

The Great Brand Blur



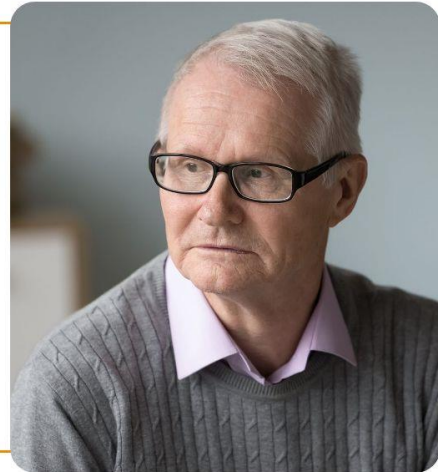
Executive Summary

Healthcare brands – organizations providing healthcare – face an invisible and intimidating force: homogenization. The pandemic further knotted healthcare brands together in consumers' minds and created a full-on brand blur. This nSight highlights 5 key points:

1. Unified COVID messaging captured many different healthcare brands under a single voice and further blurred the lines between hospitals, clinics, health departments, and so on.
2. Brand differentiation in healthcare has been historically difficult and the Great Brand Blur is going to make competitive separation even more difficult.
3. Consumers are more than ready for fresh messaging – and real engagement – and demand brands show their cards on what makes them valuable and worthwhile.
4. PX impacts brand perception for organizations of all sizes. But as an organization grows, the connection between experience and brand gets stronger, to the point where 50% of brand perception can be explained by HCAHPS star ratings in large systems.
5. Branding is external in nature but comes together internally – healthcare organizations must explore their brand and be bold in new positioning and promotion.

“There are too many hospitals that are similar...therefore the patients are confused.”

- Healthcare patient



NRC Health possesses an array of tools to assess consumer and patient experiences along the healthcare journey, but, when it comes to branding, none is more deft than Market Insights, a continuous and comprehensive stream of intelligence detailing how consumers perceive healthcare brands. Taking respondents out of the unique confines of patient-hood can yield dynamic perspectives, and the findings are as illuminating as they are challenging.

Healthcare branding has always been tricky.

Outside of having a baby, most people hope to never set foot inside a hospital. Many patients who enjoy a longstanding relationship with a physician still dread the annual checkup. As Dr. Maheswari Raja, a family physician in Texas puts it, the doctor's office is “where [patients] might break down in front of a stranger and let the walls around them crumble, and there is always the risk of such vulnerability being ignored or dismissed.” Virtually all Americans understand the importance of healthcare but would rather keep their distance from patient-hood to the extent possible.

In addition to weathering the storm of COVID, the healthcare industry has been associated with high prices, inconsistent quality, and the feeling that the industry needs fixing. A recent article out of Harvard wondered aloud, [is our healthcare system broken?](#) To the patient, the answer just might be yes. The idea that healthcare is an intimidating and unfriendly maze of different doctors, new care settings, tough decisions, and plentiful bills fuels a dissonance between healthcare brands and their (potential) patients.

Most hospitals and health systems have only recently seen the value in establishing and building their brand, knowing some patients do have a choice. Still, many marketing

departments are understaffed and stuck with small budgets. How do you sell something most people don't want? How do you educate a community on something they know they need but don't want to think about? How do you ensure the few experiences most of them have are top-shelf, with few or no flaws in execution?

Of course, many healthcare brands have persevered and established themselves as valuable. Mayo Clinic and Johns Hopkins are household names. Regional systems like Providence and Trinity Health have become national powerhouses. Local stand-alone hospitals can also be a bellwether of pride (and employment) in their communities. Still, the uphill climb of successful branding continues. And the degree of difficulty has only increased in the past three years.

A downside of unified messaging

It was an “unparalleled time” as we showed an “abundance of caution” by “social distancing” because “we're all in this together.” These phrases became repeated mantras, echoing throughout healthcare and across all of society. In many cities, healthcare brands that previously competed against each other began teaming up and communicating in unison. Health systems, pharmacies, local health departments, and healthcare-adjacent services like gyms and grocery stores, all sang from the same sheet of music. Our unified response to COVID and the messaging that inevitably coalesced, as a result, was quite necessary to fight the pandemic. It also created unintended consequences.

While unified messaging was important for personal and public health, to consumers, all those voices collapsed into one. Consumers lost track of who was guiding them, the origin of that COVID voice in their head. If you're a hospital or health system, no matter where you are, your brand is likely associated with your local COVID messaging and response. The success of unified messaging meant that the messages – and the messengers themselves – blurred into one indistinguishable voice for many. With COVID in semi-retreat, consumers may struggle to disentangle this voice and make clear decisions on where to go for care and why. Healthcare already confuses would-be patients, and knowing where to go in this murky “semi-post-COVID” phase has become even more confusing to decipher.

Healthcare differentiation in a sea of sameness

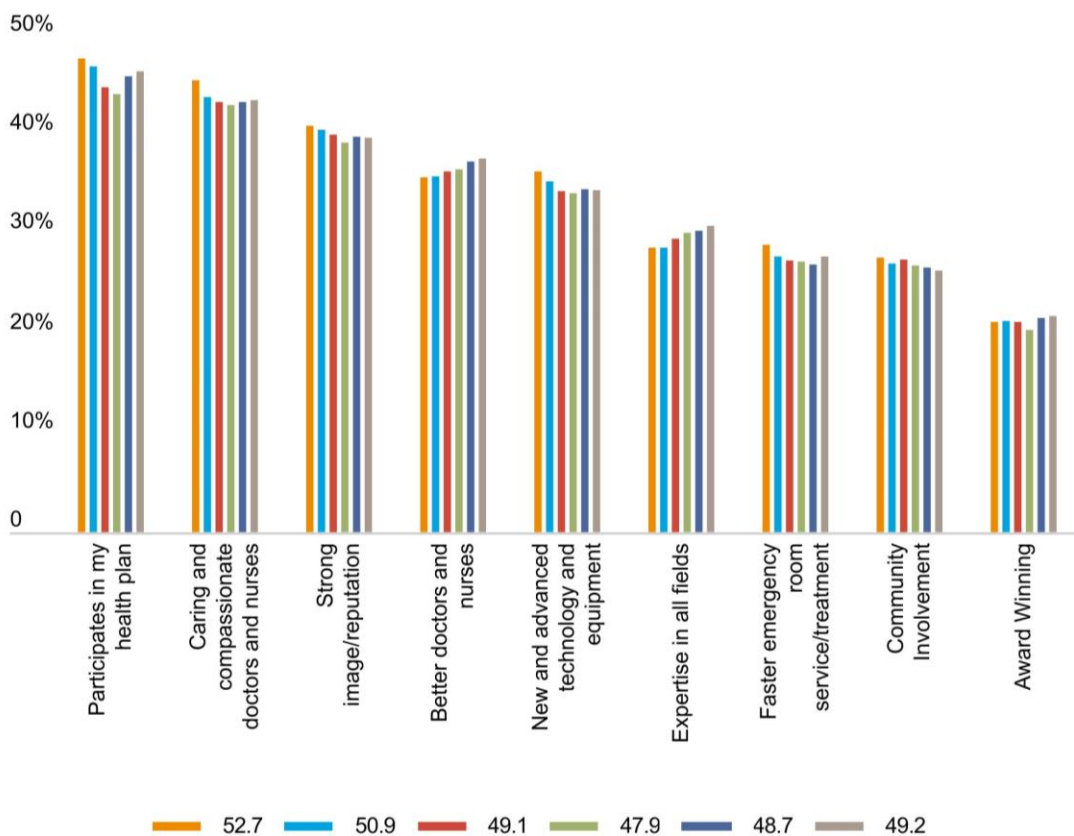
Healthcare brands getting (further) lumped together is a particularly tough situation because brand differentiation is key to surviving and thriving in the market. Differentiation is two-fold: (1) standing out by doing something better than your competition; (2) the space you create by separating from your competition in the minds of consumers and patients. For both vectors, the trick is to define what you do best.

Surprisingly, many hospitals and health systems struggle to reach a consensus on their brand differentiator(s). When they can't whittle it down, they often go the way the wind blows and

promote anything (and everything) they think will stick. This is a powerful propellant of the Great Brand Blur. Coupled with COVID, it can make it downright impossible for consumers to truly separate healthcare brands in their minds.

Market Insights has long kept track of brand differentiators – according to consumers. Here’s a 6-year look back at how consumers identified why their top-of-mind brands stand out:

Based on what you know, what factors stand out in your mind as things your [top of mind] hospital does that sets it apart from others?



Source: NRC Health's Market Insights, national market trend, 2018-2023, average n = 284,111

Highly promoted attributes like Advanced Technology and Award Winning languish behind basic constructs like Convenience and Accepts Insurance. While Caring/Compassionate is right up there, it will take a clear and concerted focus on [Human Understanding](#) to break through the clutter going forward. But no matter how you look at it, this differentiator scan is an indictment of the last several years of healthcare branding. Generally speaking, efforts have been scattered and fleeting during that time. The result: a lack of consistent consumer knowledge about what healthcare brands do best.

It's clear that healthcare brands – from stand-alone hospitals to mega-systems – need focus and traction to break out of the Great Brand Blur. In many ways, the COVID cloud of similar messaging has created a new starting point for brands to re-position themselves in the market, an unexpected level-set. We've all been in this together, but now is the time to pick a direction and tell a fresh brand story... and the sooner the better.

Checking in with consumers

Besides being thoroughly confused by which brand does what best, where do consumers stand? They are hungry for healthcare to deliver, starting with [access](#), and starting now. They're returning to normal healthcare usage patterns and balking at absurdly long [wait times](#). They're keen on value, given how expensive literally everything has become. They also have an outlook that may prove refreshing to healthcare leaders.

Industry cynicism on consumer perspectives may factor into brand-building. Too often, healthcare leadership makes assumptions about how consumers think and feel. Take a few ideas floating around right now: half of consumers have turned their backs on science, quality and safety are seen as worse off or compromised by political beliefs following COVID controversies; 'healthcare heroes' have long faded from view. These beliefs, while not held by everyone and often spun by various media, are often without a foundation in research. NRC Health knows this because we asked 150,000 healthcare consumers throughout 2023 what they really think.

And are the 'healthcare heroes' long gone? Not necessarily

29%

say their outlook
has improved

11%

of consumers say their
outlook on healthcare
providers has worsened
since COVID

60%

say it's the same

Consumer perceptions of 'quality' tell a similar story

20%

say quality of care
has improved

12%

of consumers say the
quality provided by their
local healthcare providers
has worsened

68%

say it's the same

The truth is, most healthcare consumers are neutral on these hot topics, and positivity around quality and overall healthcare outlooks is actually higher than the negativity. Consumers aren't dogging on healthcare like we might have heard.

It's important to know where consumers stand, because of where they might go. We hear too often that a shiny new entrant is going to snatch away your most coveted patients - but in good news for traditional healthcare brands, consumers might not be as adventurous as you'd think.

Consumers' willingness to switch (post-COVID)

13%

are more likely to try a new healthcare provider

18%

are less likely to try a new place

69%

are neither likely nor unlikely

Consumers' openness to visit a pharmacy or retail clinic for future care (e.g., seeing a doctor and/or getting tests done)

48%

would visit a pharmacy like CVS or Walgreens to receive care

29%

would not consider doing this

23%

are not sure

Most consumers are quite logical about switching to less conventional healthcare brands. They'd consider it, especially for lower acuity services, but they aren't ready to rush headlong into new experiences with new brands. While this is good news for established brands, it underscores the need to tighten up the patient experience and ensure as little leakage as possible.

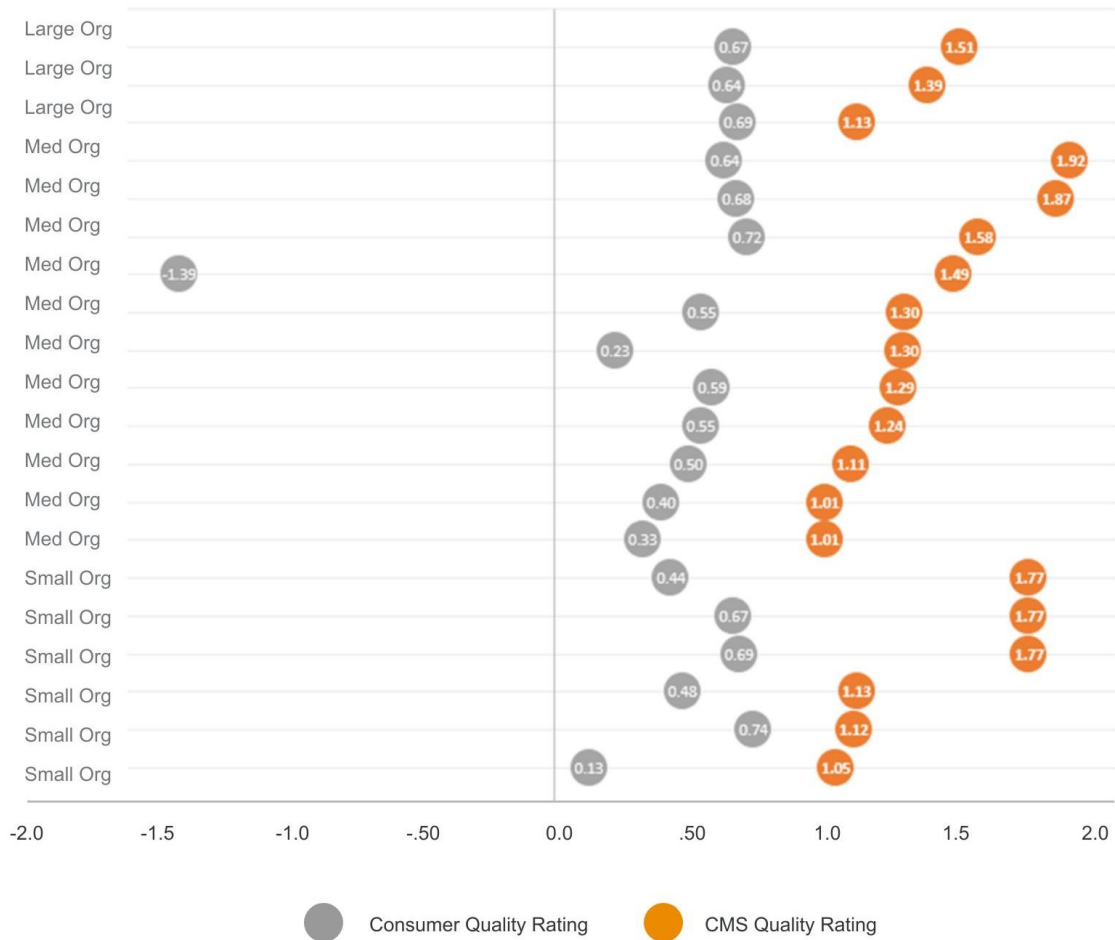
Don't bury the lead.

About a year ago, the NRC Health Human Understanding Institute partnered with The Governance Institute to conduct an analysis of health-system quality that focused on CMS Quality Star Ratings (during the July 2022 reporting period) and perceived quality as measured

by the Overall Quality item in NRC Health’s Market Insights national study – “How would you rate the overall quality of your [top-of-mind hospital]?”

System-level roll-ups of CMS Quality Ratings and Consumer Quality Ratings were calculated using weighted averages. To highlight top systems, the Quality Honor Roll only includes health systems that were at least 1 standard deviation above the mean for both their CMS Quality Rating and Consumer Quality Rating in the global analysis. We found that 6 small systems (2-4 hospitals), 11 medium systems (5-25 hospitals), and 3 large systems (25+ hospitals) had very high CMS Quality Ratings that were unmatched by consumer perceptions. In other words, it appears that consumers tended to have no idea of, or belief in, how good these organizations were. These systems are missing an opportunity to differentiate themselves by telling their success stories to the market.

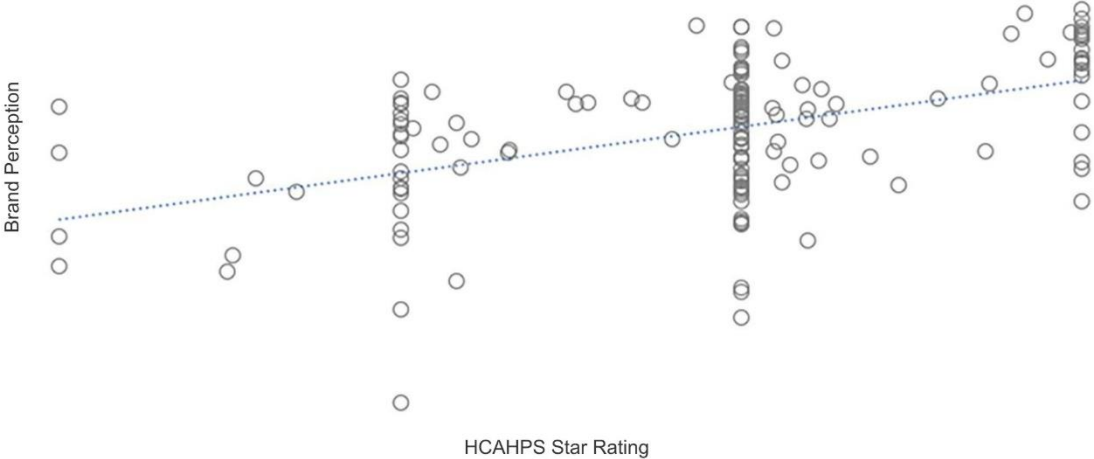
Consumer Quality Rating vs CMS Quality Rating



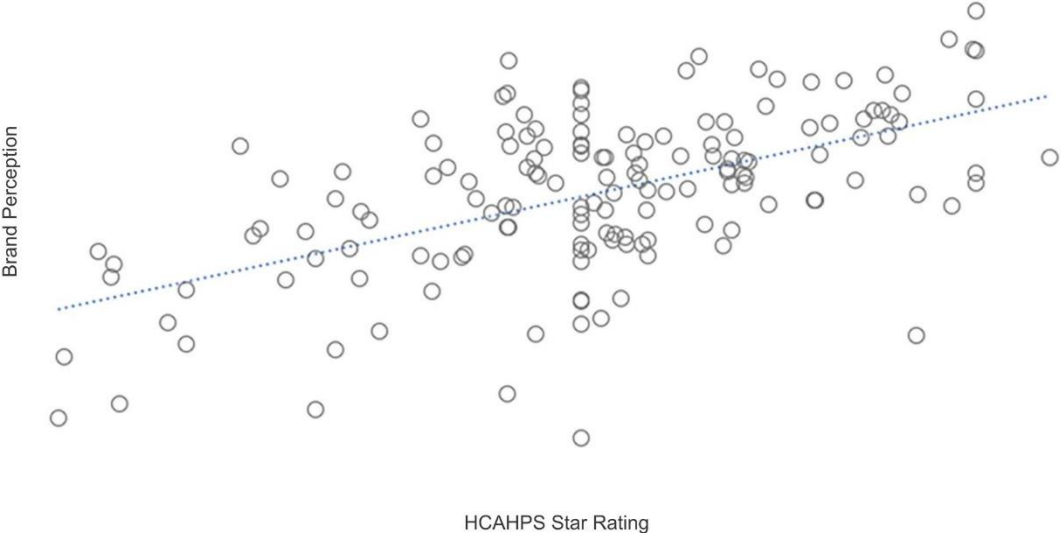
Experience matters.

Like quality, patient experience has a significant impact on brand. As reflected in HCAHPS Star Ratings, experience is a significant predictor of brand perceptions for all systems/organizations. However, for larger organizations, the connection between experience and brand gets stronger, where 50% of brand perception scores can be attributed to HCAHPS Star Ratings for systems with 25+ hospitals.

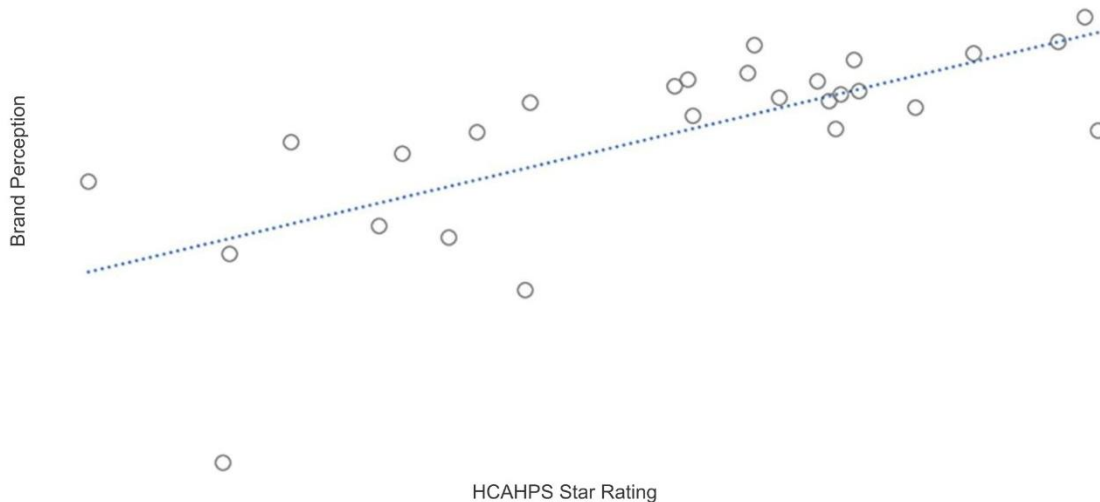
CMS HCAHPS Star Rating and Brand Perception
Small Systems (2-4 hospitals) $R^2 = 0.23$



CMS HCAHPS Star Rating and Brand Perception
Medium Systems (5-24 hospitals) $R^2 = 0.31$



CMS HCAHPS Star Rating and Brand Perception Large Systems (25+ hospitals) $R^2 = 0.50$



Branding beyond the blur

What can be done to sharpen brand in 2023? Besides building a clean foundation on which to differentiate yourself, there is more to standing out and standing strong. A few action steps:

Leverage the technology you built or bettered during COVID. Chances are, you built technological systems in 2020 that would otherwise have taken years to construct. Telemedicine, online scheduling, and EMR usage were positive forces. Don't abandon them just because the pandemic shock has receded. Consider how you can continue to polish and promote consumer-facing technology – that they will find useful – so you stand out even more when consumers book their next experience.

Bolster internal communication to foster better external communication. It's time to either dust off your mission, vision, and values, or – better yet – start with fresh messaging to folks on the floors. If you suspended employee engagement surveying, bring it back in a manner that focuses on what matters to the frontline. If you stopped looking at the results because you were fighting a global pandemic and the Great Resignation, familiarize yourself with what your employees want from you in 2023.

Use returning-patient experiences as preference builders. Every returning patient is coming back with higher expectations than they had before. Think of these reunions as an audition. What do patients want now that they didn't want in 2019? How can you meet their expectations?

Do you even know their expectations? What will create a positive experience that will cause them to prefer you in the future?

Seek feedback from consumers in your market. Market Insights offers a syndicated, systematic look at consumer views, as well as a deeper dive through OnDemand studies. These topic-specific studies can be commissioned anytime and offer more specific exploration into topics like creating a point of difference, launching new clinics, and understanding what personalization means to patients. Moreover, Community Insights helps shape and query online panels of your patient community to identify customer behaviors, needs, expectations, and experiences.

Group Activity: Point of Difference Exercise

Consider gathering a group – whether it’s the board, the C-suite, managers, or some combination – and ask yourself: What is one thing we do better than anyone else? One thing. You might find the group tossing out attributes left and right, and that’s telling in and of itself.

Try narrowing the list to one thing. It could be convenience. Or technology. Or compassion. Can you get to one? It’s called a single point of difference.

Now, think about how you can communicate your single point of difference across all brand communications as a common thread. It’s not easy to get to one, but once achieved, you have a chance to provide clear, concise messaging that consumers might just remember and recite – as long as the messaging is relevant to them in the context of their lives. But you must take the long view and commit to one.



“We’ve made it through those first couple of years of the pandemic. The impact on consumers is not what most of us would have predicted. Consumers are looking at health care providers differently. They are ready for something new and better. We need to use this opportunity to take a fresh look at the entirety of interactions and experiences that comprise our brand. We need to find ways to promote what we do best, no matter how big or small. The antidote to the Brand Blur is to tell a new brand story. And if we don’t start at the consumer, we can never hope to stand apart in their eyes.”

-John Berg, Assistant Vice President of Marketing, UF Health, Gainesville, FL

Bottom Line

Each organization must find its own way out of the crowded COVID-messaging phone booth. Building your brand to be strong and separate from the competition is not an internal-only exercise – it involves committed listening and co-creation with your consumers and patients to secure competitive space. Moreover, the Great Brand Blur didn't appear overnight. It's going to take clear thinking and new efforts to build your brand, along with a commitment to consistent messaging over time. The consumer will tell us if we're breaking through – we just have to listen. With these lessons in mind, organizations can cut through the Great Brand Blur by focusing on what matters to the people and communities they serve.

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