

Why Your Old Healthcare Marketing Strategy is Not Working

With Ian Baer

Episode 111

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Ian (00:00):

Gosh, there's nothing more we can do as marketers, as a noble mission, than to help people live better, longer, healthier lives, protect families against the economic crisis that healthcare represents in our country, and that endless money pit, and homes and savings being lost, chasing solutions. So, this is where it all comes together.

Speaker (00:28):

Welcome to the Healthcare Leadership Experience Podcast, hosted by Lisa Miller and Jim Cagliostro.

Lisa is the founder of VIE Healthcare Consulting and now managing director at SpendMend. Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services, and outpatient settings at nationally recognized medical facilities across three states.

Jim (01:07):

Hi, this is Jim Cagliostro, and you're listening to the Healthcare Leadership Experience. Today's guest is Ian Baer, Founder and Chief Soothsayer at Sooth, a leading marketing intelligence company that harnesses patent-pending AI powered technology to help organizations improve their marketing performance by measuring the precise emotional receptivity of any audience at a 95% confidence level. How did I do at that, Ian?

Ian (01:34):

That was fantastic. The elevator pitch is one of the trickier things to pull off because, as we found from the day we opened our doors, about a year and a half ago, we don't neatly fit into any one category. We're definitely not an agency. We're not really a research company, we're not a data company. So, I think you handled it flawlessly.

Jim (01:58):

All right. I know we were just... Listen, we could spend a half hour talking baseball, and I started talking baseball life and family with you, but I really want to get into this topic of, I think you suggested this title. I think it's a great topic, "Why your old healthcare marketing strategy is not working." And I think it's a great topic. Before we jump into that, if you don't mind, if you could share a little about your extensive experience in marketing and advertising and what led to the founding of Sooth. You mentioned to me about actually being the Chief Soothsayer. If you want to share a little about that, I'd love it if you could share with our audience.

Ian (02:31):

Sure. Well, where do I start? So, I founded Sooth about a year and a half ago, after an agency career that went on for more than 30 years. And I started when I was two days out of college, 20 years old. The only reason I was two days out is the day in between was Memorial Day. I was very anxious to get to work.

(02:52):

I wore every hat you can wear in the agency business. I started as an account guy, worked my way up through the ranks of account management, eventually became president of a few agencies, but really found my love was for strategy. Sort of at the midway point of my agency career, I pointed myself firmly in that direction, got to be chief strategy officer of three different agencies. But also along the way, spent seven years as a chief creative officer.

(03:22):

So, I really got to see every perspective on marketing. And I think no matter what my business card said, I always saw myself as the problem-solver. I was going to take everything I knew and every piece of information I could get my hands on, and everything in my inclination and my educational background, to solve marketing problems. And I'm not a classically trained marketer. I, to this day, have never taken a marketing class in my life. I never read a marketing book before I started working in an agency, but I knew business because my dad was a management consultant. I knew people in storytelling because my mom was a fundraiser. My educational background is in journalism and social sciences. So, that really got me deep into that balanced art and science of understanding and empathizing with somebody's situation, and being able to tap into storytelling as a tool to solve problems.

(04:29):

So, put all that together, and we land here. When I pivoted out of the agency world, it was to take my unique practice that uses empathetic storytelling and an understanding of the emotions that drive people's decisions, to give brands a significant edge by just understanding their customers better than they ever have before, better than their competitors do.

(04:56):

And I'm especially excited that we're talking today because healthcare marketing has been a particular area of passion. I've never worked for a healthcare marketing agency, but I've been working with healthcare brands

since the mid-1990s. I've worked with most of the major pharmaceutical companies. I've worked with two of the three leading drug chains. So, I've worked on the pharmacy side, I've worked on the provider side, I've worked on the insurer side, I've worked on the institutional side, I've worked on the medical device side. So, I've really not only built up a lot of experience, but so much passion for healthcare.

(05:35):

I mentioned my mom was a fundraiser. My mom was the executive director of the National Kidney Foundation for 25 years. I grew up in the healthcare space. I grew up hearing stories of people with kidney disease who desperately needed solutions and research and medications and devices. And when I saw the opportunity to apply what I was building up as a marketing expertise in ways that could actually improve people's lives, not just like... Look, I'm all for selling a new flavor of toothpaste or German luxury automotive vehicles.

(06:15):

I've done both of those, but gosh, there's nothing more we can do as marketers, as a noble mission, than to help people live better, longer, healthier lives, protect families against the economic crisis that healthcare represents in our country right now. And that endless money pit, and homes and savings being lost, chasing solutions. So, this is where it all comes together. Our mission at Sooth is really all about being able to quantify and leverage a very deep level of understanding and empathy to solve people's problems. And gosh, doesn't healthcare need that?

Jim (07:04):

I love it. And I was going to share with our audience what you posted on LinkedIn yesterday, but I think you really just summed it up there.

Ian (07:11):

Oh, yeah.

Jim (07:13):

How deep healthcare goes. It really cuts to the heart. It's not just a business. Yes, there is the business of healthcare, but it's not just that you're touching people's lives, their families, things that really matter to them.

Ian (07:24):

Disease is the number one cause of bankruptcy in the United States. People don't talk about that enough. It is more than just selling drugs. So much more than that. When you talk to people whose lives are being impacted by these diseases, it changes everything.

Jim (07:43):

Yeah. So, if I could sum it up, and correct me if I'm wrong, if I could simplify it, I'd say thinking of what Sooth does, you optimize connection with people using AI. And maybe I'm oversimplifying, I know there's a lot involved. But in much of the business world, we think about consumers and making that connection with consumers. In healthcare, we talk about connecting with patients and we could even say potential patients. Why is that connection so important today, more important today than it ever has been?

Ian (08:13):

Well, I think you did a very good job of approximating what we do. I mean, look, AI, it's very buzzwordy, but what it does for us is it allows me to take what used to require one or two years of custom research that might cost hundreds of thousands of dollars, into a methodology that we can execute in a few weeks to give a brand a very clear understanding of the emotional journey of the individual that they're trying to reach.

(08:46):

Now of course, the impact in healthcare is huge because look, 90% of all the decisions people make when it comes to spending their money are emotional. It's a big mistake marketers made for decades upon decades in thinking there's a balance between the rational and their emotional. No, there isn't. People make emotional decisions, and then they seek rationale to back up where their heart has already gone.

Jim (09:17):

Absolutely.

Ian (09:19):

And Harvard did some brilliant work that they published in 2016, an article I recommend to anybody and everybody get their hands on, called The New Science of Customer Emotion. It didn't necessarily change marketing for me, but it emphasized and confirmed the gut instinct that I had been operating on for my whole career, which is the importance of emotional connection.

(09:47):

And what they found was, of the thousands of different emotions we all experience, it's been estimated that people experience 34,000 different emotions. I'm not sure the number is quite that high. We could convene a panel of social scientists to take that apart. But what they found is there's actually only 10 things that we feel as humans that have a positive correlation to the way we spend our money.

(10:15):

It's things like the need to feel confident or the need to have fun or enjoy yourself or the need to feel safe or the need to feel like you're a part of something bigger or the need to feel like you're helping someone or the need to feel a sense of freedom and independence. We all feel all of these things, but we don't feel them all to the same extent.

(10:37):

So, what we are able to do through our methodology, again, taking what used to require months or years of research and rounds of research and analytics, we're able to very quickly understand what somebody's emotional hierarchy is. When they're going to choose between the thing that makes them feel safe and the thing that makes them feel confident, we can predict at a 95% confidence level, which door they're going to go through.

(11:10):

And not only the hierarchy, but then if I have that need to feel confident... Hey, let's do an exercise with everyone right now. I'm going to ask everyone who's listening close your eyes. I'm going to say a word and I want you to get an experience in your mind. Confident. Get an experience in your mind, something that's happened to you that made you feel confident. Now, obviously I can't poll everyone to ask you what your answer is, like I do when I do this in speaking engagements or when I'm lecturing, but I promise you if I ask 20 people what they imagined, I'm going to get between 5 and 10 different categories of answers.

(11:58):

They are things like, "Somebody gave me praise or positive affirmation." Somebody else may say, "I just do what my role model does and that makes me feel confident." Some people may say, "I look for tools that give me a sense of control, that make me feel like I'm on top of things, that help me plan for different outcomes." Some people say, "I just study and study and study until I know more than anybody else about it. That's what makes me confident."

(12:32):

And because confidence comes from a different place for all of us, it's not enough to know that confidence is your north star emotionally. We have to know what triggers it. Because if I understand what confidence means to you, I can actually see all the way through to the specific types of content experiences to the specific destinations, to the specific media voices, to the specific influencers, to the specific types of offers, creative and other experiences that you're ultimately going to seek out to satisfy that need to feel confident or that need to feel free or that need to feel safe.

(13:16):

So, what we do as a practice is give brands a highly robust understanding of all of that intricate emotional decision-making that they can literally wire their brand's marketing into. There is no category where empathy matters more than healthcare, because everyone's journey with an illness is unique.

It's very individual and it's individual for a sufferer and it's individual for a caregiver and it's individual for a healthcare professional. And we're able to see all the way through, see where those emotions collide, see where they might cause people to sort of go into their own camps and how the brands can bring them back together. So, I know that was a very long-winded explanation, but that's what we do.

Jim (14:10):

I love it, Ian, and I love that you're really driving home the importance of the emotional element of it, especially in healthcare. I didn't give you a chance actually, if you could just mention that Chief Soothsayer title, how you mentioned, how you came up with that before we started recording. Please share that because I think that's great.

Ian (14:27):

Oh, sure. I mean, it came out of the name of the company, which came ultimately from a client of mine when I was making the move out of the agency world. And I said, "Okay, it's not to start my own thing and I want to be able to scale and teach this very unique perspective, this emotionally-driven approach to marketing, that I've perfected over the decades." And I went looking for names.

(14:54):

So, I went looking through my LinkedIn profile, just going through all my experience and, "How can I describe what I do?" And I found a LinkedIn recommendation from a former client in which he referred to me as, "Soothsayer." And it reminded me that very often, when we were at a time of crisis for his brand, he would pick up the phone and call me and say, "Oh, soothsayer." And that would very often start our conversations.

(15:19):

I thought, "Well, that's a really interesting word." I always thought a soothsayer was somebody who predicts the future. It's not. A soothsayer is somebody who tells the truth. The word sooth literally means truth. It just went obsolete in the English language about 400 years ago when

Shakespeare got done with it, which is what enabled me to actually trademark it as the name of a business. It's pretty hard to get a vernacular word as the name of your company.

(15:46):

So, when we decided to name the business Sooth, because in reality that is exactly what we're doing is helping brands understand the truth, then it just followed suit that I should be the soothsayer, that we actually have two practices at the company. We have the soothsaying practice, which is determining what the truths are, and then our client partnership practice, we call those people sooth solvers because what they do is actually take the truth and put it to work in really smart marketing recommendations, and work in partnership with senior leaders on the client side.

Jim (16:26):

I love it. Thanks for sharing that, Ian. So, I really want to get into maybe some of the roadblocks or obstacles that you've seen when it comes to marketing. What unique challenges do you see in healthcare that you might not see in other industries? I love hearing from people like you who have experienced in industries outside of healthcare, but I'm really curious to know what unique challenges do you see in healthcare?

Ian (16:47):

Well, it's no secret that healthcare is as regulated, if not more regulated, than any industry when it comes to marketing, and with good reason. We want to be very responsible in the way we use information, in the stories we tell and the promises we make or the things we imply, especially to patients. But also, there's got to be full transparency where professionals are concerned. And marketing and transparency, they haven't danced all that well together over the last 150 years.

(17:23):

Because of the regulatory environment, healthcare marketers have learned to play it extremely safe, and it's understandable. The last thing you want is a slap on the wrist, or much worse, from the FDA when you've spent countless

millions of dollars, let's say, bringing a drug to market. But the result is most healthcare marketers have become conditioned to stay in the very shallow end of the swimming pool.

(17:51):

And where that becomes unfortunate, we spoke earlier about no industry really needing empathy in their marketing more than healthcare. Well, we now have the ability through use of data, through use of technology, through one-to-one connection and interaction, through experience design, to create a really special personal experience. And yet, data privacy is a scary thing. Engaging with someone, one-on-one, whether it's through social media or other, that's a scary thing because you may wind up having to capture adverse reaction information that you then have to report to the FDA, that a lot of people would prefer not to get their hands up.

(18:41):

So, the result is you have too many brands that don't say enough to really be helpful to people, and they're holding back way too much. And one of the biggest challenges there is the unregulated side of the healthcare space, the area that a lot of healthcare marketers might not want to acknowledge as legitimate, companies selling nutritional supplements, companies selling devices that don't really have any medical benefit, but they're claiming, "Just put this on your wrist. Just put this on your knee. Just sit up against this thing."

(19:24):

They're not operating under the auspices of the FDA. They're making outrageous claims, and almost daring consumers and competitors to sue them. And because we live in a world now, where it's very hard for anyone to find one truth in any area of marketing or the news, consumers are somewhat in the crosshairs here. So, if healthcare marketers play it too safe and continue to stay in the shallow end, the ones who lose are the very patients and families that they're trying to help, because they'll chase false promises that really are leading healthcare marketers can fulfill in a much more meaningful way.

Jim (20:15):

I really hadn't thought about that. I mean, I think that's really neat perspective today. Naturally, in healthcare, I'm thinking, "Yeah, we're playing it safe." Or that's a tendency. But then you have that other extreme where those claims that's like, "Well, really, can you back that up?" And it really does impact the patients.

Ian (20:30):

I was scrolling through Facebook the other day and I came upon a video where somebody was claiming that these gummies outperformed metformin in helping them control diabetes. And you looked at the ingredients and the gummies, and there are things that you could buy in any health food store for the last 75 years.

Jim (20:48):

Sure.

Ian (20:49):

Now, no one drug is the be-all, end-all. Is Metformin the right way to treat everyone's diabetes? No. But I think of all the people who looked at this and said, "Wait a minute, I can chew these gummies and not have to worry about insurance and copays and prescriptions? Sometimes metformin makes my stomach feel not so good, so I'm just going to take the gummies." That's the danger, and that is happening every day.

Jim (21:18):

So, I think this touches on another thing I wanted to ask you. Is marketing and ad initiatives that have historically worked seem to not be working today? Has the population changed? Is it technology? Why do you believe that's the case that the historical approach no longer is as effective?

Ian (21:35):

Yeah, marketing effectiveness overall is down 23% since 2020, as a global practice, across all industries. Marketing is significantly less effective than it

was 20 years ago. So, we have more data than ever, more technology than ever, more access to people than ever. And we're getting so bad at this that most brands have now shifted much more to managing the economics of marketing, how much they're spending. It's become somewhat of a marketing by the pound model because if we can't get it to produce more, then we just have to spend less on it.

(22:14):

And everyone has gotten to settle for this reduced level of performance. How did we get here? Well, impulse is a huge issue. The extent to which people make purchase decisions, and a decision to seek out a certain medication, that falls into the category of purchase decisions. The extent to which people do this on impulse has doubled in the last 10 years, and the amount of money people spend on impulse purchases like that, "I'm going to click twice on this Facebook ad and get those gummies and throw out my metformin." That's happening faster than ever.

(22:52):

So, when 90% of decisions are emotional, when 80% of people are making decisions on impulse, which means they're not gathering the facts, they're not gathering information, they're not calling their doctor, they're not asking other people who are suffering with the same condition. They're just saying, "Yep, that's for me." That's how we got here.

(23:14):

Because it's very easy to manipulate someone in the moment. It's very easy to use tools like data targeting, social media and kind of flashy, high-end creative digital experiences to dazzle people before they can really make thoughtful choices. And that's why I think the only role that brand equity can play, if it now has been neutralized at that point where somebody's double-clicking on those diabetes gummies... Sorry, by the way, if I'm giving grief to the manufacturers of these diabetes gummies. I apologize, you might have a great product. You're fresh in my mind.

(23:58):

Brand equity actually then, one could argue, is now occupying the wrong place in the timeline. Most brands still are too focused on the moment of truth, whether that truth is a click, whether that truth is a purchase, whether it's making an appointment, whether it's a visit, whether it's an order, whether it's a script. And what they're not focusing on is understanding who that person is before those transactional moments take place, and solving their problems, or at least giving them a pathway to a solution, before they ever reach the moment of impulse. Because once you let them get to that moment of impulse, it is Dodge City.

Jim (24:46):

That's a great point. That really is, isn't it? I'm going to have to listen to all this again once we're done because you're really just... you're putting out some gems there, and I think it's great that. Thank you, Ian.

(24:56):

If you're just tuning in, you're listening to the Healthcare Leadership Experience, and I'm your host, Jim Cagliostro.

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(25:29):

Ian, we've discussed the need for connection and the challenges that exist within healthcare to create and maintain a connection with patients. In your opinion, and I don't know if you can summarize this in one statement, but what's the solution?

Ian (25:41):

Can I say anything in one statement? That's really the operative question, Jim.

Jim (25:45):

I have a similar problem, Ian. That's fine. But is there an overarching mindset that we need to embrace or maybe it's a shift in strategy. Is there a key piece that we're missing? In your opinion, what are your thoughts there?

Ian (25:57):

Well, to me, where it all starts to solve problems with healthcare is the recognition that there is no industry in which the journey of the consumer target and the journey of the business-to-business target, in this case, the healthcare professional, are more intertwined. In most categories, there's a consumer play and there's a B2B play. Think of like cars, right? People who buy cars, people who sell cars, they're both marketing targets, but they're more of a gatekeeper relationship.

(26:33):

Here, every step of the way, there's an advisory relationship going on. There are certain things the consumer can do without the professional. There are certain things they cannot do without the profession, and it really is a pathway that needs to be curated. We need to understand where they come together and the information they need to reach the right decisions, and where they're going to be off on their own, exposed to different information.

(27:02):

So, I think starting with the fact that there is no differentiated journey between the patient and the professional, but actually it's one journey, it's one path, and they're both walking it. They just enter and exit at different times. I think that's the most critical truth to understand, to start to do this thing the right way and to see every one of the decision points through multiple sets of eyes: the patient, the professional, often caregivers are involved. Sometimes you have primary and specialist professionals,

institutions, payers. There's multiple points of view at every stage that need to be considered. It is the most complicated roadmap of marketing that exists.

Jim (27:55):

We talk often about the complexity within healthcare, and that's insurance, the coordination of care. I mean, everything about it. It's a miracle, sometimes you think... I think about my own parents navigating their healthcare and medications and pharmacies and all these things. You mentioned already about regulation, and I think the tendency for a lot of organizations to play it safe, which for good reason, we talk about patient privacy, it's a very real concern from a health leadership perspective. How do we, number one, alleviate and ultimately overcome those concerns? But also number two, how do you get buy-in across an organization like a health system that understandably wants to minimize that risk?

Ian (28:38):

Well, most people who work in healthcare believe that they're the most regulated industry of all, and I would say they're in the category of highly regulated industries. But financial services is incredibly regulated. Air travel is incredibly regulated. I've worked in both of those. And there are industries that are just more willing to push a little further.

(29:09):

Healthcare has been a little beaten down over the years by the FDA. And I think in a lot of ways the DTC revolution, while it emboldened brands to get out there publicly, it also watered down storytelling to the point where it's really hard for a consumer to understand... I'm watching a bunch of people dancing and singing and telling me how great this drug is. At the same time, I'm hearing somebody, in a really friendly voice, telling me this drug could kill me. I respect what a challenging environment this is.

(29:49):

However, I did some work over a number of years with the folks at Celgene, which eventually was acquired by BMS. So, later on with BMS, working in the cancer space and specifically around multiple myeloma. And the biggest

thing we did to change the way that franchise went to market was to actually spend time speaking to patients and caregivers and doctors — and listening to their stories and bringing empathetic storytelling into the mix.

(30:32):

There's a lot of things a drug company can't say, that a patient can. And I think the more drug companies get comfortable giving voice to the people who are actually on the journey with that disease or that illness, it's really going to help bridge the gap between this kind of odd mix of old school branding and clinical detail. But within all of that, I have a hard time finding the humanity, and I think the more brands get comfortable, letting people tell the story of what it's really like to experience the uncertainty of disease, the hope that comes with treatments.

(31:20):

I had a heart attack six months ago, a massive heart attack, the type that has a 96% fatality rate. It was the first cardiac event of my life. It changed my perspective on everything. I've learned a lot about my body, about my health, about what it's going to take to live a good healthy life for as long as I can. I've got a story to tell. There's millions of people like me who have stories to tell, and I would love to see more healthcare marketers be brave enough to let people tell their own stories. I think that would make a dramatic difference.

(32:00):

Through the work we do here, we try to approximate that. We do a very good job of creating data-rich stories that represent people's beliefs and fears and tendencies. There is no substitute for hearing people's real stories. And when I see healthcare brands step up and tell real stories, I applaud them.

Jim (32:27):

Ian, you are hitting on something that recently, I was talking about this and it's been top of my mind recently, where especially in healthcare, you work with a lot of clinicians and scientists, we're very numbers-oriented, "Hey, show me the data. I want to see, is this true?" And we want that proof, yes, but what sticks? It's the stories of people. You mentioned about the humanity, that

perspective, the ability to tell a story. Well, you said to let patients tell their story. So, how can we do that? Because that's what sticks. That's what moves people.

Ian (32:59):

Yeah. Look, here's a clinical data point for you. People retain information 30 times more when they hear it in a story.

Jim (33:08):

I believe it. It's so powerful, and I love that you're bringing that out. We don't want to throw the data out the window. We need that, but the stories is how we communicate that. What'd you say? Data-rich stories...

Ian (33:19):

Yeah, because also data unlocks empathy. Look, as I said, my whole business is about using data to unlock empathy between brands and audiences. So, there's a huge role for data to play, but data is not just about targeting and segmentation and managing the numbers side of things. We are all, really, walking data vaults. Our data includes experiences, our data includes our emotions, our impulses. These are data points too, and they're every bit as valid and important, and drive 90% of the impact of marketing effectiveness.

Jim (34:05):

I love it, Ian.

Ian (34:07):

I love that we're using data. We just have to use the right data in the right ways.

Jim (34:11):

Awesome. And I'll say it again what you said, using data to unlock empathy. That's huge. I think you put that beautifully. We unfortunately are out of time, but like I said, I'm going to listen to this again because there's so much in this.

(34:24):

But I do like to allow our guests to just share one piece of leadership advice, maybe something you've learned in your extensive career and experience or something that has really carried you through to this point in your career. Anything, last words that you'd like to leave with our audience?

Ian (34:41):

The words that have defined my career more than any were... I started out wanting to be a journalist, and my degree is in journalism, as I mentioned, and I got to meet my journalistic hero shortly before I graduated college, and now I'm dating myself. So, if you've never heard of Jimmy Breslin, you should find out who Jimmy Breslin was, because in New York in the 1970s and '80s, he was the most important voice in journalism. He told the stories of this city.

(35:12):

And I got to meet him. And in a conversation in which he talked me out of a career in journalism, which is a story for another day, the advice he left me with was... the last thing he said as I walked out of the room, "Hey kid, don't be a suit. Whatever you do, don't be a suit." Now, nothing wrong with suits. I own a few. I wear them occasionally, but what it really meant to me and what I internalized and have carried as a mission is, "Don't ever give up who you are in the pursuit of business success. Don't ever give up your integrity. Don't ever give up your identity. Don't ever let a company tell you what you're really about as a human being."

(35:55):

That has never let me down. It has defined both my good and bad career choices, but I think as much as you can stay true to yourself, that's what the world needs from you.

AI is going to move in and automate a lot of the things that we don't need humans to do for themselves. So, more than ever, really bring your soul to work every day, and everyone that surrounds you will benefit from that.

Jim (36:25):

That's beautiful. That's powerful stuff, Ian. Thank you for sharing that. Thank you for being on the show today. And thank you to our listeners who spent time with us. If you have any questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn. Ian is also on LinkedIn. We'll include a link in the show notes.

Ian (36:43):

I appreciate it.

Jim (36:44):

Absolutely. We at SpendMend love helping hospital leaders uncover financial leakage and improve the patient experience. And we're hoping, I know that today's episode gave you some new insights to consider and use in your career and in your own healthcare organization.

Ian, once again, thank you for everything that you shared with us. Thank you for being our guest today.

Ian (37:03):

Thank you so much. It was a pleasure.

Speaker (37:06):

Thanks for listening to the Healthcare Leadership Experience Podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices and ideas to utilize in your career and healthcare organization, check out our website at thehealthcareleadershipexperience.com.

And oh, yeah, don't forget to rate and review us, and be sure to join Lisa and Jim next time on the Healthcare Leadership Experience Podcast.

Thanks again for listening.



MEET LISA MILLER

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Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in

financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.



MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

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MEET IAN BAER

Ian Baer boasts a wealth of experience in agency leadership, spanning over three decades with a specialized focus on healthcare marketing. A visionary in brand strategy, digital engagement, and direct response tactics, Ian has a proven track record of driving success in the healthcare sector.

In 2020, he pioneered Sooth, a pioneering marketing science company tailored to the healthcare industry. As the driving force behind Sooth, Ian employs innovative approaches to decode the emotional triggers within healthcare decision-making. His dedication to excellence has garnered numerous awards, reflecting his commitment to elevating healthcare marketing

through empathy and strategic insight. Ian's mission is clear: to empower healthcare brands to forge deeper connections and achieve transformative results.

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