What would you change at Shoreline if anything just to make like in terms of marketing?

- A13: Obviously, I talked about just like having somebody monitor our online presence more and beefing that up. So, it's more interactive and up to date. But even just when a patient comes in our office you know we're just trying to go paperless, kind of streamlining some of those workflows would be great. Again, that takes time and you've got different patient demographics and some people don't know email or text and so it's hard.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- We have a lot of value in the community for not having a marketing department. So, I think that just speaks to the reputation of the providers. We have some providers that are pretty tenured and have a good reputation in the community. So, I think that whole word of mouth aspect being a big thing. I think that does bring in a lot of business. But then again, you need to bring in new business and reach out into different markets. So that's where I think we need to kind of diversify in our tactics.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Email

APPENDIX J

TRANSCRIPTIONS -

REIMBURSEMENT MANAGER

Stakeholder Group/Location: Shoreline Orthopaedic Reimbursement Manager
Estimated Age: 20-30 30-40 x 40-50 50+
Gender: Female
Primary Goal of this Opportunity:
The primary goal of this opportunity was to gain an understanding of how the reimbursement/insurance side of Shoreline works. We also, again, wanted to gain insight on how to better approach our marketing tactics and strategy from another perspective.
Important insights: <ul style="list-style-type: none">Shoreline has a lack of originality in their marketing tactics. They do not come up with anything new or trendy when it comes to marketing.Taking advantage of advertising to athletes in school during sport clinicals may be beneficial to Shoreline. (For example, T-shirts with our logo on the back would be a form of advertising).Doctors sometimes are guest on talk radio shows and Shoreline will participate in community events at times.Shoreline also performs small giveaways.This demographic said that if something were to pop up on the news, they would be more tempted to watch it compared to a social media ad. They also may be weary on online reviews if they are searching for them, as people can lie online.
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.
Introduction: <p>Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.</p> <p>Disclosure: Reporting Taking Notes/Recording the session</p> <p>Q1: What are your roles and responsibilities at Shoreline?</p> <ul style="list-style-type: none">A1: I'm a compliance person officer. How I handle like any other complaints or on any of the breaches that might happen and I report.com and I'm also the reimbursement manager. I work with the billing staff. <p>Q2: As the reimbursement manager, what seems to be the biggest struggle you face when it comes to dealing with patients?</p> <ul style="list-style-type: none">A2: Patients with high deductible plans. We probably get the most the most calls about that when they have services and then it gets applied to the deductible and they obviously are not happy. <p>Q3: Would you say there's any other struggles that you have to deal with in regard to patients?</p> <ul style="list-style-type: none">A3: Sure. There's lots of struggles. For example, follow up with insurance carriers, trying to get them to pay claims that they don't think they need to pay and yet they should be absolutely paying. <p>Q4: So as for the insurance side of it, what kind of issues are you faced with daily with insurance? I know you already mentioned this a little bit.</p> <ul style="list-style-type: none">A4: It's just following up and just staying on top of that so that we make sure that we're getting charges entered into the system. So, that the billing goes out and also following up with the insurance carriers. It is about making sure that once we get the stuff filled out, that the money is coming in in a timely manner. <p>Q5: What types of insurance does Shoreline accept?</p> <ul style="list-style-type: none">A5: Well we bill most insurances. There's some we participate with and there are others that we don't. But the majority of our business would be with Medicare, Blue Cross Blue Shield of Michigan, and Priority Health. <p>Q6: How does the insurance that Shoreline accepts affect potential new patients or current patients?</p> <ul style="list-style-type: none">A6: When you're participating provider, that means you're contracted with the insurance carrier and will accept their allowed amount. And so, then we have a contractual right off. So, when a patient doesn't have insurance or they have insurance that we don't participate with, that patient would be responsible for whatever the insurance doesn't pay. <p>Q7: Do you think that if patients call and their insurance is one that is not accepted at Shoreline, that kind of shies them away from going to Shoreline or you don't really deal with that now?</p> <ul style="list-style-type: none">A7: Yes and no. If it's somebody that's not on our preferred list, we will check into it. Some carriers might be out of our area where there are some carriers that are specific to certain counties. It's quite complicated really, but we would check on it and make sure that they would allow us to see that patient and then let them know whether they were in the plan or participate with the plan. So, what would happen is a scheduler would tell us the specific insurance they have if it was not on the preferred list and they would ask if Shoreline could treat them. Then the billing department would check into it, and get it approved or disapproved. <p>Q8: How do you deal with patients that are upset or having trouble with billing?</p> <ul style="list-style-type: none">A8: Well we try to explain the process to them and make them understand, because sometimes they don't really realize how it's going to work as far as what they may owe out of pocket. So, we try to go over it and explain to them and provide them with any information that they need. Most patients want us to explain it to them and "okay" it with them. Some patients still might be angry. We also can set up a payment plan. We have a program called Care Credit, which is pretty prevalent throughout nationwide. Basically, it's like a credit card where patients can apply for Care Credit and then use that to pay off their bill. There are several different kinds of plans. But the one that we use is called Care Credit so we can set up payment plans for patients. We try to work with them as best we can. It is something that is suitable for the patient, but it also works for us. <p>Q9: What would you say is the biggest concern among patients?</p> <ul style="list-style-type: none">A9: That's really hard to find, because some are concerned about the problem and others are concerned about what it might cost. It varies there for those wanting to get it in a timely manner. In our department, I would say it would definitely be about all of the out of pocket expenses. <p>Q10: How could you better handle this or make the patients experience the best when it comes to them being worried about paying their bills?</p> <ul style="list-style-type: none">A10: If we could get an estimate before, that would be great. We do the estimate for out-of-pocket before surgery. We don't do it before their office visit. <p>Q11: Is there a specific reason for that?</p> <ul style="list-style-type: none">A11: Right now, it's time consuming. We don't have a program that will automatically let us know that. At the beginning of the year, almost everybody has a deductible that's owed. <p>Q12: What would you say make Shoreline's reimbursement department unique compared to the competition?</p> <ul style="list-style-type: none">A12: I would say that we have some really good billers that try to help the patients and are very thoughtful. We try to explain everything and work with them to help them pay off a balance or explain their insurance to them or whatever their issue might be. We try to work with them through the process. <p>Q13: Are you familiar with the competition for Shoreline?</p> <ul style="list-style-type: none">A13: So, I'm a little bit familiar with them.

Q14: What would you say they do differently than Shoreline?

- A14: That's a hard question. I would say the one thing is from behind the scenes perspective. All of the ones that I know are all very good surgeons. I think that the doctors here at Shoreline care about their patients and they really strive to give them good treatment. They care about all of the stops of the process, not just filling their schedule or you know doing 'X' number of surgeries per week. They care about the process all the way through.

Q15: What would be a better way to communicate with patients?

- A15: I know a lot of people say phone call and texts and stuff like that.

Q16: Do you think that utilizing social media would be a good communication factor? Or using billboards or in terms advertising?

- A16: Everybody likes something a little bit different. So, I don't think that you can just do one thing. They do appear at special events here in Holland and I think that's very helpful. I also think that you could do some social media and some advertising. As far as I know, the doctors do talk on the radio, which I have actually heard randomly today by having that station on. I think maybe a little bit wider range. I know they do that here in the Holland area but I'm kind of wondering if they might do a wider range and then like me, I'm a news watcher. So, you know something on the news. If they do you know segments or commercial or something like that if it popped up for me in and probably this has to do with my age. But if it popped up in my social media, I would not pay attention to it. I know that there is a certain age dynamic and that more charts that trend that actually was OK and everybody and everybody I know we do some little giveaways and stuff.

Q17: How familiar are you with Shoreline's marketing tactics?

- A17: Not really at all. Well I'm in the reimbursement, so I am really not involved in any other marketing.

Q18: Do you have any ideas as to how Shoreline could have better marketing tactics?

- A18: When it comes to reviews, I can tell you from personal experience, when I have a bad experience and I'm trying to retrain myself. But for me personally, when I have a bad experience, that's when I want to go and do a review. If I am ecstatically happy, I will verbalize it. I just recently came back and was talking about my experience at my doctor's office, which is a new provider for me, and I had seen her last year with her like a meet and greet and how when I went back last year we chatted kind of back had my exam she came back chatted with me a little bit more. And when we were down and now the pain specialist took my hand and she said "Well I'm glad that we got to chat today. I hope you have a good year" and said, "If you need anything please call me." That went further than anything I could have given me right. Or you know ask me you know it was like oh my gosh. She's a caring person. You know she's there if I need her right.

Q19: How can we encourage people to leave those positive reviews? I'm trying to figure out how we can get away from that mindset and encourage people to be positive about Shoreline, because I know a lot of the referrals are from like word of mouth. How can we kind of take advantage of the market share for Shoreline?

- A19: You would almost need to catch people on their way out that are not in a hurry to sit down and ask some of these questions and help them put it online. Honestly, the other thing that I really feel is that I'm a little bit mistrustful of reviews. I do look when I'm going to buy something, and I look at the reviews. But then you hear so much about how they just get employees to put these good reviews on their website. So, I mean I just I'm kind of skeptical. I hear what you're saying, and I always look for a good review. Then I read you know three that are good, three that were not good. You can't please everybody. So, it's some of that, but I know there's so many people that go online and just follow it. So, I don't really know how you get them to do that. We're supposed to be handing out those cards and saying, "If you had a good experience, please go out and put a review on the sports doctors," and we do have a wide variety of ages. In a specialty like orthopedics, a lot of the patients are senior citizens, so they may not do the review. Maybe some of the kids that come for sport injuries are the college students. I don't know that you would want the high school student, but you know definitely a college student. For college kids, we see a lot of injuries during the football season. Then the other thing that I had mentioned, is we do these sports physicals for the high school kids and it's done for free. I wondered if we had some t shirts with our logo and our name on it or some kind of catchy phrase. It would be really good advertising.

Q21: What would you say is the biggest problem at Shoreline regarding their marketing tactics?

- A21: I would say just a little bit of lack of originality and marketing. I mean we know what we know, and you can look and see what other people do. But we really haven't come up with anything that is unique or trendy. We don't have a lot of kind of other marketing right now.

Q22: What would you change at Shoreline if anything that pertains specifically to your department?

- A22: Probably giving the patients out of pocket estimate earlier. I know there are tools that can do that, but again it's pricey and it's something that is a per doctor per month fee type structure. So, I think it's something that we're trying to look into. When we are looking for a new EMR system something is incorporated in that respect, because if you know what it's going to cost you, you can plan for it for sure. But if you don't and then you're blindsided on the back end, that becomes a problem. Overall, I don't know. I think things have run well and everybody knows what they're supposed to be doing.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- I think you should have asked me what I like best about my job. Oh, I just love it when we are really productive, and people can feel good about themselves. Yeah, I mean it puts a smile on your face. You know you're accomplishing something when we get bogged down in the day to day grind and everything. When you can come in and you can do a good job and you can just go home at night just feeling really good about yourself and about where you work for sure.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Email

APPENDIX X

TRANSCRIPTIONS - PREVIOUS PARTNER

Stakeholder Group/Location: Shoreline Orthopaedic Previous Partner				
Estimated Age:	20-30	30-40	40-50	x 50+
Gender:	Male			
Primary Goal of this Opportunity:				
The primary goal of this opportunity was to gain an understanding of how Shoreline was in the past in terms of marketing, service, treating employees, and so much more. It was also used to gain insight from a previous partner of Shoreline to figure out what would be the best way to reach their broad range of demographics.				
Important insights:				
<ul style="list-style-type: none">Improving Shoreline's website would be really beneficial for Shoreline, since we are living in a digital age. Shoreline can look at the analytics of their page as well to gain more insights about reach, page clicks, etc.Getting the word out about Shoreline is crucial, and again, a majority of patients are referred by other patients and primary care physicians.Holland Hospital has "deep pockets" and more resources to advertise versus Shoreline.In the past, practices did not have to advertise much. Since we are in a new age, many practices and the competition are advertising more and more.Hiring someone to specifically work on social media could be beneficial for Shoreline.Spectrum, Holland Hospital, and Michigan Medical are big competitors of Shoreline.Shoreline has been an independent practice since the start. They do not want to stray for this, because they want to keep their specialties and the way things are.In the past, Shoreline sent out letters to patients to market to them in various zip codes in West Michigan.				
Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.				
Introduction:				
Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.				
Disclosure:				
Reporting				
Taking Notes/Recording the session				
Q1: What were your roles and responsibilities at Shoreline?				
<ul style="list-style-type: none">All I was sort of the founding member and brought all of the people together initially. When I started, there were two of us, with six employees and when we finished, there were 10 doctors and close to 60 employees. So basically, we shared all the responsibility.[As soon as somebody came in, a new orthopedic surgeon or physiatrist or whatever, they were given a year to find out if they really wanted to join us and we went in for us to make sure that they were a good fit. Usually about halfway through the first year we offered him a partnership and so forth and then it decided to pretty much everybody sort of worked on a productivity basis. We didn't have salaries. So, if I wanted to work harder or work more, work weekends, take more call, I would generate more income if I wanted to. As I got older, I decided to drop out of the emergency room call which in orthopedic surgeon, so, we had we had a formula that anybody who wanted to work hard could generate more income. It wasn't the senior partner you know got more income than the younger partner. We wanted to make it so that everybody you know paid for what the work that they did. So that was one of the things that at the start of initiated, well, all of us initiated. My first partner, Steve Urban, and I were working with a third orthopedic surgeon in Holland and neither of us liked the direction he wanted to go and a number of things that he was doing. So, we decided to break away and form this little group. At that point we had just accounts receivable. We didn't have any cash. So, we had to go to the bank and get some money to start. We asked if several of the employees would like to join us. So, we can't even guarantee we're going to be successful, though we think we are. But you're taking a little bit of a risk. Well the first six employees, one of them was actually retired now, was actually working with us at the old office and there is one more still working here. This was we started in nineteen ninety. So, these people can live with us for over 30 years value. So, we wanted to basically treat our employees as sort of a family. We had we've had a great relationship with our staff. We have. We used to have you know first Fridays the first Friday of every month we'd have a little party out in the deck here half the time we'd bring in the family we'd have Hamburger hot dogs roast or pizza party. Sometimes we'd have that at Cincro de Mayo party and then we had margaritas and a bunch of stuff like that. When we got to know all of our employees, we got to know their spouses and then their families. And we love like the rest and first of December take the tree down [first of January our party so				

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And we made sure we at least match that if not a bit better. So that we would make it an employee decision and if they wanted to work somewhere else for less money or you know like say work at the hospital they could make more money but they would have to work midnight shifts and late evening or evening shifts and that sort of thing. So we had a number of policies that we did mainly for our employees to make sure that we had a great relationship and you know these folks still invited me back for Christmas parties I've been retired for 10 years and Joel when he came by just wanted to say hello and have a great relationship with all these the folks yet and the employees yet the ones that I know there's such a changeover it's hard to keep everybody in attacking right now these days but I think that that was one of the one of the things that I'm happy. It's nice to have started a small little business and all of a sudden sense mushroom into what it is. But the thing that I got from it was that I think it still here is the family and between the doctor this was this but after five o'clock when the people leave then they learn a hate Julie How you are doing your country kids. Well we try to have a formality when there's people around but when there's not we try to make it a little easier and more of a family type of thing. So those are the kind of things and then we hired some good people who did some excellent marketing one of the. There was one thing that that we did. There were three orthopedic surgeons in town. And when we do a total joint we put in a total knee. There are maybe about eight or nine companies that may need one. Each one wants us and wants us to get their knee joint replacement. And when they do that then if I use Johnson & Johnson and my partner uses biomed and somebody else is using Zimmer, I used biomed and those other two partners use other things. And each time we use it they would have to bring in all of the instruments that we use specialized instruments for their implants plus two of every size. So, if we drop one on the floor or something was defective, we always had a backup size. You didn't have to put a smaller and larger implant in than you really wanted. So it would cost two hundred dollars each time we did a joint implant and then because we they didn't have all of the business say you know they charge their regular price that's about thirty five hundred dollars for an implant plus a 200 dollar fee for them to bring it in. Since the implants were so similar, we said "lets work this out lets save the hospital there the insurance carrier some money." We will have these three companies all of whom we'd liked and could use for implants make us a presentation. What what's the best deal that they can give the hospital and if they do that, they would have all of the implants all of the instruments in the hospital so that they didn't have to have that 200 fees in all of the instruments that we use specialized instruments for their implants plus two of every size. It's probably about 30 or 40 percent reduction of the cost of the implant then go to us but it means that the hospital had to pay that much less. That means that they got reimbursed that much less by the insurance and the insurance carriers looked on us and as a this a group that was trying to cut down the costs and keep the everything under control a little bit. And so, when the companies did that after one year, we had had them all come back again. Now give us your best deal. We were very happy with the service we had but if you want our business. See if you can beat this big moment. The company is supplying it, and everybody gave their input or gave their know when you got there. Their fees are what they are for the implants work and Biomed. There's even more than what they had before now it was about 50 percent of what they had originally. So that we were saving the hospital and insurance companies and patients a significant amount of additional money. And then when they had it two years, we had sort of fallen in love with the implants with the reps that would come in and Rep music comes in the operating room with us. And if all of a sudden, we need something we don't have. He knows where it is a couple of times we've had one of their reps tear out of the operating room and in scrubs get in his car go down to Byron Center and get an implant or something that you know that they had forgot to stop the right size or so but it was all there. By the time you needed it.

[So, we had that kind of relationship trying to contain costs trying to keep our employees happy. We had summer parties we have a bowling night for all of the employees and their spouses. Someone made a year to a bunch of things like that just to maintain you know it's just a really nice atmosphere for people to work in. So those are some of the things that I think that I was somewhat responsible for. I mean everybody agreed to it but here are the things that I wanted and that I saw in successful offices of what you could do.] [And then one of the things we did with this was a company that's based in Warsaw Indiana. But they had a surgeon in Ann Arbor at Anne Arundel hospital in Annapolis who had a marketing program and he would have they had a certain wing or part of the hospital that had you know when we first started there sometimes up to four beds and award for bid words and we got down to two big words and now it's pretty much a one bed bid for a room and so but we would have our implant people in the ward and on Mondays and they would have their surgery usually on Thursday they went home and on Tuesdays the people went home on Friday. That was a sort of a three days. Now they're having almost outpatient I mean you may do your hip or knee and if you don't go home later that day you go home the next morning. So, we've cut the time down significantly again. But when it was an overnight stay, and they still do this at the hospital, they have a special cart that comes around instead of somebody hauling in this little tray of oatmeal and a little fruit and a little some of this they'd have a tray of pastries and various things. And people could sort of pick and choose what they want. I'd like some fresh fruit and then they would take the cart to the next room and if it didn't cost the hospital much money but it was a fantastic marketing tool they call the joint come lunch come to our joint came and the

they needed how much they had to scrub their input their need. What solutions to use what to take the night before what not to take for the week before the operation. The exercises we wanted them to do for their hip and knee so that they could recuperate and recover much more quickly. All of these were sort of marketing things that we found at this hospital and this guy who was wildly successful in in in Annapolis Maryland people were coming from Washington D.C. and Baltimore to his clinic because of this great reputation he had and he was a biomed so he use all of that equipment. So, the biomed plane came down here one morning picked up us took us over to Annapolis we saw the program, saw how it worked went into surgery and sort of stood around and watched how this whole system worked and then came back that night.] So, it's been it made us one of the more very successful orthopedic group here in town and it also made the hospital you know they get national awards almost every year for orthopedic care in joint replacements. So we're real proud of that work and like I said I may have been involved in starting it but the people that we have hired since and both the physicians and the staff are just really top quality people and so we're very happy about that and that's if you have people at the front desk who smile somebody answers the phone and has a pleasant voice and tries to help any which way they can. That for us is the greatest marketing thing we can do. We used to have Louis and we called her the voice of Shoreline every time anybody called. It wasn't to listen to this whole litany of you know press one for this press 2 for that. So, things like that really helped to make it successful.

Q2: How did you guys market that to your patients with BioMed. How did you advertise that your prices were cheaper than many like the competition?

A2: That's something that we did for the hospital and we did market it that way, because this was mainly a savings for the hospital and for their insurance carriers. [What we did was really work at the joint camp. We talked to all of the other doctors. We went around to different groups nursing homes and retirement centers in places where people have joint problems. We would go to different club meetings and so and talk and we still did give talks on a joint replacement and this sort of thing but then we emphasized that joint camp thing where a sponsor would come the first post-operative morning and they showed how to bend the knee, and your husband /your wife will not like it very much when you do it this. But this is what you have to do, and this is what you have to succeed in doing in order to get a good result. So, we tell the patient your spouse your wife your husband is going to be pushing and you said our instructions and that's all or they don't like to do any more than you do.] But it's what we have to do to get an excellent result for you and for us because we know you're much happier when somebody has a fully functioning knee and hip rather than having a lot of pain and stiffness. That's how we marketed being. Not too much in newspapers no letter or magazine, because people really wouldn't understand joint camp. But we had to go and talk to them and go to mainly seniors.

Q3: How would you advertise Shoreline specifically?

A3: Well it's a good question and one of the answers is social media was not when I was there was just sort of starting and I quit ten years ago. I had a good friend who asked me one time to join LinkedIn and that's when I was still in practicing, right near the end, but I didn't know what LinkedIn was. I don't really understand it. The last year I had to really learn how to use a computer so I could do the data entry for our electronic medical records. My grandkids are still much more knowledgeable than I am about this stuff. So, we had to learn of this. But now the way they use social media which I don't know how much they do here now. You probably have been able to look and find out what the things that you just mentioned that the Shoreline is not doing and probably why they need the skills of a person like you. One of the things we ran against earlier when I started you know you put your nameplate on the door and say, "Here I am." And I'm a member of Holland Orthopaedics at that time when there was another. Bob Mahaney, he had a separate practice and we were in a sense competitor. We also sort of worked together. We would help each other in operations and so forth. Well then, the hospitals all across the country started having their own core of primary care physicians and they got internet. Then they had the anesthesia groups and the hospital started buying practices. There are very few independent practices in Holland right now, plus almost everybody is aligned either with Spectrum or Holland Hospital. So, you are an employee of one of these groups.

A4: They tried and have tried for a long time to put this practice. We did not want to be a part of the hospital practice. One of the problems we face then was that if the hospital had four doctors ABCD and their primary care service, then the hospital talked to orthopedic surgeons and put them in competition with us. And so they made sure that three or four doctors referred all their orthopedic cases to those two doctors and they said you know the more these doctors earnings all come under a big umbrella and we will distribute everything a little more evenly, if you refer all of your patients to those doctors or the patients. All of a sudden, I referred to Dr. A orthopedic surgeon who they didn't know. And I've done three operations they say, "why can't I go to Dr. Meengs?" "Well I guess you can't" but that was never the first choice because it was financially beneficial to them to keep everything in-house you might say. So, we bought the hospital for years and I don't because we've been so successful the hospital no longer—I mean I think they have one or two guys in a small orthopedic practice but they're not really competition for us here. But we've managed to stay independent, but in order to market that we have to talk to number one all of our patients and every patient that came in we had sent them letters or the thing that we are not associated with on Spectrum or Holland hospital or Michigan Medical which is another big medical group here in western Michigan. They may refer you to another doctor, but you are always free to come to use your own

to accept this if you don't want to go to doctor "A" which is a hospital based or hospital owned physician. You can come to our group and that's not cost us any more money or any less or anything like that." So, we marketed first to patients and we sent letters to all of our doctors all of the doctors in town stating that we realize that you're part of Michigan medical and or spectrum and we can appreciate that. We see the reason why this is necessary, but we would appreciate your referrals and we would appreciate the collegiality that we've had. We hope that you can respect our wishes and that you will still be able to see the patients that we have seen before. So, after a little while after a little grumbling at first, most people agreed that because we covered the whole waterfront, all of these sort of things which that other group did not, they felt comfortable referring both the referring doctors to our former patients, we were able to keep the success we had with our joint program. We have people coming from Muskegon, and from Big Rapids, Kalamazoo. We have a wide drawing here. The zip code numbers of our patients are from a wide variety around. So that's how we have sort of marketed our practice to them.

Q4: What was the main demographic that you dealt with? Would you say it's like an older generation or younger or kind of like a mix?

A4: I put foot casts on kids in the nursery. I'd say because you know frankly emergency room is a big portion of our business broken bones in athletes and then older people will go with osteoporosis and games like that. But since so much of it is trauma based it's all age groups.

Q5: How could you tell if your patients were satisfied or dissatisfied with their service and what's a way that we can encourage patients to leave more positive online reviews?

A5: A lot of times sometimes you just don't click with somebody. I hear people that you just know right away as soon as you do, that you're going to be friends. The other side there's some people that just sort of, if they don't come back, that's fine. Little things like that. If they have a question about the quality of care or something like that that is a big red flag. And if there is any question about the quality of care or of the type of service that they get from many of our employees or from any of the doctors.

Q6: Why do patients come to Shoreline specifically rather than going to like the competition from your knowledge?

A6: Well first many of the people I'm referred because most of the primary care physicians will treat something. So, most people go through their primary care doctor and that's where we get most of our referrals.

Q7: What would you say is the best method of communication for your patients when you're still here?

A7: I think what you've probably seen to most does now are so busy happening on their own laptops and so forth that they don't talk. When I was here, we didn't do that right. I have to do that yet. And so, you could look at the person that talked to him. [Hey Johnny, I see you went to the University of Michigan football game last week and now kind of a bad score there wasn't it". And you get so free.] But now when you get in there you have to ask a certain amount of questions because you have to know where the electronic medical records you're reimbursed and the system what you cover. So, you have to do all of the document. If you do it and don't document, it then you don't get it paid off. So, most of the time they're doing their typing on their computers and you just lose the personal edge. Then the letters that send out are sort of a rebabes of your medical or electronic records. They're just not as personal anymore. We would be losing the doc and losing the personal touch with people because now we're dealing with insurance companies and the patients are just somebody that sits there. They're not primary anymore.

Q8: What would be a method of communication that would be successful in terms of marketing for patients?

A8: I think your website is really important. If I am looking for information, I go to a website. I haven't looked at the Shoreline website in a while, but I can't imagine that it couldn't be improved. Everything could be. In a chronic media, anyone can get the word out somewhere. Almost all of our referrals come from other patients. And that's where most of our patients come from.

Q9: How do you think that the competition has marketed themselves in an efficient manner?

A9: Well this is such a small group of Orthopedic Surgeons in town who are part of the hospital. Holland advertises for them. They put up their wards and you know there are joint replacement specialists in this sort of thing. Well we could do that. But you know we haven't chosen to go to the billboard route. But a hospital with more resources and so can do that and they can also influence their doctors who are under their umbrella to us as often as possible referred to their own doctors.

Q10: Do you think that if we went that route, that it would benefit us or what do you think about that, going the billboard route?

A10: It's a problem of personal choice. If you're going to have your doctor suggest other care to you. Your primary your doctor may choose to choose the doctor that's going to be a little more financially beneficial for him. So when that's the position the doctors permit and they do refer to a doctor who's a colleague and has been in practice for 30 years and does a fantastic total hip replacement or do they go to the "newbie" and it's in their practice or that's in their

APPENDIX K

TRANSCRIPTIONS - PREVIOUS PARTNER

hospital practice but it's going to be a lot more beneficial for them. So that's sort of the ethical dilemma that some of the doctors are figuring out.

Q11: Would you say that marketing a certain doctor would be more successful over marketing the benefits that Shoreline offers? For example, you said they're an independent business. Do you think that would be more successful to market doctors over than being an independent business?

- **A11:** We encourage our members to associate whenever possible and to participate in all of the organizations at the hospital and in-town medical things. We encourage them to volunteer whenever asked, because it's a joy. We can communicate and have a pat on the back relationship with a lot of our other doctors, and rather than being one of the competitions we're one of the colleagues. So, I think by marketing that area, we could probably do a lot better. In a way, we'd have stress. But we'd probably find ways to do that.

Q12: So, what have you noticed to be the biggest issue in Shoreline's marketing tactics?

- **A12:** It's about how we reach out to the population. For the most part, new professionals didn't really advertise. Now the doctors do have ads up, newspapers, and everything else and I suppose we ought to consider all of those type of things, particularly, if we're focusing on a certain age group, or a certain clientele. So, I'm sure that there are a lot of demographics that we could access much better than what we're doing and probably not with a huge amount of money. It is just as a matter of somebody saying something.

Q13: In what ways could Shoreline better market themselves to better fit their demographics?

- **A13:** I'm not sure that's what they're doing right now for the last 10 years. Nutrition would probably give you a better idea of that, but I don't really go looking for it right. The doctor ads, I see. I guess it's a matter of how you can and where you get the most bang for your buck. You could spend a lot of money on billboards and other kinds of flashy advertising, but is it really going to increase your volume of patients that much and that's where the cost benefit ratio comes in.

Q14: What would you change at Shoreline if anything in regard to their marketing?

- **A14:** I don't get involved with the social media. I'm not in LinkedIn and I'm not into tweeting. I'm sure that there are lots of opportunities there and I don't know if Shoreline is involved in any of those things. But I'm sure that there is a lot they could do a much better job with in social media, which is the way most people get their message out.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- I don't know what other things that I could tell you. Mainly because I was never involved really very much in the marketing and I didn't have to. I do work with the CBB the convention visitor bureau and the director there is a really good friend of mine. She is my book billboards in Ohio, Indiana, and the back of the Detroit Tigers, etc. The book that they sell is a big ad for how in Michigan. So that's one way they get the message out and they have hired a person just solely for social media. And so, I think that is something that Shoreline would be interested in.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Email

APPENDIX L

TRANSCRIPTIONS - NURSE PRACTITIONER

Stakeholder Group/Location: Shoreline Orthopaedic Nurse Practitioner

Estimated Age: 20-30 x 30-40 40-50 50+

Gender: Male

Primary Goal of this Opportunity:

The primary goal of this opportunity was to gain input from more staff members about how to better market to Shorelines patients. We also wanted to see how a nurse practitioner interacts with their patients in general and in terms of marketing Shoreline.

Important insights:

- Again, the majority of patients here are older.
- The nurse practitioner is not very proactive in getting the patient to write online reviews
- Patients may feel comfort in knowing that Shoreline has a lot of expertise and they will be treated well.
- Creating spotlights on patient successes may be beneficial to not only Shoreline, but to the patients as well.
- The website for Shoreline is a place a lot of people are looking to gain information about the practice.
- The rating cards are not typically being passed out again.
- Shoreline does not promote their practice very often.

Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.

Introduction:

Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.

Disclosure:

Reporting

Taking Notes/Recording the session

Q1: What were your roles and responsibilities at Shoreline?

- A1: My role as a nurse practitioner. I primarily work with Dr. Wolff. Seeing mostly his rechecks after surgery or fracture follow ups or other types of surgery follow ups. I help with rehab, physicals, labs, just basically some of those things.

Q2: What is the main demographic you are dealing with in your field?

- A2: The majority of patients I see are more adult and older, as in senior citizens. So, gerontology as well, which is where my certification is.

Q3: How can you tell if patients are satisfied or dissatisfied with the services they receive and how do you deal with this?

- A3: A lot of times they actually verbalize how well they are doing. They're actually pleased to be able to get back to some of the normal activities that they were at before that they couldn't do before based on whatever injury or surgery they had.

Q4: Then when they tell you like these good things, what do you do with that information?

- A4: I relay it to Dr. Wolff.

Q5: Are you in charge of giving them those like rating cards or is that more like the doctor?

- A5: I am supposed to be.

Q6: Is there a reason why you're not doing it or is just like something slipped your mind?

- A6: It's that simple really. Again, some of the patients I see are older patients that are less likely to be able to do something like that.

Q7: How can we encourage more patients to leave positive online reviews?

- A7: Good question. Quality, you know, working with us trying to get more of those good people giving them the opportunities or ideas on where to leave those comments.

Q8: Why do patients come to Shoreline from your knowledge?

- A8: I think there has been a lot more of the expertise within this group. There is comfort knowing that they're going to be treated well. It is a larger group with a good standing in the community, so there's a lot of good word of mouth from other people too. That kind of gives them some better ideas as to who they should be seeing.

Q9: How much improvement do you see in patients?

- A9: It varies. I've seen a lot of people struggle to even walk in to the clinic or told me they're able to walk miles on their own. So that's a tremendous improvement in their life. Also gratifying for me to see that as well.

Q10: Do you think that it would be beneficial to Shoreline for us to create spotlights on patients that have made these significant improvements?

- A10: I think that is a good idea.

Q11: Do you have any recommendations for that?

- A11: I suppose on their website would be a place they are looking. by marketing that area, we could probably do a lot better. In a way, we'd have stress. But we'd probably find ways to do that.

Q12: What is the best method of communication for your peace for your patients in terms of marketing?

- A12: Like I said it's an ongoing interaction, so it's harder to make sure that you have Internet access or email. Phone would probably be the best option.

Q13: One of the things that I found is that the workshops that they do at the hospital a lot of their generation is kind of finding out about that through newspaper. Do you think that's a good route to go? Do you have any other suggestions for places that these people might be looking? I know someone like the competition. They do billboards boards and even some radio spots Asian promotion. How does the competition market themselves in an efficient manner? What have they done that you have noticed or that stuck in your head?

- A13: I think probably having that big bigger notice in the community like billboards or promotions from the hospital. It's part of their group, so they're basically marketing themselves. I am unsure if there is anything that sets them apart from us as far as what we do now. Most of the other docs will do the same procedure.

Q14: So, do you think that with Shoreline being an independent place of business, that is like some that sets Shoreline apart from the competition, because I know a lot of the competition are a part of the hospital.

- A14: So yeah, I think it does set it apart. Being a practitioner in the community versus let's say you like you are punching the clock. If you were to the hospital owned, but there's more incentive to see people and treat people on brand versus just you know my salaries already paid for.

Q15: What have you noticed to be the biggest issue in regard to Shoreline's marketing tactics?

- A15: Probably not so much promoting things.

Q16: Do you follow them on Facebook and LinkedIn?

- A16: I do.

Q17: One of the big things I've noticed is that they're not very consistent in their posting kind of stuff like that. So, would you say like maybe that's like one of the issues is that constituency factor?

- A17: It could be. You know most of times it's just maybe perhaps promoting a class or a seminar. You know, what we're actually doing.

Q18: In what ways could Shoreline better market themselves to best fit their large demographic?

- A18: We mentioned already promoting with billboards or in newsprint or TV spots or radio spots.

Q19: One thing I found was that maybe the older generation isn't necessarily like going online looking at reviews but maybe like their daughter or their son or something like that is going online. Do you think it would be beneficial for us to create like an online presence?

- A19: I think that would be good. I mean you know a lot of the older generation is moving on. And so, some people aren't necessarily early adopters of Internet access, but they're still getting access somehow. So, I think it would be a good idea to have some sort of presence.

Q20: What would you change at Shoreline if anything in terms of like their marketing?

- A20: I think just having a little more promotion of all of the services we talked about.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- I think you covered everything.

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Call

APPENDIX M

TRANSCRIPTIONS - LAKEWOOD MANAGER

Stakeholder Group/Location: Lakewood Manager				
Estimated Age:	20-30	30-40	x 40-50	50+
Gender: Female				
Primary Goal of this Opportunity:				

The primary goal of this opportunity was to gain an understanding of how beneficial the partnership between Shoreline and Lakewood in Holland are. We wanted to gain a better understanding of why Lakewood is recommending their patients go to Shoreline Orthopaedic, compared to the competition. We also wanted to see how Lakewood runs their business on a marketing level.

Important insights:	
<ul style="list-style-type: none">Strengths of Shoreline include availability, exceptional care, location, timeliness.Usually when a patient wants to go somewhere else other than Shoreline, it is because they have been there in the past and are familiar with that office.Bone and Joint and other orthopedic practices in Grand Rapids seem to be where the competition is.Lakewood is at capacity for the number of patients they are taking, so they do not focus much on marketing tactics, though they do have a website and patient portal, similar to Shoreline.As a specialist, the patient typically will see a family doctor prior to visiting you, so that they can get a referral from that doctor. This is why it is important to have close relations with physicians.Again, patients are the number one word of mouth referral source for Lakewood practice and Shoreline.Social media would be a way to target a younger generation that is coming in, however it can be a double-edged sword, social media needs to be used correctly.Lakewood does not use social media currently to reach their target market, but they do have their number in yellow pages and Wiki Decks.Generally, the patients that go to Shoreline for maintenance aren't going to be long term patients. Social media would help Shoreline to communicate with their current patients, but as for long term, there is a chance it may not work as well.	

Dialogue Questions and Response (actual dialogue content), or detailed description of Observations or Immersion Activity.

Introduction:

Hi, thank you for taking time out of your busy schedule today to attend this interview. My name is Rio, and I will be leading the discussion. This discussion will help me to better understand the stakeholder's attitudes, beliefs, and perceptions in regard to my client's service. I would love to use your input to help devise a better marketing campaign. The discussion will take place for fifteen minutes. If you feel uncomfortable at any time, you can pass on answering the question or leave at any time.

Disclosure:

Reporting
Taking Notes/Recording the session

Q1: What were your roles and responsibilities?

- A1:** I work with Lakewood Family Medicine. So, we are the building right next door to Shoreline. We're a family practice. We have 17 providers. Twenty-five thousand patients and I am the practice administrator. We are also a large referral source for Shoreline.

Q2: Can you explain why you refer patients to Shoreline a little bit?

- A2:** Sure. Well we've had a relationship with them for years and we hold their positions in high regard. Of course, the biggest thing is the exceptional care that they give our patients. Some other contributing factors would be that they are available. We are right next door to each other in the past. We have caught them, and we've been able to. We do X-rays here at our office. And we've been able to call them and then just a quick run next door and they'll look at our X-ray. And you know give advice and that type of thing if we have questions and you know they're they've got a fair number of providers as well. So, it's not difficult to get our patients in there in a timely fashion which is really important to us as well.

Q3: When you're making a referral for your patients to go to Shoreline, how do you phrase it? Do you explain why the patient should go to Shoreline?

- A3:** Oh well wherever we refer, we create a referral letter. There is nothing in the letter about why we're referring to Shoreline versus another practice. But it's the history of the patient. We make sure that that letter has instructions. "Please evaluate and treat and call us back". Those types of things so. That's another really good reason why we like to use them you know they get back to us in a timely manner. Not only do our patients get appointments that are timely, but they also get back to us in a timely manner.

Q4: Have you ever heard a patient that you referred to Shoreline and they ended up going elsewhere?

- A4:** I'm sure we have. They have not only orthopedic physicians, but they have physiatrists and I'm sure that they refer to physical therapy or to neurology. They definitely let us know that when the patient is transferred.

Q5: Do you know why some of these patients would want to go somewhere else? Do you know what the reason behind that is or?

- A5:** Usually when they want to go somewhere else it is because they've already been there before in the past. They're just looking for continuity of care, that type of thing and they're familiar with that office. So, you know we respect that.

Q6: If they decide that they don't want to receive assistance from Shoreline, where do they go instead?

- A6:** Our patients will go to Bone and Joint. Some of them will go to Grand Rapids, especially if they've had joint surgery in the past.

Q7: Would you consider Shoreline competition for you?

- A7:** Not at all.

Q8: Are you aware of any Shoreline's marketing tactics?

- A8:** Well I know that they have a website. I meet with their practice manager, Tricia once a month. We network and talk about our practices. So, we haven't specifically talked about marketing. We have a website and we have a patient portal. I don't take, right now, our marketing seriously. Our practice is completely closed to new patients. We've got as many as we can handle because we want to give really good care. Because we're a family practice, we do take immediate family members and that type of thing. For most insurances and so forth we're closed.

Q9: So, do you guys do any kind of like marketing tactics in the past before you're close to new patients?

- A9:** Well we still have information in the Yellow Pages or wiki decks online and so forth. I haven't pulled those at all. Just so patients can look us up. I think it's been years and years since we've really had to think seriously about marketing.

Q10: Do you have any suggestions for Shoreline in regard to doing different kind of marketing tactics?

- A10:** Well I think that a lot of a lot of patients. As far as we're concerned, they're going to be our number one referral source. It's difficult when you're a specialist, because the patient generally sees their family practice first. Then they are referred to wherever they want to go or wherever are providers want them to go. So, I think the strongest thing that they do and that they probably need to keep up with is they come over and network with our physicians once or twice a year. They provide lunch and they talk and really keep that relationship and communication close and open. That as far as I'm concerned right now is the biggest thing they could continue to do.

Q11: Does your practice utilize social media to keep in touch with patients and kind of keep them updated on what you do and stuff like that now?

- A11:** No.

Q12: Would you recommend that Shoreline use social media?

- A12:** Well I don't know that I'm really in a position to say that that would help them at all, because I'm not really sure. Now it would help them communicate with their current patients. But the thing is, generally patients just don't go there for maintenance and they're not long-term patients, hopefully. Hopefully they can take care of the problem, so their relationship with a patient is very different for them, than it would be for us. So, I'm just I'm not sure if that would be worth it for them or not.

Q13: What do you think about using social media to kind of target that younger generation that's coming in? So, this could be like high school students, college athletes, and even like middle aged adults that are kind of looking more online, along with word of mouth because that's a really big thing. But I know for my generation, I'm a college student, so sometimes I'll go online to look up reviews or kind of see what other people are saying about them. This happens even though a family member went there, and they said they were great. For me, I just like doing extra research on top of that. So, do you think social media would be a great tool to utilize in that sense?

- A13:** Oh absolutely. But there can be a double-edged sword for sure and I'm sure you know what I mean.

Q14: So, have you worked on any other orthopedic places before?

- A14:** I've never worked in an orthopedic practice. Now I'm a registered nurse and I have worked in emergency and critical care and now I've been a family practice for several years.

Q15: Would you do you know like any of the marketing tactics that were used at your previous jobs and if so, what were they?

- A15:** This was years ago and a family I've been at Lakewood here for over 30 years.

Q16: So, they probably didn't use a whole lot of social media back then I'm guessing.

- A16:** No, and when you work at the hospital, you're not really aware of what that department is doing.

Q17: What do you think is typically most important to patients in terms of service?

- A17:** I think that would be customer service, being able to get in when they need to get. It's also making sure very sure that they're greeted personally. Now I know that Tricia and I had talked previously because they re-did their office. She and I had talked about there being a desk right out in the waiting room and a lot of times there was nobody sitting there. So, when patients would walk in there was no one to greet them. So, I think that they have changed that now, so that there's always somebody there to make sure that the patients are greeted. You've got to run it from whoever is working in the office. They've got to be respectful. They have to know that they're working for the patient. So sometimes this is a little bit more difficult for a specialist to have a serving attitude and I think that that is very important, because they're serving the patient. They just can't be forgetting that ever so.

Q18: What do you wish your line would do differently if anything in terms of their marketing?

- A18:** I don't know.

For Dialogue: Stakeholder response to "what is the one thing I didn't ask you that you think I should have?"

- Wow, that's a great question. I guess I don't have an answer to that is. I really think you did an awesome job!

For Dialogue: Will this stakeholder agree to reconnect for further inquiry? How do they want to be contacted?

- Email

APPENDIX N

MASLOWS HIEARCHY OF NEEDS

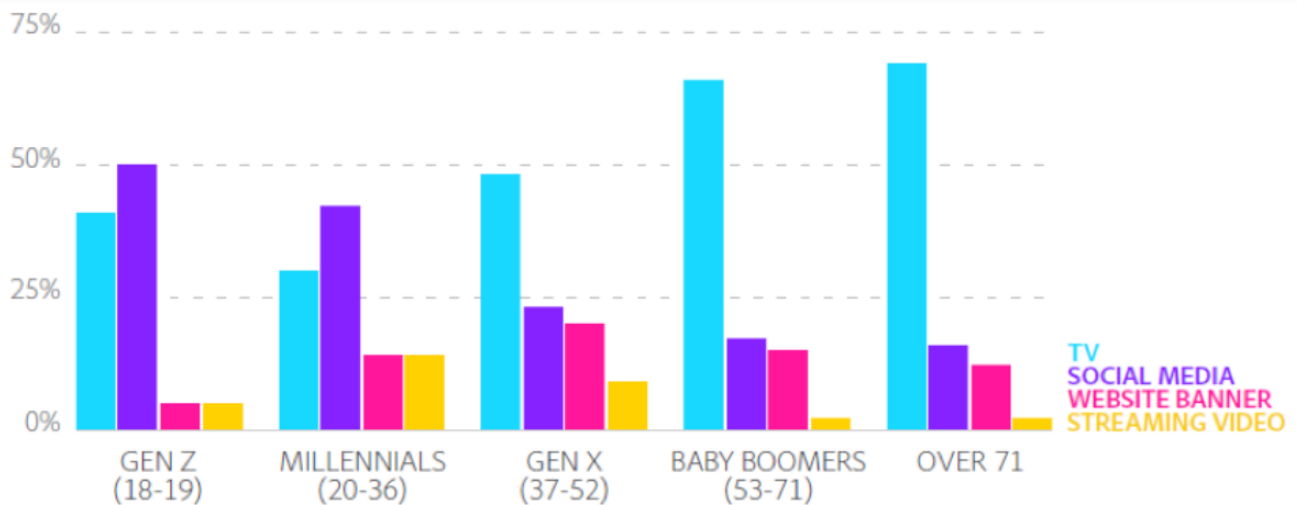


APPENDIX O

CHARTS/DATA

Type	City	Population	Weekly Views	# of Panels	Rate
Billboards	Holland, MI	32,613	60,661	4	Check Pricing

Holland, MI billboard statistics.



MOST RELEVANT CHANNEL BY AGE GROUP
SOURCE: ADI AD SURVEY 2018

Audience Overview

SAVE EXPORT SHARE INSIGHTS

All Users
100.00% Users

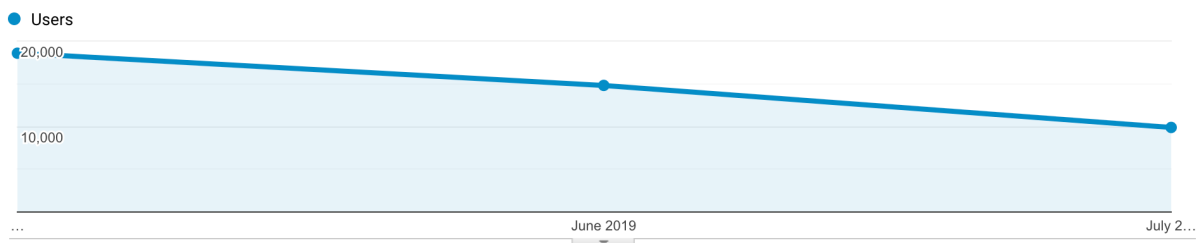
+ Add Segment

May 1, 2019 - Jul 21, 2019

Overview

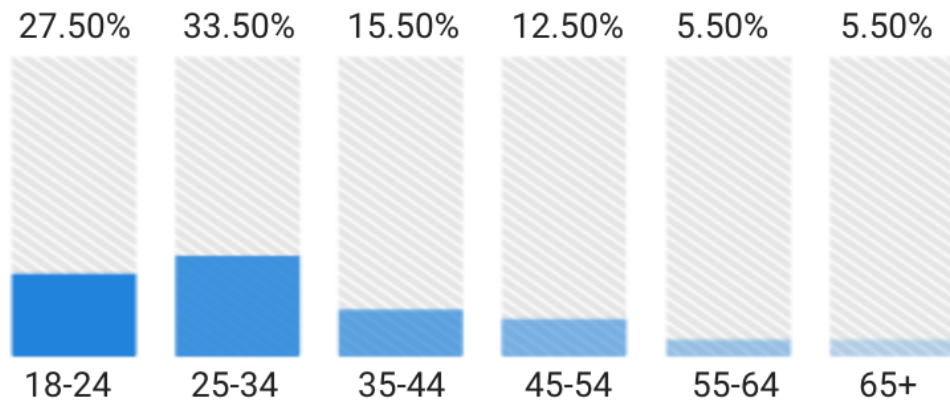
Users vs. Select a metric

Hourly Day Week Month



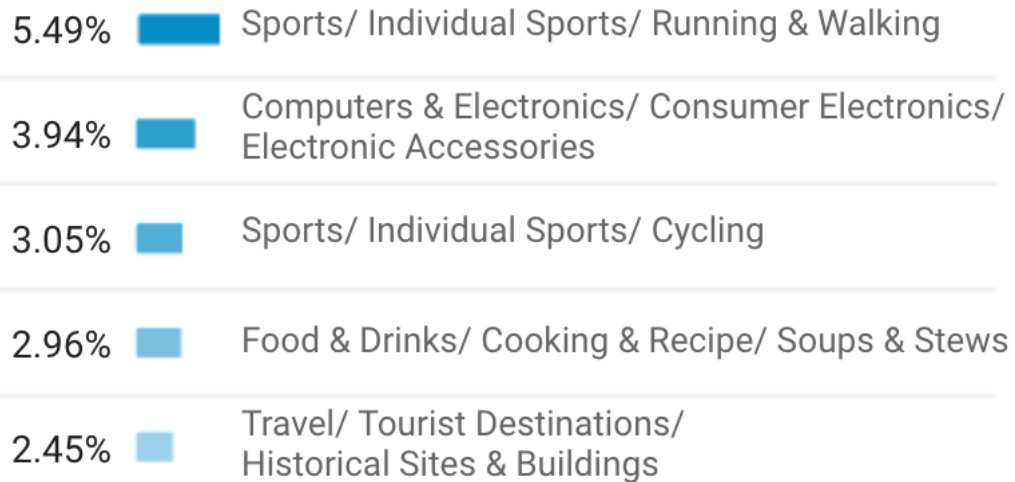
Age

100% of total sessions



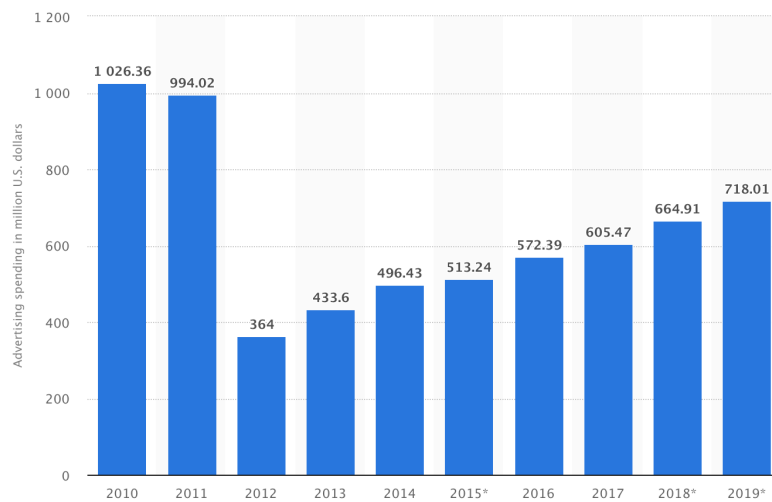
Interest Category

100% of total sessions



	Acquisition			Behavior		
	Users ↓	New Users ↓	Sessions ↓	Bounce Rate ↓	Pages / Session ↓	Avg. Session Duration ↓
	42,481	42,050	51,385	46.76%	1.33	00:01:04
1 ■ Organic Search	38,519	<div><div></div></div>		44.07%	<div><div></div></div>	
2 ■ Direct	4,080	<div><div></div></div>		64.99%	<div><div></div></div>	
3 ■ Referral	206	<div><div></div></div>		52.52%	<div><div></div></div>	
4 ■ Social	45	<div><div></div></div>		42.59%	<div><div></div></div>	

Advertising spending in the orthopedic, prosthetic, and surgical appliances and supplies industry in the United States from 2010 to 2019 (in million U.S. dollars)



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CITATION (FAQ)

Select citation

DESCRIPTION SOURCE MORE INFORMATION

by [A. Guttman](#),
last edited Nov 29, 2018

This statistic presents information on the advertising spending in the orthopedic, prosthetic, and surgical appliances and supplies industry in the United States from 2010 to 2019. According to the source, in 2017, advertising expenditures for this industry reached 605.47 million U.S. dollars.

	Past month	Past week
Bulletin (billboard)	79%	60%
Wrapped vehicle	64%	44%
Printed signs in various venues	57%	33%
Digital bulletin (billboard) or poster	55%	38%
Public bus	55%	39%
Poster	47%	30%
Video screen in various venues	45%	26%
Shopping mall	41%	19%
Bus shelter	39%	25%
Street kiosk	37%	22%
Movie theater	31%	15%
Taxi cab	31%	17%
Mobile billboard	27%	14%

OOH in the U.S. as of 2018.

