

Developing Truly Data Driven Marketing Campaigns



Jake Collins,
Director, Market
Intelligence
UPMC



Tracking for Success: Developing Data Driven Marketing Campaigns

Introduction

UPMC is an Integrated Health Care System

Health Services

Insurance Services

UPMC Enterprises

UPMC International

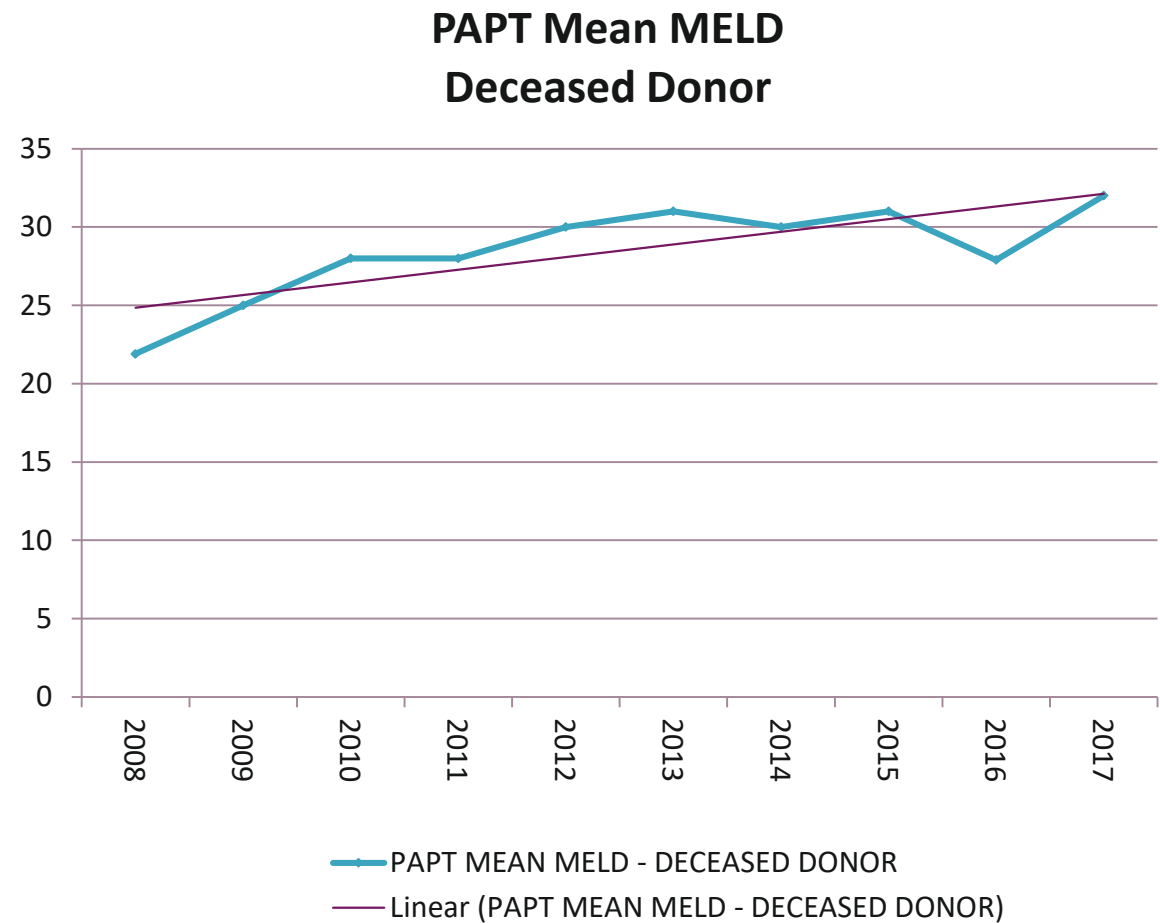
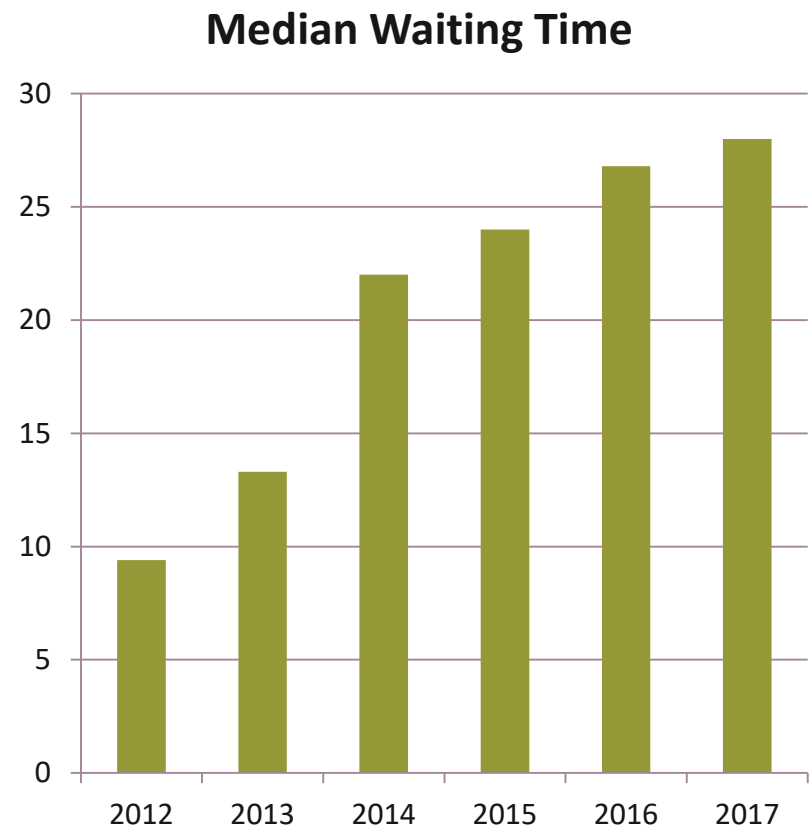
Highly integrated system with an academic medical center hub closely affiliated with the University of Pittsburgh

- \$12.8 billion annual revenue (FY 2016)
- Among top 12 hospitals in nation according to *U.S. News & World Report's* Honor Roll; nationally ranked care in 15 specialties
- 25+ hospitals with over 5,000 licensed beds; 284,000 admissions/observations; 700,000+ ER visits per year
- Nearly 60% market share in Allegheny County; 41% share in western Pennsylvania
- Region's largest rehabilitation network with 80+ facilities
- \$475+ million in NIH funding per year with University of Pittsburgh
- Largest medical and behavioral health insurer in western Pennsylvania; UPMC Health Plan network = 3 million + members
- UPMC's integrated health care model has received world-wide attention and has been touted as "a vision for health care" (Steven Brill, *America's Bitter Pill*, 2015)

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PROBLEM: NOT ENOUGH LIVERS FOR ALL THE PEOPLE WHO NEED THEM



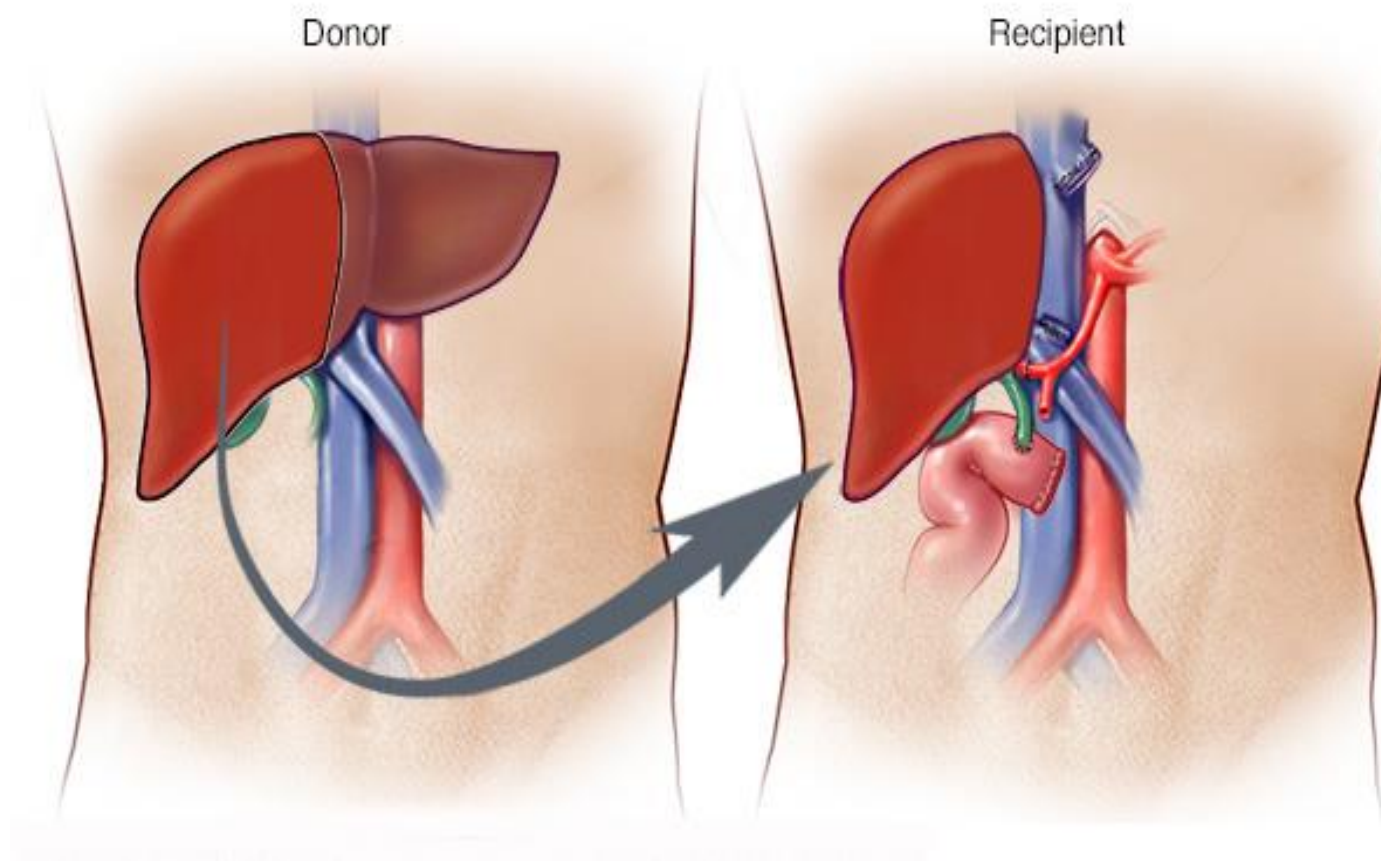
Patients in our local area, as well as other areas are waiting longer and are sicker by the time they receive a transplant.

CONSEQUENCES OF A WAITING LIST AND LIMITED RESOURCE

What does this mean for the individual patient needing a liver transplant?

1. About a **15-25%** chance of never making it to transplant
2. **Longer waiting times** before receiving a transplant
 - A more debilitated state by the time a transplant is performed
 - A longer and more difficult recovery time post-transplant
3. **Not all patients** that could benefit are listed or offered transplant

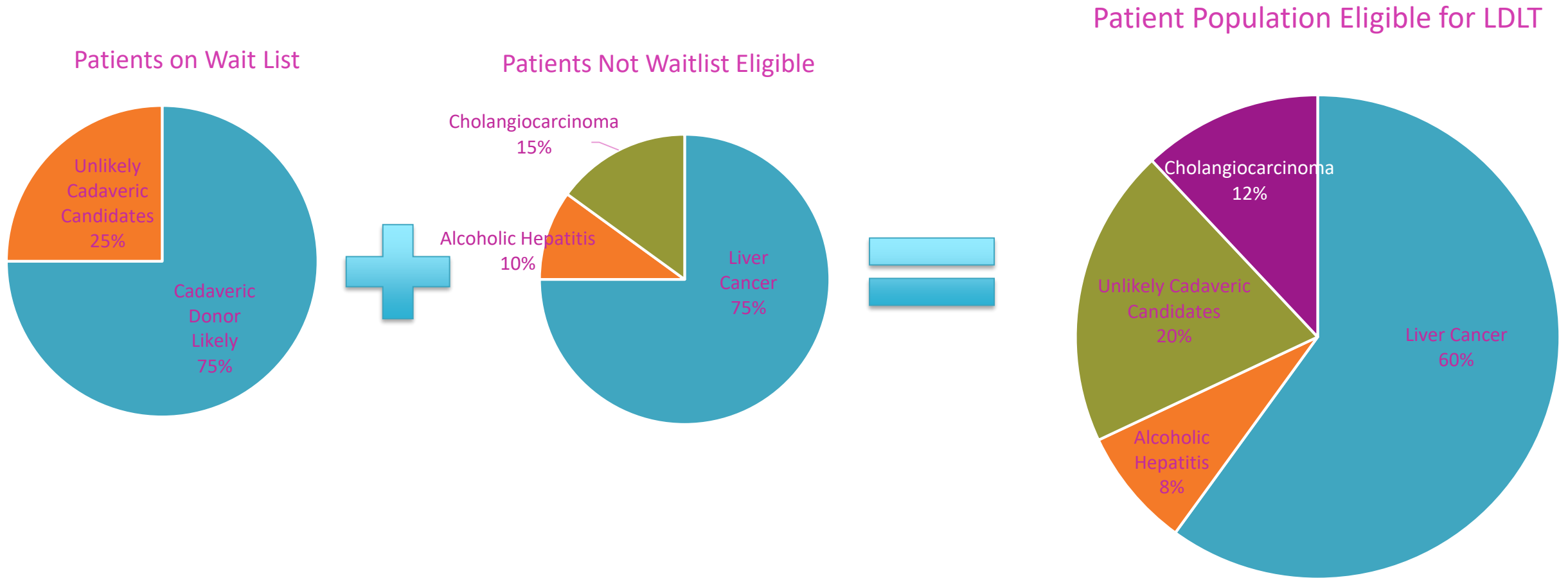
LDLT—A POSSIBLE SOLUTION FOR THE WAITING LIST PROBLEM



Possible because of 2 unique properties of our liver:

- Extra capacity built in
- Ability to regenerate

Opportunities for Patients



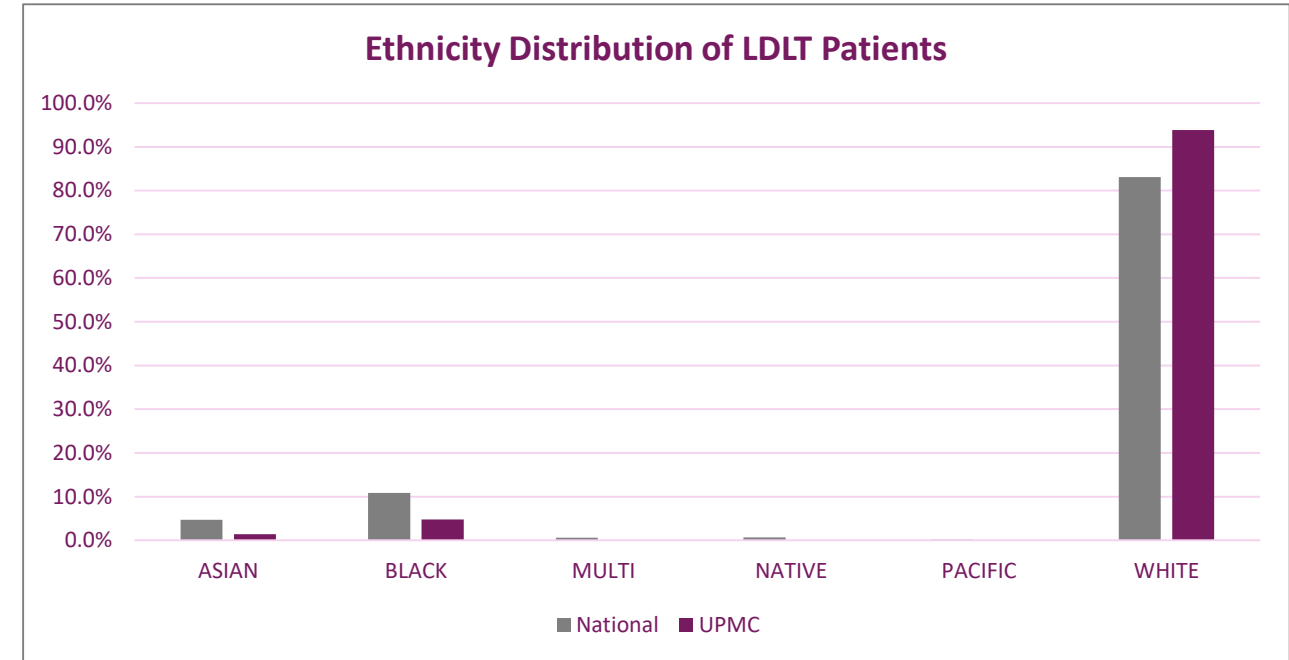
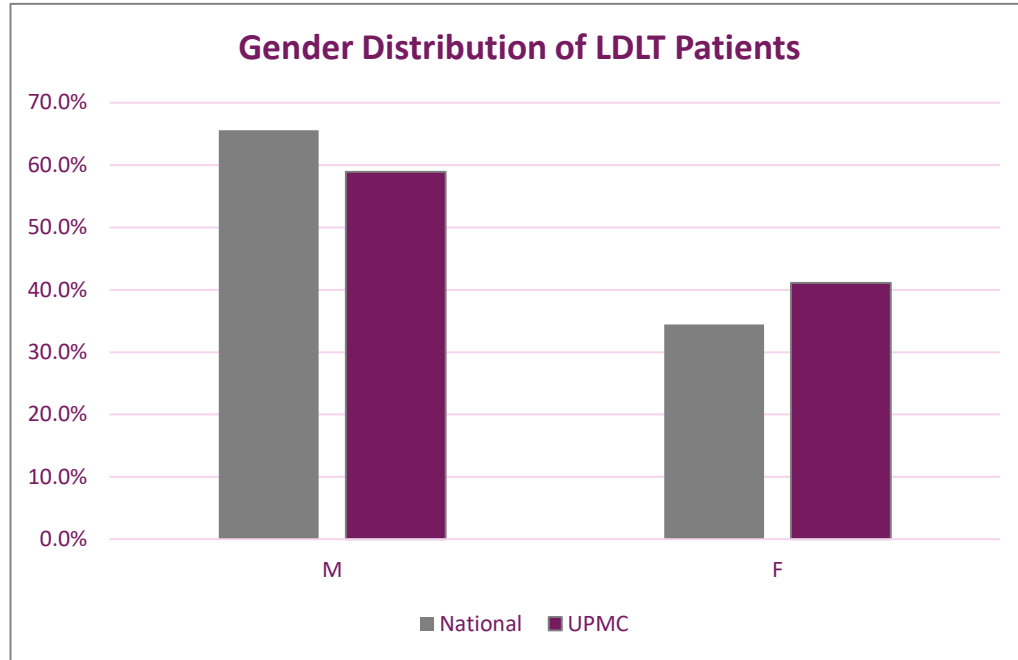
Problem Statement and Project Goals

Identify potential LDLT candidates willing to travel to Pittsburgh for transplantation and serve them appropriate messaging

- Target patients pre-wait list in order to avoid them having pre-existing relationships with competitive centers
- Leverage areas with reasonable travel distances and some existing patients as an initial stage
- Target spend as effectively as possible given the relatively small number of potential patients needing LDLT
- Develop market areas against which we can track campaign effectiveness to both course correct and leverage any beneficial outcomes

Developing the Targets and Defining Success

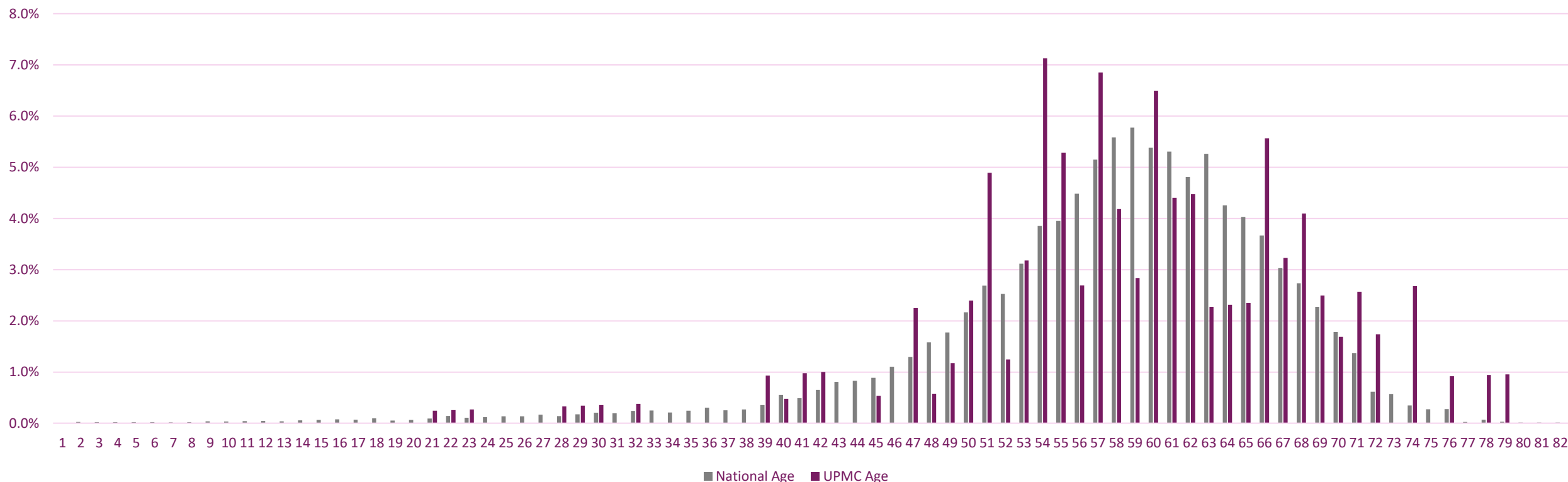
Gender and Ethnicity Distribution of LDLT Recipients/Candidates



- UPMC has a much higher proportion of female recipients/ candidates than expected based on the national average and local populations
- UPMC has less diversity in ethnicity than the national average, due in part to local demography

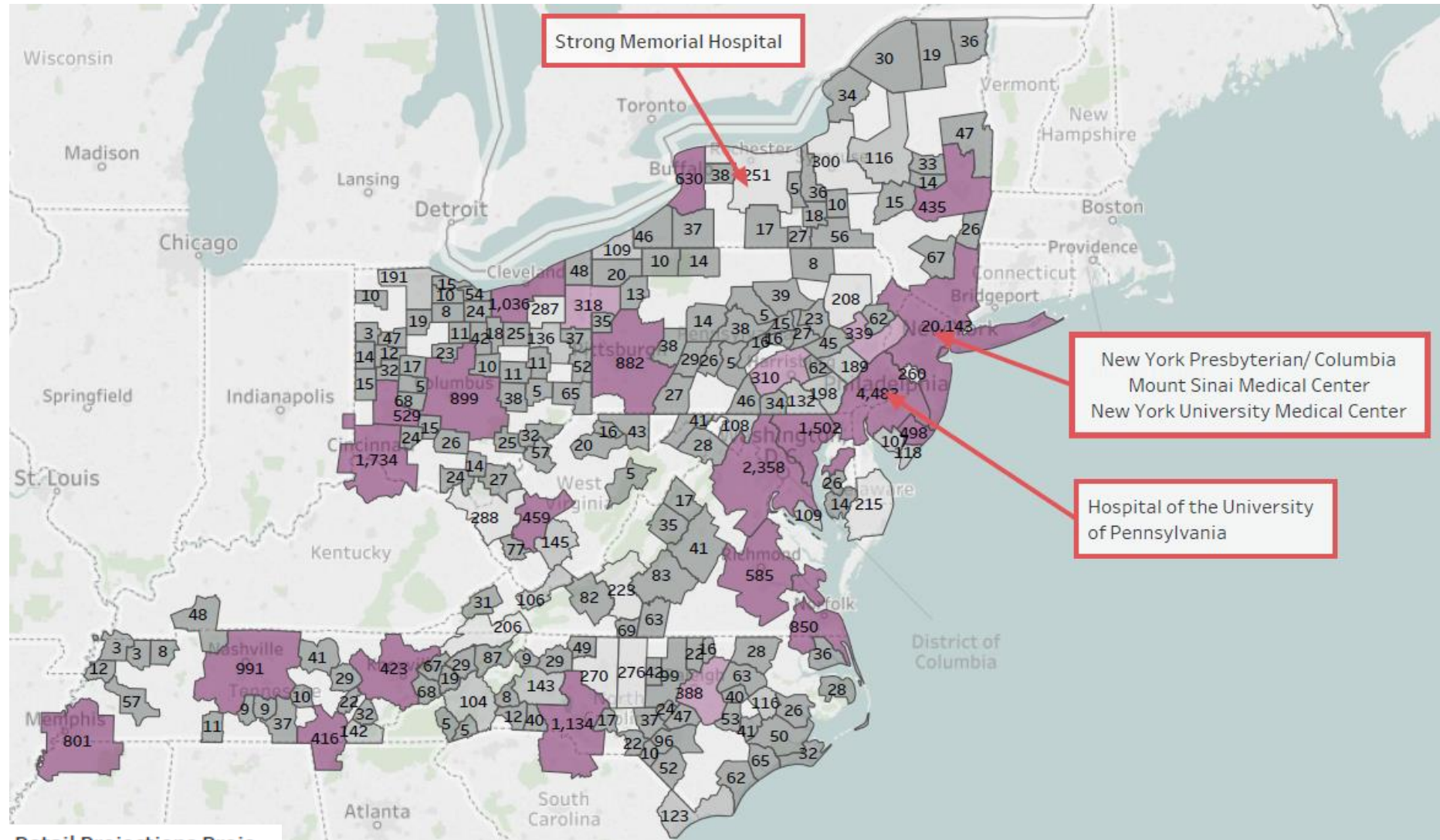
Age Distribution of LDLT Recipients/Candidates

Recipeint Age Distribution



- As expected, UPMC's population skews older than the national average confirming our position as a center that helps the "sickest of the sick"
- UPMC has an under-representation of patients aged 24 to 38, indicating an opportunity to reach out to this demographic

CBSA Distribution



Market Effectiveness Index

Effic. Rank	DMA	Projected Patients	Rank	A18+ CPM	A35-64 CPM	A18+ CPP	A35-64 CPP	CPI @ 70 Points per week	Cost Per Week @ 70 Points	Total Cost @ 8 Weeks	Competitor Set Count
1	Charleston - Huntington	747	73	\$ 14	\$ 25	\$ 109	\$ 100				0
2	Cincinnati	1,734	35	\$ 21	\$ 37	\$ 356	\$ 325				0
3	Chattanooga	558	89	\$ 17	\$ 33	\$ 117	\$ 113				0
4	Norfolk - Portsmouth - Newport	850	47	\$ 20	\$ 30	\$ 261	\$ 199				0
5	Dayton	529	64	\$ 16	\$ 31	\$ 141	\$ 134				0
6	Philadelphia	5,993	4	\$ 32	\$ 55	\$ 1,856	\$ 1,655				1
7	Bluefield - Beckley - Oak Hill	251	163	\$ 34	\$ 61	\$ 77	\$ 70				0
8	Memphis	801	50	\$ 19	\$ 35	\$ 240	\$ 224				0
9	Nashville	991	27	\$ 15	\$ 28	\$ 308	\$ 286				0
10	Youngstown	318	117	\$ 22	\$ 41	\$ 98	\$ 93				0
11	Greensboro - Highport - Winston Salem	545	48	\$ 15	\$ 26	\$ 199	\$ 170				0
12	New York	20,143	1	\$ 44	\$ 80	\$ 6,701	\$ 6,294				3
13	Baltimore	1,502	26	\$ 24	\$ 45	\$ 541	\$ 510				0
14	Buffalo	630	53	\$ 21	\$ 41	\$ 231	\$ 225				0
15	Syracuse	300	85	\$ 17	\$ 32	\$ 116	\$ 108				0
16	Richmond - Petersburg	585	55	\$ 21	\$ 40	\$ 236	\$ 226				0
17	Knoxville	423	61	\$ 18	\$ 33	\$ 181	\$ 166				0
18	Tri-Cities, TN - VA	206	99	\$ 15	\$ 29	\$ 86	\$ 81				0
19	Harrisburgh - Lancaster - Lebanon - York	639	45	\$ 20	\$ 36	\$ 268	\$ 253				0
20	Columbus	899	34	\$ 24	\$ 42	\$ 411	\$ 380				0
21	Cleveland - Akron	1,459	19	\$ 25	\$ 46	\$ 692	\$ 642				0
22	Salisbury	215	143	\$ 33	\$ 69	\$ 103	\$ 101				0
23	Charlotte	1,277	23	\$ 29	\$ 50	\$ 667	\$ 606				0
24	Albany-Schenectady-Troy	435	60	\$ 23	\$ 42	\$ 234	\$ 213				0
25	Pittsburgh	882	24	\$ 24	\$ 45	\$ 507	\$ 475				0
26	Roanoke - Lynchburg	223	70	\$ 17	\$ 32	\$ 137	\$ 124				0
27	Rochester	251	76	\$ 22	\$ 39	\$ 161	\$ 147				1
28	Wilks Barre - Scranton - Hazleton	208	57	\$ 13	\$ 25	\$ 133	\$ 130				0
29	Toledo	191	78	\$ 18	\$ 33	\$ 130	\$ 122				0
30	Utica	116	171	\$ 44	\$ 86	\$ 79	\$ 76				0
31	Myrtle Beach - Florence AND Wilmington	123	101	\$ 19	\$ 35	\$ 104	\$ 97				0
32	Washington DC, Hagerstown	2,575	6	\$ 53	\$ 88	\$ 2,676	\$ 2,388				0
33	Greenville - New Bern - Washington	116	100	\$ 25	\$ 44	\$ 138	\$ 113				0
34	Erie	109	150	\$ 45	\$ 81	\$ 121	\$ 111				0
35	Raleigh - Durham	388	25	\$ 31	\$ 42	\$ 686	\$ 490				0
36	Greenburg - Spartanville - Ashville - Anderson	104	38	\$ 20	\$ 36	\$ 313	\$ 287				0

Measuring Campaign Effectiveness


Tracking KPIs against the DMA will allow us to calculate an ROI for each market

- A series of leading indicator KPIs will be determined in order to track the increase in recognition of LDLT and UPMC within the target markets
 - Recognition of LDLT as tracked by NRC/Civic Science
 - Recognition of UPMC as tracked by NRC/ Civic Science
 - Website traffic
 - Digital marketing response rates
 - Call center data
 - Direct phone referrals
- Patient volume for both consults and transplants will be tracked based on patient origin in order to measure the resultant volumes and revenues associated with the marketing effort, which can then be compared to the cumulative spend within the DMA and across the campaign


Creating the Content (Ideally Swap for Demo)

JANUARY LEAD GEN POSTS

UPMC-APPROVED, IN-MARKET THROUGH 2018

**UPMC**
5 hrs · 🌐

UPMC is the nation's leader in living-donor liver transplants. Why wait for a traditional liver transplant?





UPMC
LIFE CHANGING MEDICINE

Find out about living donation.
95% are candidates.

www.LifeChangingLiver.com

[Sign Up](#)

 Like  Comment  Share

**UPMC**
5 hrs · 🌐

There is no need to wait for a liver. Living-donor liver transplants at UPMC are life-saving procedures that have better outcomes than traditional liver transplants.



Name

Email

Phone


Cancel

WWW.NOLINEUPMC.COM

 Like 

**UPMC**
5 hrs · 🌐

UPMC does more living-donor liver transplants than any other center in the nation.







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LIFE CHANGING MEDICINE

Find out about living donation.
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 Like  Comment  Share

**UPMC**
5 hrs · 🌐

There is no need to wait for a liver. Living-donor liver transplants at UPMC are life-saving procedures that have better outcomes than traditional liver transplants.

Name




Email

Phone

Cancel

Submit

WWW.NOLINEUPMC.COM

 Like  Comment  Share

[Subscribe](#)

JANUARY CONVERSION ADS – PENDING RE-APPROVAL

UPMC-REVIEWED (INTERIM OPTIMIZATION ROUND), NEVER WENT LIVE

**UPMC**
5 hrs · 🌐

With a living-donor transplant, both the donor's and recipient's livers will regenerate.



A proven procedure.
Get the facts now.

www.LifeChangingLiver.com

[Learn More](#)

 Like  Comment  Share

**UPMC**
5 hrs · 🌐

Living-donor liver transplants have been performed for decades, all around the world.



Don't wait for a deceased donor
Find out more today.

www.LifeChangingLiver.com

[Learn More](#)

 Like  Comment  Share

JANUARY CAROUSEL AD – PENDING RE-APPROVAL

UPMC-REVIEWED, TRAFFICKED FOR 2018, PER HARMELIN NEVER WENT LIVE

 **UPMC**
5 hrs · 🌐

UPMC does more living-donor liver transplants than any other center in the nation.



14,000 people are waiting for a liver.
www.LifeChangingLiver.com [Contact Us](#)



20% will die waiting.

8 Likes 2 Comments 3 Shares

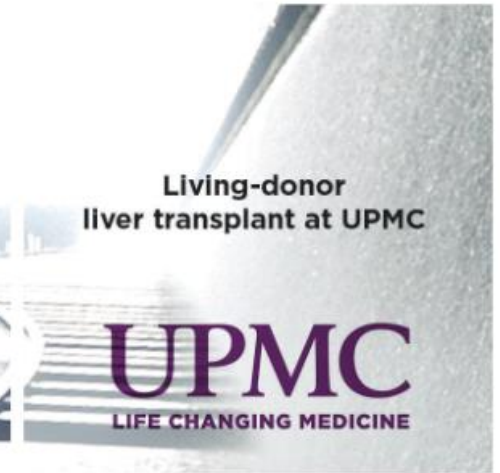
👍 Like 💬 Comment ➦ Share



UPMC can end the wait now.



Get out of line.
WWW.NOLINEUPMC.COM



Contact UPMC today.

JANUARY PROGRAMMATIC DISPLAY

UPMC-APPROVED, IN-MARKET THROUGH 2018

EDUCATION OVERVIEW

160x600

Waiting for a liver transplant? A living donor can get you off the list.

DON'T WAIT.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

With a living-donor liver transplant, you don't have to die waiting.

UPMC HAS A BETTER OPTION.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

300x50

Get off the list with a living-donor liver transplant.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

With a living-donor liver transplant, you don't have to die waiting.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

320x50

Get off the list with a living-donor liver transplant.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

With a living-donor liver transplant, you don't have to die waiting.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

728x90

Waiting for a liver transplant? A living donor can get you off the list.

DON'T WAIT.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

With a living-donor liver transplant, you don't have to die waiting.

UPMC HAS A BETTER OPTION.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

300x250

Waiting for a liver transplant? A living donor can get you off the list.

DON'T WAIT.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

With a living-donor liver transplant, you don't have to die waiting.

UPMC HAS A BETTER OPTION.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

300x600

Waiting for a liver transplant? A living donor can get you off the list.

DON'T WAIT.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

With a living-donor liver transplant, you don't have to die waiting.

UPMC HAS A BETTER OPTION.

UPMC
LIFE CHANGING MEDICINE

GET THE FACTS

APPROVED MEDIA FLOWCHART

	JANUARY				FEBRUARY				MARCH					TOTAL WEEKS	CLIENT COST	
	31	7	14	21	28	4	11	18	25	4	11	18	25			
DIGITAL															\$1,801,676	
SEARCH	1/1 - 3/31													13	\$497,059	
SOCIAL		1/7 - 3/31													12	\$480,000
ENDEMIC HEALTH	1/1 - 3/31													13	\$394,541	
ONLINE VIDEO							2/4 - 3/31								8	\$340,287
PROGRAMMATIC DISPLAY		1/7 - 3/31													12	\$89,789
TOTAL COST TO CLIENT															\$1,801,676	

Note: Costs are for planning purposes and subject to change based on lead time, availability and negotiation.

Presented by Harmelin Media: 1/3/19

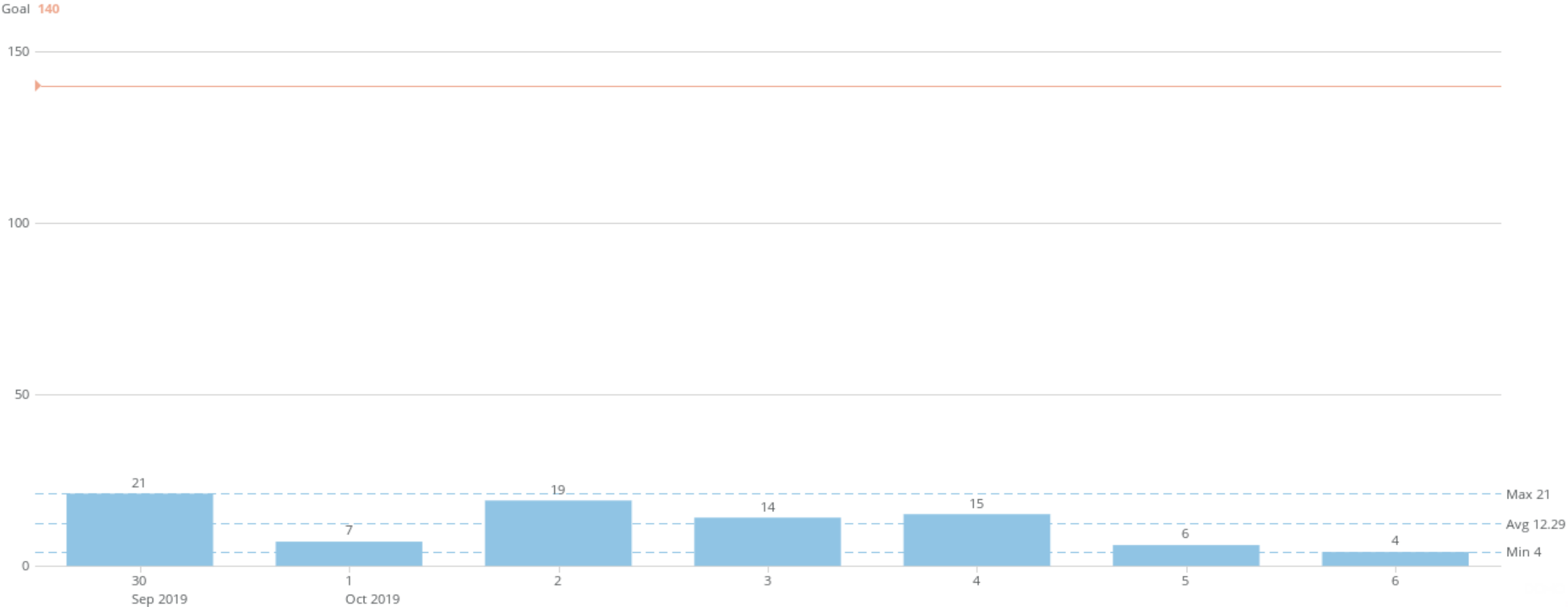
Tracking Our Progress – Live Demo

Executive Summary

- The time frame for this report is for the week of September 29th to October 6th.
- To date, there has been 21,092 tiered calls (all tiers including donor) over 393 days. The average daily overall contact volume for the campaign is ~54 calls per day.
- Eight people self reported insurance information. Of those, one reported having Aetna and one reported having Blue Cross.
- There were no inquiries that reported being on a waiting list this week.

Daily Contact Volume

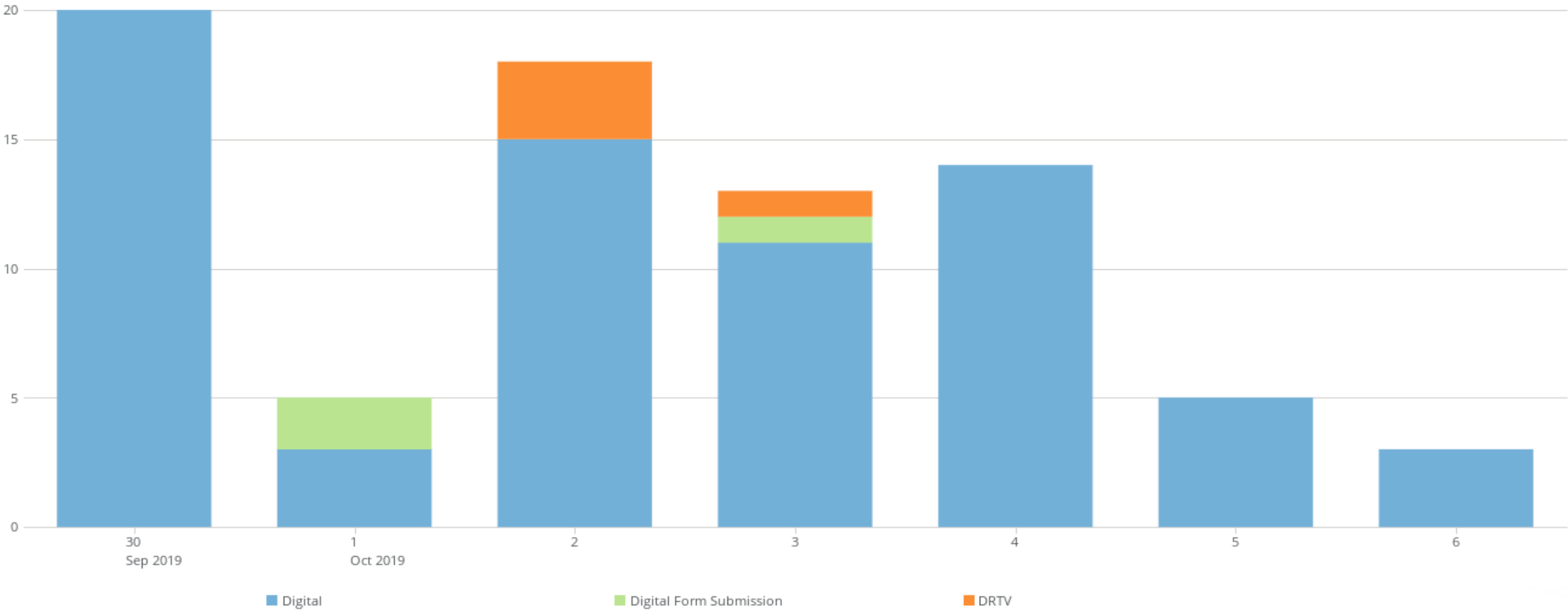
Shows the total number of contacts per day, including both inbound calls from TV and digital channels, as well as the outbound calls resulting from digital form submission. Shows the total number of contacts per day, including both inbound calls from TV and digital channels, as well as the outbound calls resulting from digital form submission.
11 is the average of daily contacts.



Daily Contact Volume - Channel Detail

The following chart details the daily contacts by placement and includes both incoming calls and outbound calls based on digital form submission.

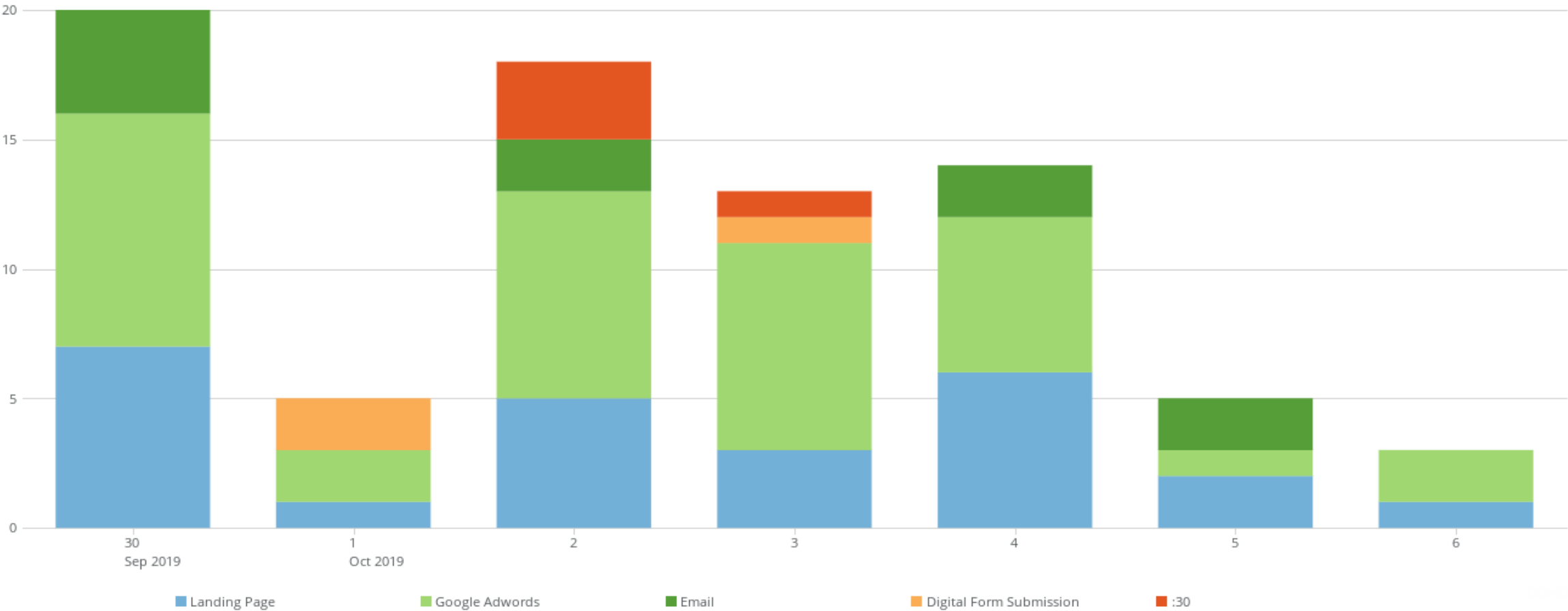
78 is the number of contacts.



Daily Contact Volume - Placement Type

The following chart details the daily contacts by placement and includes both incoming calls and outbound calls based on digital form submission.

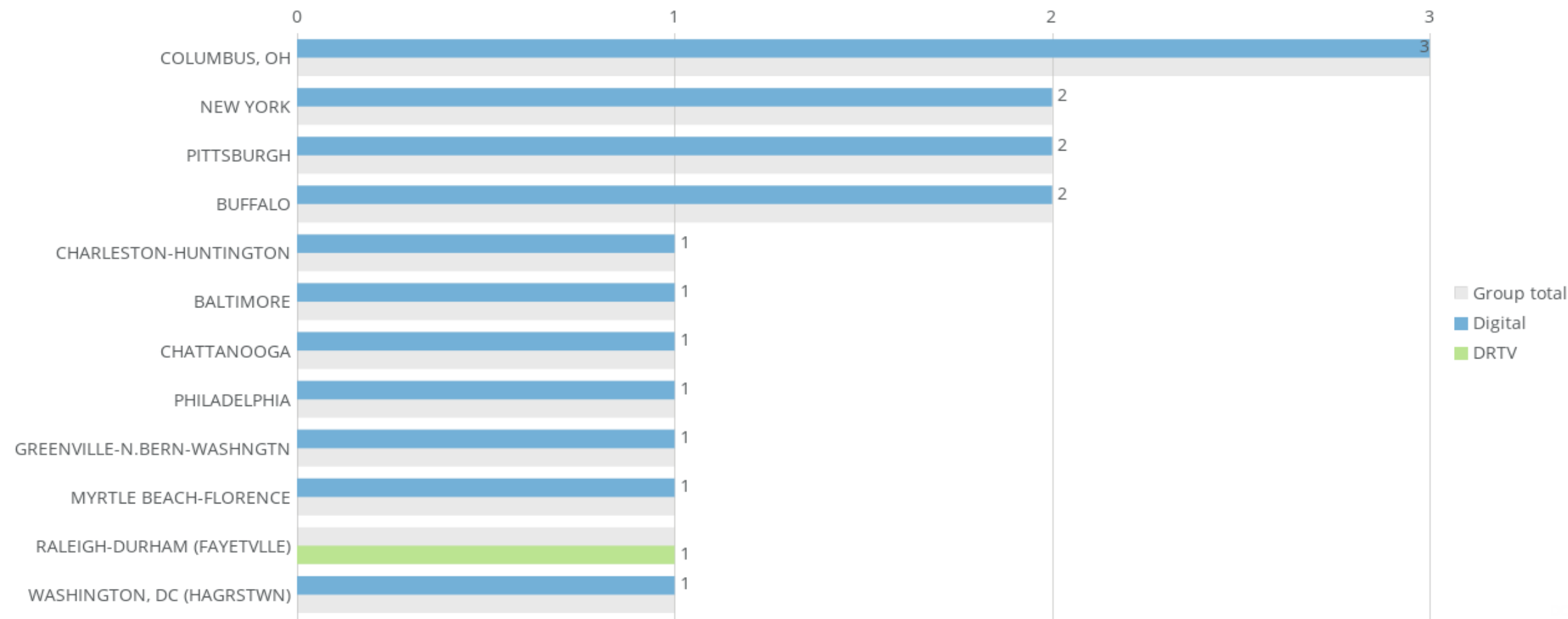
78 is the placement count.



Captured Contact Volume by DMA and Channel

Shows the number of contacts who provided detailed information, segmented by DMA and by channel. Some responses were outside targeted DMAs.

17 calls were in targeted DMAs.

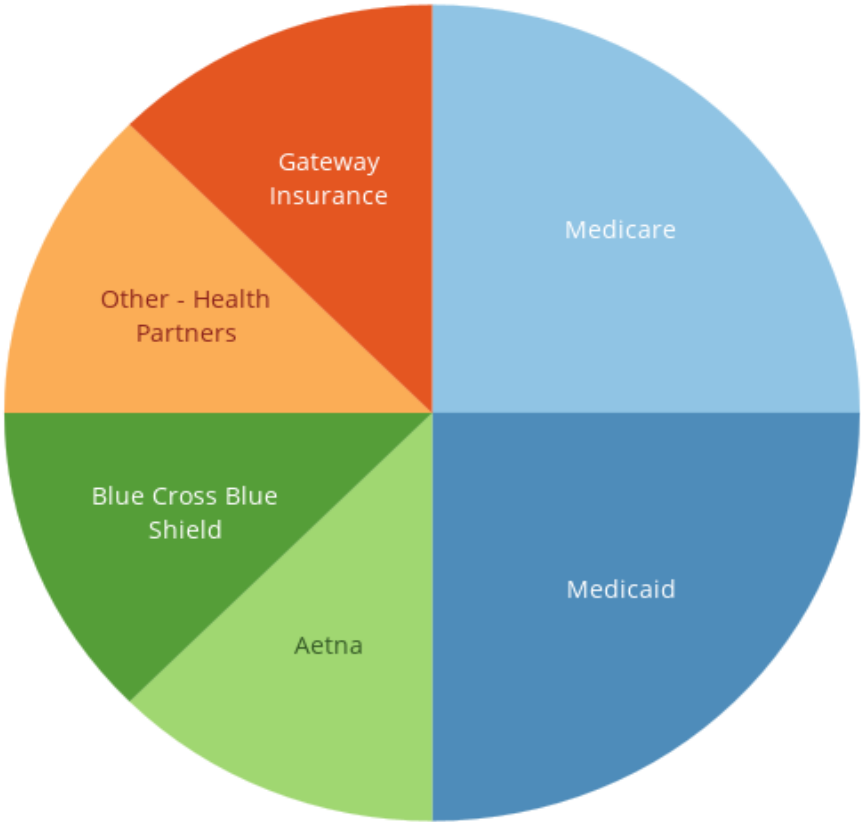


Insurance

Shows the share of each insurance company for potential patients who self reported their insurance provider.

8 potential patients provided insurance information.

Medicare	2	25%
Medicaid	2	25%
Aetna	1	12.5%
Blue Cross Blue Shield	1	12.5%
Other - Health Partners	1	12.5%
Gateway Insurance	1	12.5%

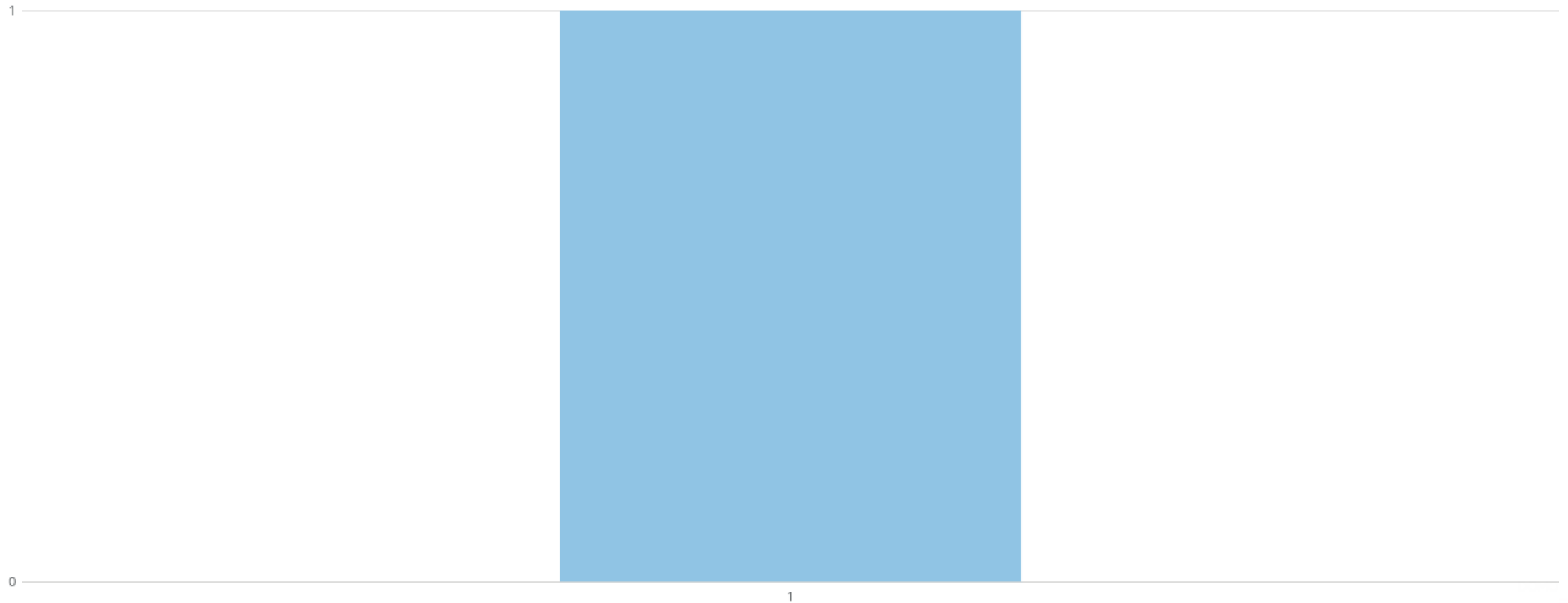


Total
8

Tier of Recipients on Wait List

The following chart details where patients have been waitlisted at another facility.

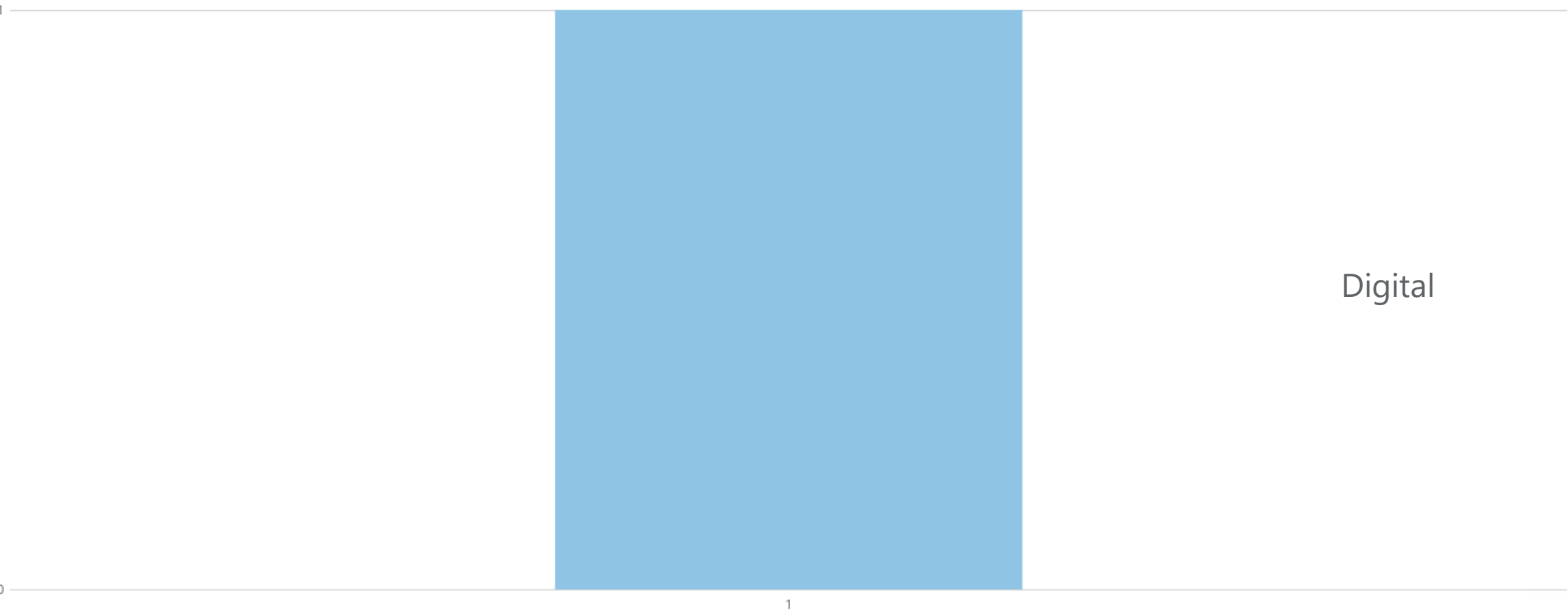
1 is the number of waitlisted potential patients at another facility.



Tier of Recipients on Wait List by Channel

The following chart details where patients have been waitlisted at another facility and the channel they came in from.

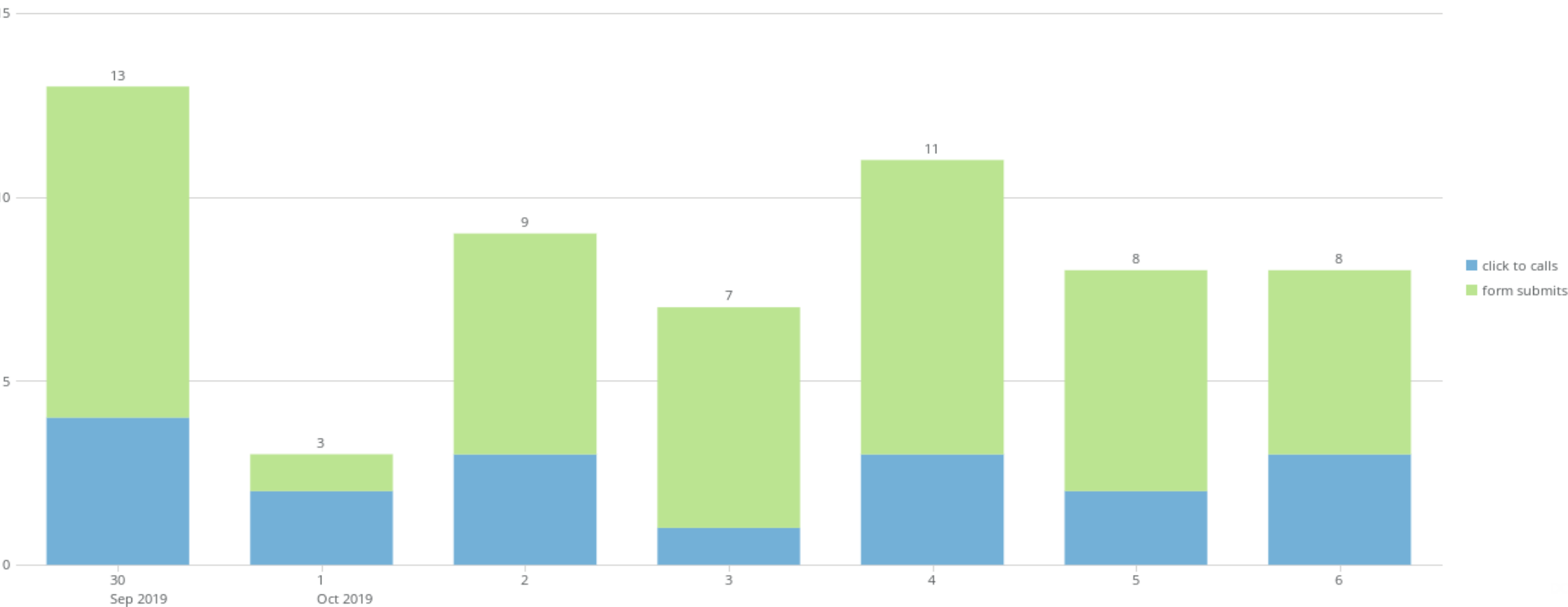
1 is the number of potential patients on a wait list at another facility.



Goal Completions LDLT Campaign

Shows the two types of goal completions (click to calls and form submissions) that occurred on the UPMC website and not on campaign landing pages.

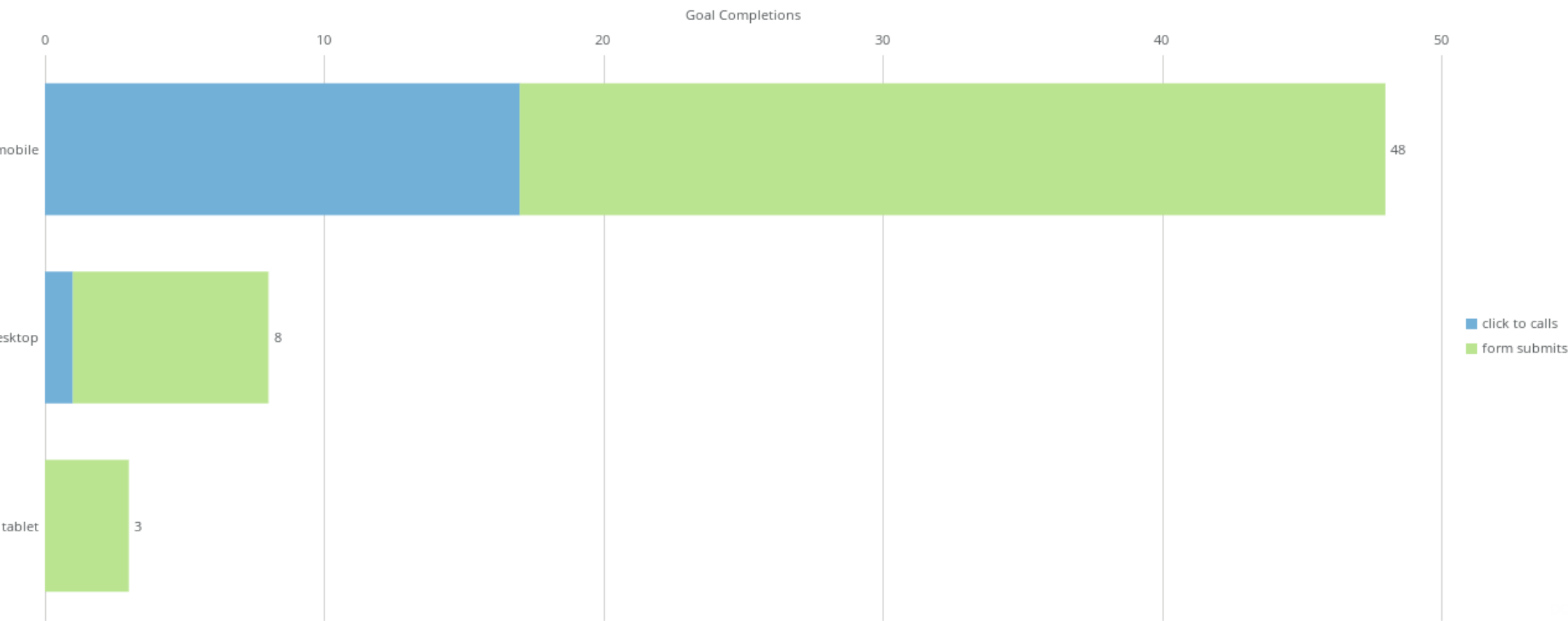
72 total website goal completions.



Website Goal Completions by Device Type

Shows the two types of goal completions (click to calls and form submissions) by device that occurred on the UPMC website and not on campaign landing pages.

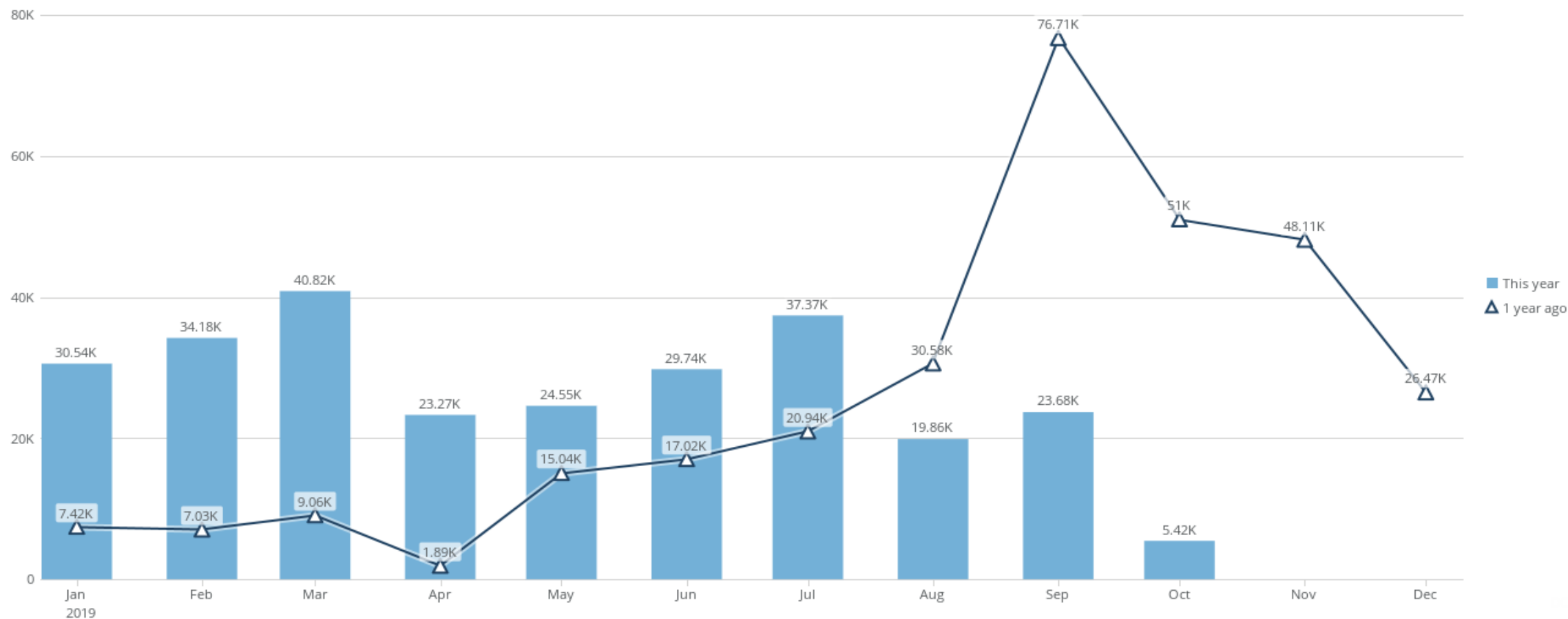
72 Total Goal Completions



Monthly Sessions vs. Last Year (All LDLT Digital Campaigns)

Details the monthly website sessions generated by PPC campaigns year over year.

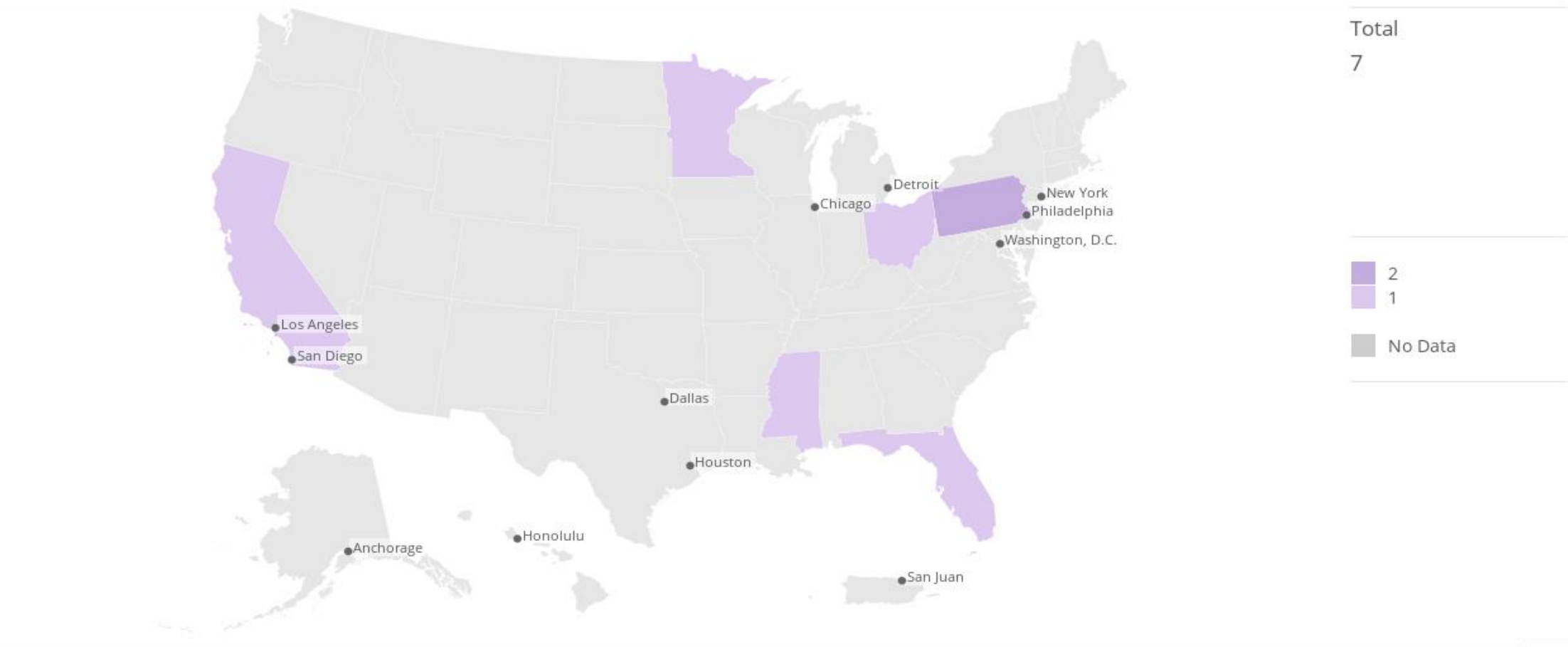
5,416 is the current month's website sessions.



Website Goal Completions by State LDLT Campaign

Shows the goal completions (click to call, form submissions, etc.) as segmented by state, where a location existed in the Google Analytics data.

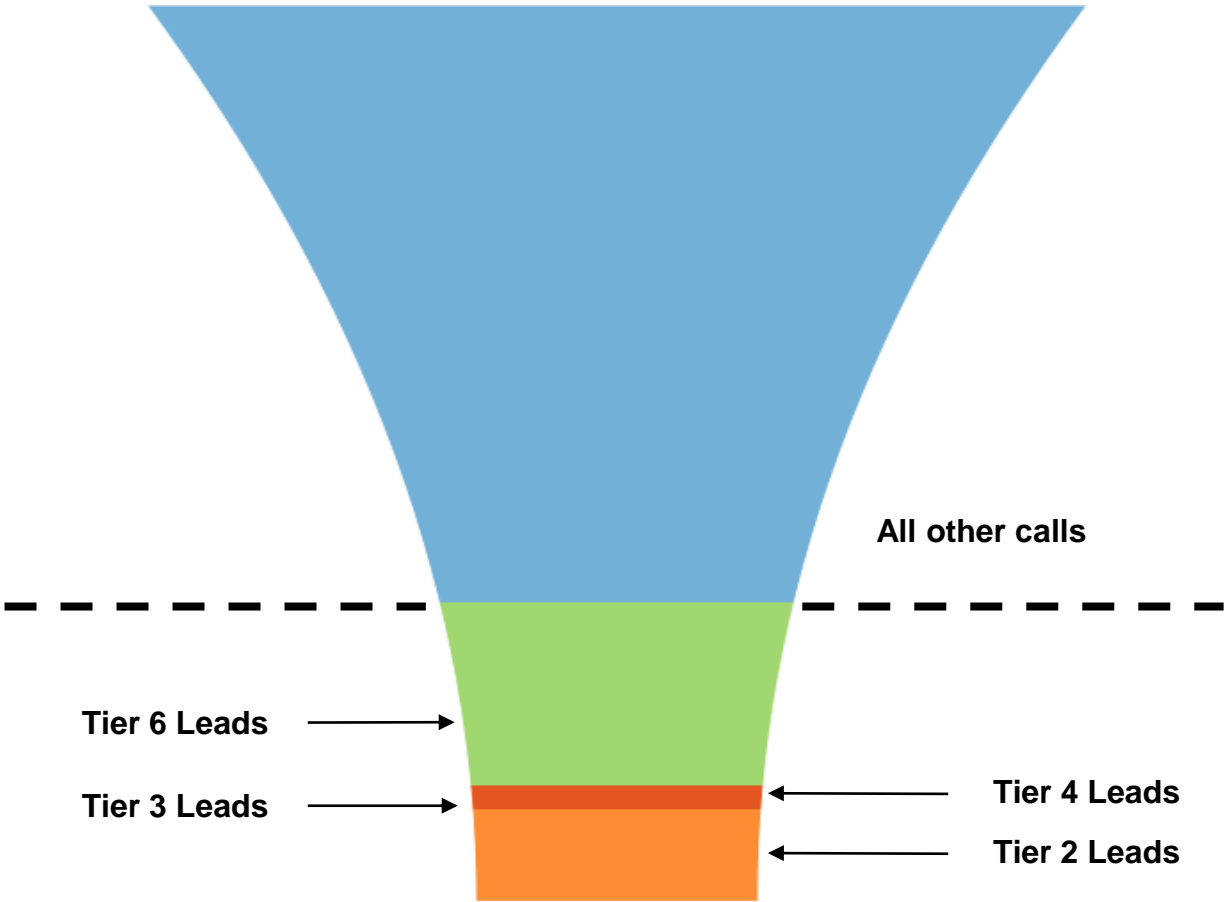
7 is the total number of goal completions.



Weekly Report of Inquiries

78 is the total of tiered inquiries.

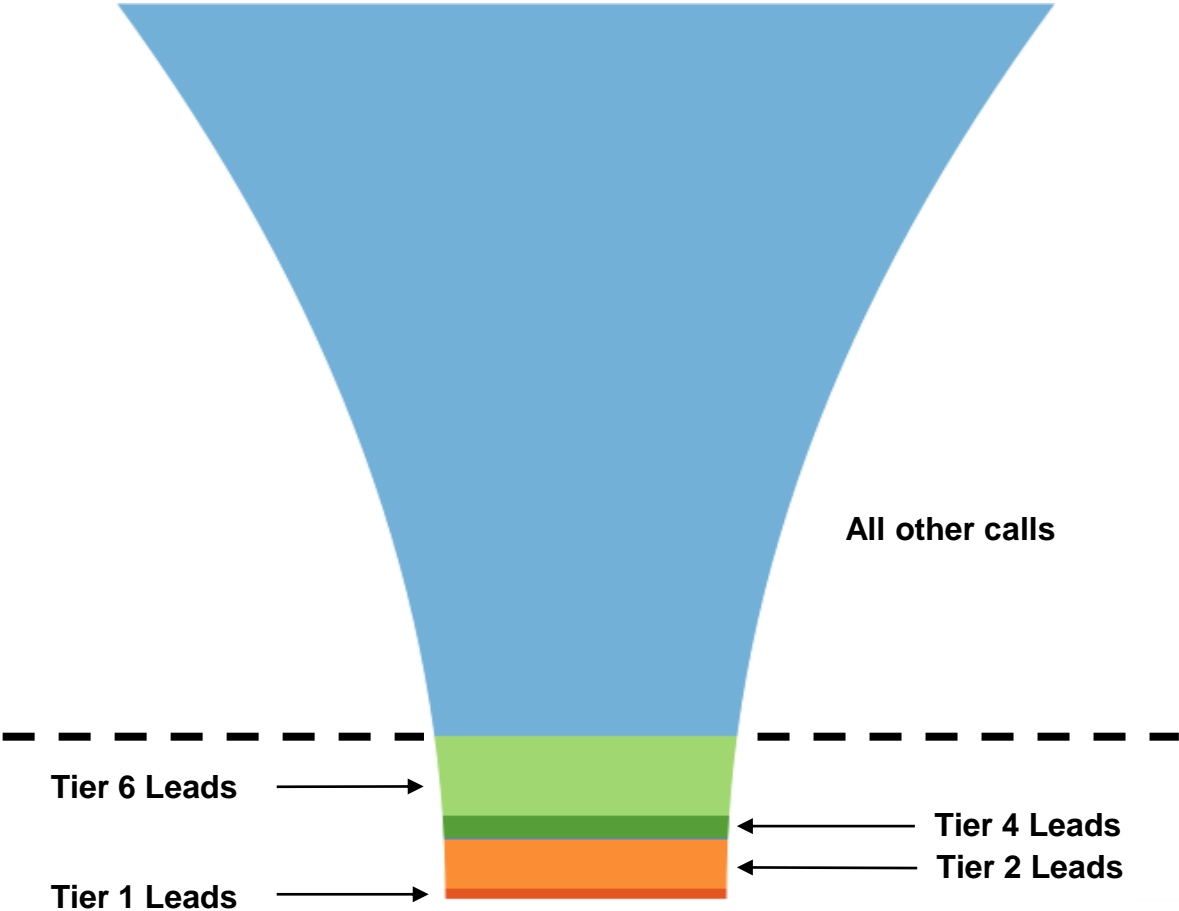
▼ X	52	66.7%
▼ 6	16	20.5%
▼ 4	1	1.28%
▼ 3	1	1.28%
▼ 2	8	10.3%



All Tiers - All Time

21,092 is the total of tiered inquiries.

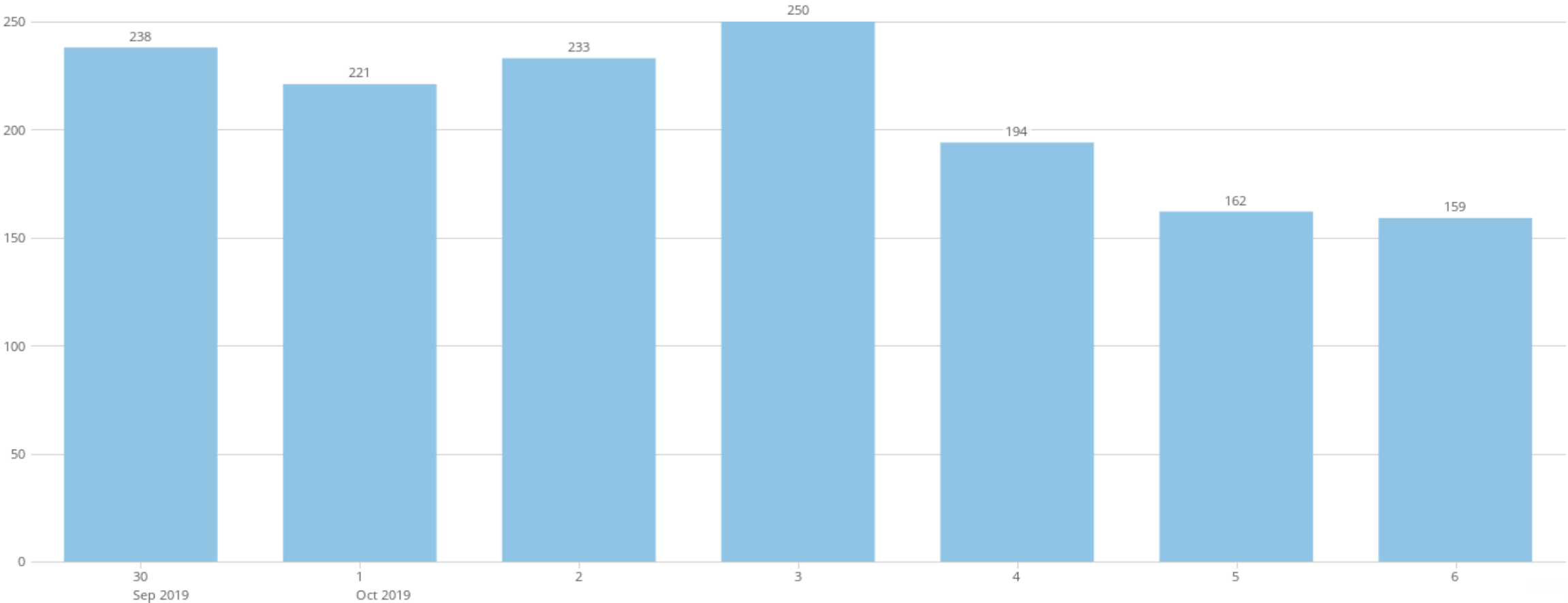
▼ X	17.3K	81.8%
▼ 6	1.88K	8.91%
▼ 4	517	2.45%
▼ 3	64	0.3%
▼ 2	1.15K	5.43%
▼ 1	233	1.1%



Organic Traffic LDLT Campaign - Week

Shows sessions to the website as driven by organic keyword searches.

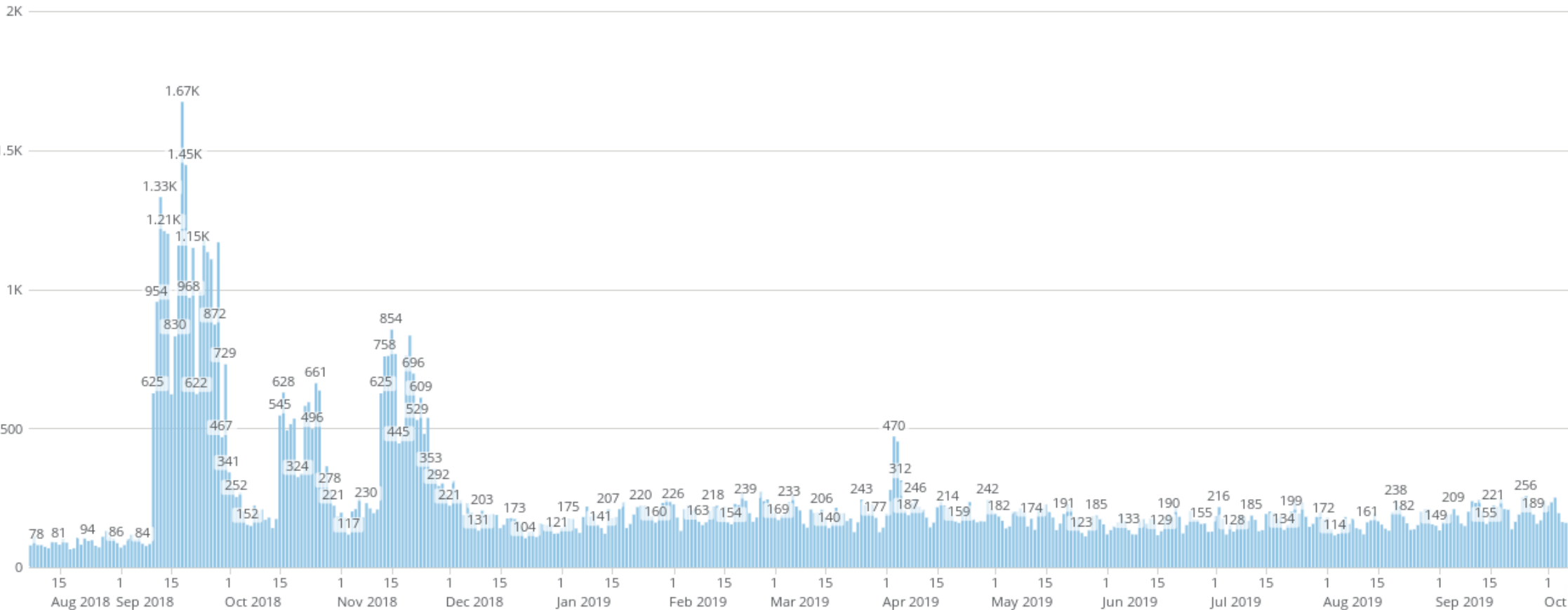
1,457 is the total weekly organic website sessions.



Organic Traffic LDLT Campaign

Shows website sessions as driven by organic keyword searches by day.

104,877 is the total organic website sessions.



LDLT - DOMO - Glossary.pptx

Glossary of Terms

Bing Ads - Bing's Pay Per Click online advertising platform where advertisers show ads by bidding relevant keywords

Contact – a person reached out or was reached out to in the form of an inbound call from TV and digital channels or an outbound call from a digital form submission

Click to Call - a person was driven to the campaign landing page and clicked on the telephone number to make contact

Digital call - a person called using the telephone number associated with Digital media found on the campaign landing page

Digital Form Submission - The call center has contacted or has tried to contact a person who has filled out a form from our digital campaign efforts

DMA - (Designated Market Area) geographic area that represents specific television markets as defined by and updated annually by the Nielsen Company

DRTV - Direct TV Commercial

DRTV:30 - 30 second spot

DRTV:60 - 60 second spot

Form Submission - a person was driven to the campaign landing page and filled out the form to make contact

Goal Completion - the visitor to our website performed a desired action, such as, click to call or form submission

Google AdWords - Google's Pay Per Click online advertising platform where advertisers show ads by bidding relevant keywords

Landing Page - web page created specifically for the campaign to drive paid media to

Offline - a person saw a URL associated with the campaign on a print piece or TV commercial

Paid Display - a person clicked on a banner ad on a website and filled out the form on the campaign landing page

Print - a person called using the telephone number associated with Print media

Sessions - group of interactions (mostly pageviews) one user takes within a given time frame on the website

Social - the person contacted us after seeing an ad on a social platform such as Facebook or Twitter

Tier 1 - Gave contact info, Recipient or family member of Recipient, answered yes to being on a waitlist

Tier 2 - Gave contact info, Recipient or family member of Recipient, answered yes to being under the care of a liver specialist

Tier 3 - Gave contact info, Recipient or family member of Recipient, have been told by a physician (not a liver specialist) that they have liver disease

Tier 4 - any contact who has said they are a recipient of family/friend and want info but haven't given any other details related to patient's status

Tier 6 – Self reported interest in becoming a Donor

Tier X - we have rolled up donor calls with everyone else

vanity-url - an easy to recall URL used in print and TV to drive person to our website

website - when showing up as a goal completion, this is attributed to visitors to UPMC.com who clicked on LDLT banners and gave us their contact information

Learning from the Outcomes and Refining the Engagement Process



AWARENESS

EDUCATION

INITIATE

INTAKE

CONVERT LEADS (REFERRAL → EVALUATION)

ADVOCACY

LDLT is viable option

Better outcomes

LDLT at UPMC

First Contact

[Recontact Process]

Connect Ambassadors

What we've learned

- Wide interest in LDLT is capturing too many ineligible
- Stronger messages are more effective
- Some brand confusion (i.e. Penn)

What we're optimizing for

- Qualified impressions
- Conversion rate
- Brand misattribution

How

- Creative rotation
 - :15 AWARENESS OLV [1]
 - :06 AWARENESS OLV [1]
- Mention "Pittsburgh" where possible as brand cue

What we've learned

- Key challenge is lack of urgency:
 - LDLT traditionally a 'last resort' option
 - Managing with medication 'good enough for now'

What we're optimizing for

- Lag

How

- Communicate reason to act now (i.e. getting evaluated asap can be key to better outcome)
 - FB Posts [2]
 - :15 Education OLV [1]
 - :06 Education OLV
 - Static Display [2]
 - Increased SEO/SEM

What we've learned

- Which markets are responding vs. UNOS list
 - UNOS wait list

What we're optimizing for

- Lag

How

- Communicate reason to act now (i.e. getting evaluated asap can be key to better outcome)

What we've learned

- Ineligibles slowing down system
- Qualified leads not coming through system
- Some leads not coming through system

What we're optimizing for

- Conversion rate
- Informed leads that get to evaluations faster

How

- Update landing page:
 - Automated filtering function (qualification portal)
 - What to expect
 - FAQs
 - Tools & resources

What we've learned

- (recontact / call center learnings)
- Referrals are a barrier: people don't want to be referred
- Referrals are a barrier: people don't want to be referred

Suggested optimization

- Conversion rate
- Informed leads that get to evaluations faster

Suggestions/Ideas

- Sync CRM & call center actions to maximize conversion at key decision points
- Modular CRM approach customized to patient situation
- Omni-channel referral support tools
 - Direct mailer
 - LDLT Facebook Hub
- Integrate care connect/consumer initiatives

What we've learned

- Negative comments (40) is raising partner concerns
- 'UPMC mission to save lives' is not getting response
- People who've had an LDLT already sharing positive experiences on FB

What we're optimizing for

- Advocacy partner concerns
- Connecting advocates to 'solution seekers' (give advocates a platform to support and seekers the tools to become advocates)

How

- Social messaging
- Make FB hub more of a resource for people considering LDLT
- Create opportunities for engagement

UPMC LIFE CHANGING MEDICINE



AWARENESS

EDUCATION

INITIATE

INTAKE

CONVERT LEADS (REFERAL → EVALUATION)

ADVOCACY

LDLT is viable option

Better outcomes

LDLT at UPMC

First Contact

[Recontact Process]

Connect Ambassadors

What we've learned

- Wide interest in LDLT is capturing too many ineligibles
- Stronger messages are more effective
- Some brand confusion (i.e. Penn)

What we're optimizing for

- Qualified impressions
- Conversion rate
- Brand misattribution

How

- Creative rotation
 - :15 AWARENESS OLV [1]
 - :06 AWARENESS OLV [1]
- Mention "Pittsburgh" where possible as brand cue

What we've learned

- Key challenge is lack of urgency:
 - LDLT traditionally a 'last resort'
 - Managing with medication 'good enough for now'

What we're optimizing for

Lag

How

- Communicate reason to act now (i.e. getting evaluated asap can be key to better outcome)
 - FB Posts [2]
 - :15 Education OLV [1]
 - :06 Education OLV [1]
 - Static Display [2]
 - Increased SEO/SEM

What we've learned

- Which markets are responding vs. UNOS list

What we're optimizing for

- UNOS wait list

How

- Optimized regional buy (vs. UNOS DMAs)

What we've learned

- Ineligibles slowing down system
- Qualified leads not prepared for what comes next

What we're optimizing for

- Qualified leads
- Informed leads that get to evaluations faster

How

- Update landing page:
 - Automated filtering function (qualification portal)
 - Tools & resources
 - FAQs
 - What to expect

What we've learned

- (recontact / call center learnings)
- Referrals are a barrier: patients slow to act; doctors may discourage LDLTs
 - Physician Education in action via Care Connect

Suggested optimization

- Conversion rate
- Conversion time

Suggestions/Ideas

- Sync CRM & call center actions to maximize conversion at key decision points
- Modular CRM approach customized to patient situation
- Omni-channel referral support tools
 - LDT Facebook Hub

What we've learned

- Negative comments (40) is raising partner concerns
- 'UPMC mission to save lives' is effective response
- People who've had an LDLT already sharing positive experiences on FB

What we're optimizing for

- Advocacy partner concerns
- Connecting advocates to 'solution seekers' (give advocates a platform to support and seekers the tools to become advocates)

How

- Social messaging
- Make FB hub more of a resource for people considering LDLT
- Create opportunities for engagement

UPMC LIFE CHANGING MEDICINE



AWARENESS

EDUCATION

INITIATE



INTAKE

CONVERT LEADS (REFERRAL → EVALUATION)

ADVOCACY

LDLT is viable option

Better outcomes

LDLT at UPMC

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First Contact

[Recontact Process]

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What we're optimizing for

- Conversion rate
- Conversion time
- Sync CRM & call center actions to maximize conversion at key decision points
- Modular CRM approach customized to patient situation
- Omni-channel referral support tools
 - Direct mailer
 - LDT Facebook Hub
- Integrate care connect/consumer initiatives

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TOP OF FUNNEL: LEAD OPTIMIZATION & SHORTENING DECISION LAG



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CONVERT LEADS (REFERRAL → EVALUATION)

[Recontact Process]

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ATTACKING KEY BARRIERS TO COMPLETING EVALUATIONS



AWARENESS

EDUCATION

INITIATE

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SHARPENING THE ROLE OF ADVOCACY

UPMC LIFE CHANGING
MEDICINE

Questions?