# 2023 Q2-Q4 Planning

# MENDOCINO COUNTY

 **Major Campaigns**

* + **Q1 - Q4: Recruitment (currently running)**
		- Recruitment SEM will run all year
		- North Coast Network Recruitment hasn’t launched yet (includes Mendo, Clear Lake and St. Helena)
		- System Recruitment hasn’t launched yet (includes markets through CA nursing schools and Portland area)
		- Continue SEM for full year
	+ **Q1: Orthopedics**
		- Timing: Q1
		- Operations and Landing Page: <https://www.adventisthealth.org/mendocino-county/orthopedics/hra>
		- Goals: Awareness and volume driving for Dr. Mai and Dr. Charpentier. Operations are in place to follow up on leads.
		- CTA: form fill, HRA
		- Targeting: PSA, SSA
			* Will this be county wide for social? If so, will it come from Adventist Health page. - Yes
		- Mandatory tactics: Social and SEM – open to suggestions
		- Additional information: We may pivot if Dr. Mai and Dr. Charpentier reach max capacity.
		- Media plan budget.
	+ **Q2: Primary Care**
		- Timing: Q2
		- Operations and Landing Page: We will build a new landing page in the new format – March 1. Landing page will provide uniform details for all three markets and contact information for each market: AHMC, AHUV, AHHM - Just want to confirm this will be a county wide campaign then? Yes, all campaigns will be county wide - Grace to confirm if one consolidated landing page?
		- TB: Yes, one landing page. Maybe similar to CVN primary care / online scheduling landing page, but with a modification of which docs are in which cities so people can choose the cities they live near
			* Per Matthew: Build the page to be in same template as Dental (the marketing landing page). Include docs and links to their profiles, along with Book Online buttons. You could also include a general Request Appointment button like on the Dental page.
			* Ryan - believes it’s just one Primary Care clinic in each of the three markets
			* LB - CTA should be book online. Select market nearest you. If Book Online not available, use Request Appointment form, and perhaps include “select city nearest you,” and then they would need 1 lead manager per market
		- Goals: volume driving.
		- CTA: Book online or request an appointment depending on landing page
			* Per LB - Book online (see notes above)
		- Targeting: PSA, SSA
		- Mandatory tactics: Social, Billboard, and SEM – open to suggestions
		- Additional information: Maybe a shift in focus to rapid care when all three markets are ready Do we know when the shift to rapid care will likely take place? Will it dip into Q3? If it shifts to rapid care, will it be the same CTA or would it switch to a completely different campaign
* CTA for Rapid Care would be Learn More
* Call out: For Rapid Care SEM need to be set up for phone conversions.
* Ask if Join Waitlist could be a potential CTA, we’ve seen success from that in the past
* Per Ryan 1/11: Previously, Rapid Care rollout in Ukiah didn’t go well. They are very cautious and don’t want to promote Rapid Care until AFTER it launches. Launches 1/19, can’t promote until after 1/23. Ryan believes they will want to push this pretty hard. Likely leverage creative from Maureen. Would only be for Ukiah. It would be a minor campaign, perhaps flighting between Rapid Care Social and and Primary Care Social running concurrently.
	+ LB - asked Ryan to do a mini brief for Rapid Care. Just some Social some time in the spring, they want to be careful not to drive too much volume so folks have a positive. Maybe leverage some print insertions we already have in Ukiah Journal. Timing - Ryan said latter half of the spring. (maybe May?)
		- Media plan budget.
	+ Next step:
		- Ryan to confirm PCP landing page information
		- Rapid Care campaign - would budget for Ukiah specific social flight
	+ **Q3:** **Oncology**
		- Timing: Q3
		- Operations and Landing Page: We will build a new landing page in the new format – June 1. Landing page will provide uniform details for all three markets, and contact information for each market: AHMC, AHUV, AHHM - Just want to confirm this will be a county wide campaign then?
		- Goals: volume driving.
			* Will volume driving be HRA? If so, how many and what will landing page look like?
			* LB - what services for cancer do we have? Ryan wasn’t sure and will follow up for all 3 markets. They don’t have rad onc. Maybe just med onc? It doesn’t appear to be comprehensive, just medical oncology. This will inform how hard we push / what kind of budget we recommend.
			* Next steps - on hold until Ryan finds out more info.
		- CTA: TBD depending on focus - Ryan to udpate (Yolanda Practice Admin in Uk and Franke, led by Dr. Wong in UK, Dr. Sharma in MC, Refer to Uk from HM)
			* MC: Dr. Sharma:
			* UV: Dr. Wong:
			* HM:
		- Targeting: PSA, SSA
		- Mandatory tactics: Billboard, SEM, Social – open to suggestions
		- Additional information: No additional information at this time.
		- Media plan budget
	+ **Q4: GI**
		- Timing: Q4
		- Operations and Landing Page: We will build a new landing page in the new format – Sep 1. Landing page will provide uniform details for all three markets, and contact information for each market: AHMC, AHUV, AHHM - Just want to confirm this will be a county wide campaign then? Yes
		- For SEM- It would be helpful to add in a form Fill on the page and an HRA.
		- What services will be promoted? Overarching GI in general? What is the patient journey?
			* Colonoscopy? Cancer screenings? GERD, gallstones, ulcers? Do they have any specific GI areas of expertise?
			* Per Ryan: He’ll need to follow up to confirm where we want to focus, which will then inform the plan.
			* LB - where are these physicians (which locations) and do they have capacity?
				+ There is a GERD aware they could develop (an HRA), don’t think we’ve ever done it but it’s available.
				+ There is also a Colon Aware HRA available, but it depends on what they are trying to drive. This one is for Colon cancer.
		- Goals: Volume driving.
		- CTA: TBD depending on focus - Ryan to update
			* MC: locums here one week a month (planning on bring on another GI procedures only-same provider at HM at UV Steve DeNigris.
			* UV: Dr. Arrifudin, Dr. leads the GI Clinic
			* HM:

\*chronic is being sent out of area.

Include Brandy Sandord and Franke

* + - Targeting: PSA, SSA
		- Mandatory tactics: ~~Billboard~~, SEM, Social – open to suggestions Billboard might not be best tactic. LB agrees on no GI billboard. Ryan suggested potentially doing a Rapid Care billboard instead.
		- Additional information: This may shift to cardiology if need is apparent Heart Aware HRA if so.
			* Ryan needs to follow up on this, but sounds like it may not be for another month that he’ll know
		- Media plan budget