

Spring 1999

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## Recommended Citation

Widmer, Thomas G., and C. D. Shepherd. "Developing a Hospital Web Site as a Marketing Tool: A Case Study." *Marketing health services* 19.1 (1999): 32-3. Print.

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# Developing a Hospital Web Site as a Marketing Tool: A Case Study

By Thomas G. Widmer and C. David Shepherd

**D**eveloping and building a Web site is somewhat like playing chess. With chess, after learning the unique moves of each piece and the basic game strategy, one is able to play an entire game with another player, albeit not too effectively. On the other hand, chess masters employ significant levels of strategy, studying the games of former champions and focusing upon a strategic orientation to the game. Truly, chess can be played at various levels depending upon the efforts put into it.

Likewise, a Web site can be implemented at various levels. Many sites show little strategic thinking and/or consideration of the needs of the target audience. For example, a home page chock full of self-promotion but yielding little usable information illustrates this level of service. Yet others clearly display a more strategic level of thinking reflected in the design, layout, and type of information they contain. In the latter case, the classic "marketing concept" is alive and well: determining the needs of the target audience and designing systems and services to meet those needs, while meeting the needs of the organization. A well-planned and implemented Web site can meet the

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Beginning with this issue of *Marketing Health Services*, each edition will include a section on Internet Resources. The intent is to inform readers of developments related to the World Wide Web that have implications for the marketing of health care. The section might focus on new Web sites of interest or Internet-based marketing approaches that appear to be appropriate for health care organizations. Or, the section may include a topic such as the one in this issue that presents a case study describing the efforts of a hospital to develop a Web site and subsequently market itself via this medium.

needs of both customer and corporation. After all, marketers use strategy for the development of other marketing activities. Why abandon such worthy planning and simply "throw some information together" for what can be a very powerful marketing tool?

Several years ago, Siskin Hospital, a rehabilitation facility in the southeastern United States, began the process of developing a hospital Web site. The initial step was the most critical: deciding who would be involved in the project. It was agreed that a multidisciplinary team was needed. Individuals representing marketing, medical services, clinical services, human resources, information services, and edu-

cation were all part of the team. Acknowledging the fact that we were novices when it came to Web development, we also looked outside for help and engaged a marketing firm (Daniel + Douglas + Norcross, of Chattanooga, Tennessee) to assist in the development process.

The next step in the process was to decide on objectives for the site. Specifically, what did we want to accomplish with the Web site? The primary objective of the site, it was determined, was to educate Siskin Hospital's various target markets. Rehabilitation is a very misunderstood specialty within medicine, and its promotion requires that significant amounts of information and education be provided to health care professionals as well as the general public. Seven specific objectives were agreed upon, ranging from positioning the hospital as a leader in the rehabilitation field to acting as a recruitment tool. By setting definitive objectives for the Web site, the team was able to stay on task with regard to the structure of the site and its eventual contents.

The next step was to determine target audiences for the site based on the objectives. Fourteen distinct targets were identified. The type of information each would require was brainstormed and detailed. The information types were then prioritized using a matrix developed by the team. The matrix identified high priority information for general audiences as well as our specialized audiences. Due to self-imposed deadlines for the project, we took the prioritization one step farther by

identifying three key factors: the value of the information, the degree of information maintenance involved, and the availability of information. Depending upon the answers to those three questions, a timeframe for including the information in the site was established. Some information would be included immediately, some within six months of going live, and some after six months. To make sure all objectives were met, each category of information was tested by identifying which objective(s) it helped meet. The matrix ended up being the team's most valuable tool in setting direction and priorities for the information that would be included in the Web site.

At this point in development, the team split up and went separate ways. A Web site "map" was developed so that we knew where the categories of information would be located. This also facilitated the design and implementation of hyperlinks both within and outside the site. The graphic design team worked on the overall design and format of the site while the remaining team members gathered the actual information and photos for each category of information.

Technically, the site came together very efficiently. Information was plugged into the formats that had been designed earlier. Once the site was initially completed, the team spent time reviewing it in

hard copy to ensure continuity as well as the accuracy of the information. Certain areas were "tweaked" to make them more effective and inconsistencies were corrected. The site was then brought "online."

The marketing team members developed and implemented several key events introducing the new site. An internal introductory "party" for all hospital staff was held and the new site, [www.siskinrehab.org](http://www.siskinrehab.org), was unveiled on various screens in the dining room. Specialty advertising items with the imprinted Web site address were given away to promote usage and familiarity. For external audiences, a broad-based postcard mailing with the Web site address and promotional copy was sent to a large portion of the hospital's general mailing list. Additionally, a high-impact direct mail piece was sent to approximately 150 key prospective users of the site to inform them of its availability.

Efforts did not stop once the site went online. The key to a successful Web site is making it dynamic. Information needs to be changed and added on a regular basis. Otherwise, repeat traffic will not occur. The team began to work on the next level of priorities that had been previously identified in the matrix exercise. That effort continues as of the writing of this article.

Retrospectively, how has the effort paid off? Given the established objectives, measuring the effectiveness of a

Web site is not easily accomplished. However, several parameters are monitored regularly. Traffic on the site has been increasing regularly, from approximately 200 hits per day to more than 400 hits daily. Another measure is the number of inquiries received through the "messaging" system built into the site. The site averages 10-15 inquiries weekly. Approximately two-thirds of the inquiries are from individuals looking for job opportunities. Viable candidates who were eventually hired have been introduced to the hospital through the hospital Web site. The balance is from individuals looking for information on certain rehabilitation-related conditions, treatment locations, and similar information. All inquiries are answered, and some require research by staff. Everyone involved in responding to inquiries enjoyed the opportunity to further the rehabilitation field while helping individuals in need.

In the final analysis, Siskin Hospital is pleased with the strategic orientation taken in the development of its Web site. It is currently meeting the varied objectives set for the project. Employing the chess analogy one more time, we like to think that although we may not be chess masters yet, our deliberate thought processes and attempts to think "a few moves ahead" have made the Siskin Hospital Web site more than just a beginner's game. ■

## **O N T H E E D G E**

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can be earned by charging patients willing to pay out-of-pocket 50% of what he would charge a plan member.

"When I deal with managed care, I get about half of the money I bill for," he said. "The bills are often delayed, and I have trouble paying for the increased overhead. With all the paperwork hassles created by managed care, I have to spend more on staff to make sure all billing procedures are handled properly. The problem is we are creating more and more administrative positions in the health care industry when we need to be doing more for patient care."

Cherewatenko is also leading an effort to establish medical saving

accounts that people could use to pay for major medical problems. People would pay a small amount of money each month into a plan that has a very high deductible (\$2,000 for example).

"The vast majority of claims are far less than \$2,000 a year," he said. "Only about 5% of the population requires more than \$2,000 of medical care a year, and much of the labor that goes into processing claims is a waste of time. With our program, a person would have to generate more than \$2,000 in claims before the deductible would kick in."

Cherewatenko has developed a number of Web sites to help spread the message of his program. This has proven to be very effective as growing numbers of people across the nation seek information

via the Internet. He considers himself a leader in a grassroots effort to restore health care to the control of physicians. Cherewatenko has also worked with various media outlets, including business and trade publications and broadcast media.

Only time will tell how successful these networks will be. Doctors who are dissatisfied with managed care demands and limitations may be willing to practice for less with these organizations. People who either lack insurance or have inadequate coverage may be attracted to these networks for care not covered by their policies or in order to have a greater choice in physicians. In the meantime, much of the success of such networks will depend upon their ability to market themselves. ■

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