

On stage from left: Marc Iskowitz, Dr. Harshit Jain, Miranda Madar, Alexandra Bissett and David Paragamian.



Point of Care's Post-Pandemic Game Plan

Building on the channel's gains, both in-person and virtually

● **At MM+M's Media Summit**, editor-at-large Marc Iskowitz led a panel to discuss what's been gained during the pandemic — and how point-of-care players are poised to build on it. The four panel members represented the different facets where point of care occurs between patient and health-care professional.

The first panelist to speak, Dr. Harshit Jain, mentioned that he's a physician and also the founder of Doceree, where he's global CEO. He described Doceree's goal as "solving the problem of engaging with physicians on digital in a measurable and transparent manner."

Next up was Miranda Madar, corporate director of strategic marketing for Emory Healthcare, which has 11 hospitals and more than 450 locations in Georgia. Panelist Alexandra Bissett is director of marketing and communications for the Mount Sinai Health System, which includes eight hospitals and 400 ambulatory care sites around the New York area.

The fourth panelist, Dave Paragamian, CEO of the Health Monitor Network.

"Coming out of COVID," said Paragamian, "we broadened our definition of point of care in terms of communication. It exists in telehealth, in remote patient monitoring, in the exam room, on a mobile phone, on a post- or pre-visit to the physician. It also includes communication directly to the healthcare professional. Today, it's all about diversifying to strengthen those multiple touchpoints."

Bissett spoke about the provider side, saying, "Hospitals are seen as a gateway to the system, so it's important to create assurance for patients, especially at a community hospital where they may not be sure what level of care they'll get. It's also about opening up your multispecialty locations in multiple areas to bring diagnostic services and early detection. Obviously, population health is a big topic nowadays."

Iskowitz asked Jain if he had questions about getting involved in new point-of-care channels. "Healthcare provider messaging has moved from generic to personalized," Jain pointed out. "A provider using an EHR platform is 100% identified: You can see

what kind of patients he sees, the medicines he prescribes. So instead of plain-vanilla brand-awareness messaging, you can do action-based messaging, such as recruiting patients for clinical trials."

When asked if more mergers and acqui-



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Health Monitor Network



sitions are in store, Paragamian said, “I’m the chairperson of the Point of Care Marketing Association membership committee, and that committee is busy. More and more entities are being defined as point-of-care marketing firms — it reflects the maturation of the business.”

“Now point of care has a budget spot in all the brand marketing plans, on both the patient and provider sides,” said Jain. “More consolidation and more players



From top: Miranda Madar and Alexandra Bissett.

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Bissette spoke about communication challenges as Mount Sinai expands its footprint. “This is the legacy of having different systems. It comes down to integrating policies and safety measures, and delivering the same care across the board. Patients have become empowered to expect those things.”

Madar agreed, saying, “Consumers have embraced the notion of choice: They know they don’t have to go to the same provider they always have — they can research and choose based on personal preference. But as people become more demanding of the care they receive, it’s stressing healthcare workers.”

When Iskowitz asked about measurements, Madar said that KPIs have always been a challenge, “especially when you don’t have integrated systems, because you can’t necessarily track the entire journey. We’re working with our new CFO to make sure revenue metrics align with marketing metrics. We’ve implemented new capabilities so we can measure phone calls and see how many patients they convert. We can’t do that for all specialties, but where we can, we’re using it as a benchmark for other groups.”

Madar also addressed the issue of measurements when it comes to POC. “Whenever we start conversations about a marketing plan, we talk with the operations folks so that both our teams understand the goals. You track and measure what you can; it’s a team effort to make sure campaigns show profit.”

Iskowitz asked Paragamian what the sales side is doing to give advertisers confidence to invest in this channel.

“All of us players in the space have embraced the Point of Care Marketing Association’s standards for measurement, validation and verification,” said Paragamian.

Jain noted a correlation between advertising exposure and business metrics: scripts. “As brands run campaigns with providers on point of care channels, script lift data is available live on various dashboards. Those data correlations show brands how



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Doceree



investments are leading to returns.”

Asked where the point of care channel is headed, Madar said, “For preventative care, it’s probably going to be a more automated setup, involving online scheduling, AI bots, and the like. specialty care will require more personalization, perhaps with virtual reality showing patients what to expect.”

“I think the consumerization of healthcare will drive continued growth and diversification,” Paragamian predicted. “That’s a wonderful opportunity for us all.” ●



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