



**Scaling Market Share and Competitive Advantage for the Health Enterprise:
Leveraging Marketing Strategic Partnerships in Expanding
NYU Langone Health's Preventive and Primary Healthcare Services**



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Introduction

In New York City, the presence of many academic medical centers has produced a competitive healthcare market. Despite their historically concentrated locations in the specific neighborhoods where their main medical center campuses are situated, new and innovative expansionary strategies are being pursued in order to remain competitive and facilitate their organization's ability to disrupt the field. One strategic way this disruption has manifested is through the formation of strategic partnerships in order to expand their organizational scope and service delivery. In particular, the Marketing division at New York University Langone Medical Center has collaborated with core mission areas of the organization in order to facilitate expansion and derive greater value through Faculty Group Practices, telemedicine, and School-Based Health Centers. This study analyzes how these strategic partnerships and the role of marketing in driving enterprise solutions enabled the function to increase competitive advantage and expand market share, thus furthering the enterprise's health service provision to new and underserved patient populations.

Faculty Group Practice

At New York University Langone Health (hereafter, NYU Langone Health), the marketing department serves a strategic function that solves business problems and drives organizational solutions. In particular, it has a close relationship with various divisions, such as Human Resources, Hospital Operations, the medical school, and Faculty Group Practices. Leveraging these strategic partnerships are pivotal in allowing the Marketing function to occupy a central space in meeting organizational objectives towards fulfillment of the enterprise-wide 2018-2021 strategic plan. With a prominent seat in the organization, Chief Marketing Officer

Cathy Lewis sits immediately below the Chief Executive Officer and cross-pollinates ideas, strategies, and tactics with other senior executives in the c-suite.

As the organization grew in employee population size exponentially from 9,000 employees to 60,000 employees within the last ten years, the enterprise continues to struggle in shedding its brand reputation of being exceptionally strong in tertiary care (Flegel, 2015, p. 235), but with profound weaknesses in primary care and preventive services. In contrast to other academic medical centers in the New York City metropolitan area and in the United States, for example, NYU Langone Health never created a family medicine and community health department in its main hospital campus, meaning that its employee resources, its health professions academic and career pipelines, and the associated impact they have on improving front line health outcomes are severely curtailed.

This brand recognition also holds historical significance. NYU Langone Health sits in what is called the “Superblock” on Midtown Manhattan’s First Avenue, right next to the public Bellevue Hospital and Manhattan’s Veterans Affairs Medical Center for armed forces veterans. Juxtaposed to Bellevue Hospital, which serves New York City’s most racially and economically underserved people as its patient population, NYU Langone Health has a segregated racial history in being known as the “white hospital,” while Bellevue served as the hospital for people of color (Oshinsky, 2016). Throughout the expansion of the enterprise, the Marketing function in particular holds immense opportunity to rebrand and reposition the image of NYU Langone Health. Doing so has not only accomplished surface-level diversity and inclusion in advertising by incorporating more people of color in the health system’s advertisements. In particular, this success in shifting brand recognition was achieved through structural changes and innovation

through Marketing's strategic collaborations with mission areas of the organization, namely patient care and medical education. Marketing, through Chief Marketing Officer Cathy Lewis, collaborated with the Senior Vice President for Clinical Affairs and Strategy, Andrew Brotman, who is also the health system's Chief Clinical Officer. Through this partnership with Clinical Affairs and Strategy, Marketing sought to leverage and expand the physician networks of NYU Langone Health in order to tangibly resist against the notion and caricature of NYU Langone Health as the "white hospital" vis-a-vis a diverse and public Bellevue Hospital and instead create an NYU Langone that serves underserved populations as well.

The close partnership with Clinical Affairs and Strategy allowed the Marketing function to tap into the 900 physicians and budget sharing of more than 750 million dollars just by the Clinical Affairs and Strategy function alone. Spatially, these Faculty Group Practices under Clinical Affairs and Strategy are dispersed throughout the New York City metropolitan area and often serve economically and racially underserved populations in their immediate neighborhoods. By leveraging these networks, the Marketing function slowly began to tailor their advertisements and communications and engaged in market segmentation (Tanner & Raymond, 2010) in order to better cater for the patient populations that are prevalent in their particular areas of New York City and surrounding regions. This market segmentation and market differentiation, as accomplished through the marketing function's strategic collaboration with Clinical Affairs and Strategy, empowered the two divisions to fortify a business case for diversity and inclusion, both in Marketing and in patient care, by drawing a direct line connecting diverse and inclusive marketing communications, segmentation, and positioning to increased market share from the revenue generated by the Faculty Group Practices.

In addition to building and presenting a successful business case for diversity and inclusion, the marketing function also contributed to organizational effectiveness in its collaboration with Human Resources with focus on the Faculty Group Practices employees. Because NYU Langone Health is principally located on the superblock in Midtown Manhattan and while the Faculty Group Practices are sprinkled across New York City, focus groups and surveys have revealed that a sense of community and an overarching NYU Langone Health identity across its various locales posed as a challenge. However, despite the distance between the physician networks and between each practice and the main medical center campus, Marketing collaborated with Human Resources, particularly by leveraging a mix of marketing's market segmentation and employee recognition in order to bridge the physical divide and foster community and engagement. Marketing Analysts and HR Analytics' Data Analysts collaborated in order to segment the employee population in Faculty Group Practices based on job type, such as physicians, nurses, physician assistants, social workers, therapists, administrators, among others.

Recognition box kits were distributed across NYU Langone Health's Faculty Group Practices with stickers, notepads, plates, certificates, candles, and picture frames, among others with explicit instructions for departments in all the 900+ physicians in the practices to engage in community building, foster employee engagement, and build a culture of recognition. This particular collaboration between the Marketing and HR functions solved clinical problems as patient safety data showed that during the two-week window after each recognition event, there was a demonstrated decrease in not only absenteeism from employees but also a reduced rate of preventable harm as gauged by Hospital Operations (Pronovost & Colantuoni, 2009, p. 1273).

This outcome of Marketing's strategic partnerships with Human Resources allowed the function to directly impact health outcomes, particularly in the United States, where medical errors and preventable medical harm is the third leading cause of death in the country (Makary & Daniel, 2016, p. 353). Moreover, the health outcomes impact of the Marketing function's collaboration with Human Resources holds transformative potential in reducing racial and economic health disparities due to the neighborhood locations of the physician practices. Given that the Faculty Group Practice employees exhibited increased morale, decreased absenteeism, and increased attentive while on the job, as shown in marketing and HR organizational surveys, focus groups, and employee performance ratings, this showed a demonstrated decrease in medical errors in the Faculty Group Practices, whose predominant patient population comprise of people of color and economically underserved New Yorkers.

Telemedicine

In New York City, there is increasingly competitive space in the healthcare sector, and many academic medical centers are looking for ways to innovate in order to assist the expansion of their market share. A rapidly evolving service of the patient care mission of the health system is telemedicine, or healthcare professionals virtually treating patients from afar using teleconference technologies. Due to a healthcare facility shortage in rural parts of the United States, telemedicine presents an opportunity to provide services to those living remote from urban centers of the country. In addition, opportunities exist as well globally, particularly in China with a powerful emerging middle class. Because the Chinese government had historically under-invested in the country's primary care healthcare delivery during its rapid economic growth, patients flock to the largest hospitals in cities to seek care, as opposed to accessing their

primary healthcare needs through smaller clinics and community hospitals. This over demand placed on large Chinese hospitals has proved to be costly for China's public healthcare system.

The emergence of telemedicine, albeit it is in its infancy, has begun to meet this need.

Conforming to telemedicine regulations, many American healthcare institutions began offering telemedicine services that involve “direct-to-patient telemedicine diagnostic and treatment services provided by ‘host’ institutions, remote pathological diagnosis, remote medical imaging diagnosis (including imaging, ultrasound, nuclear medicine, electrocardiograms, electromyography, and electroencephalograms), remote patient monitoring, remote outpatient services, and remote case discussions” (Ferris & Lacktman, 2014). In order to cultivate behaviors on how to access and receive healthcare provision in a cost-effective manner, telemedicine plays a crucial role in fostering patient behavior on where the initial diagnosis occurs, when families seek out healthcare advice, how long-term chronic illnesses are monitored and treated, and where medicine is bought (Shobert, 2016). Aside from serving needs that exist both in rural locations domestically and to patients abroad, telemedicine has also been marketed to prospective patients in New York City and beyond who are concerned about wait times (Bleustein et al., 2014, p. 393), are unable to take paid time off from work, which account for 40.4 percent of the American workforce (Jeszeck, 2015), or simply do not have the means or desire to commute to visit a primary care physician.

In order for Marketing to help drive service expansion to these previously untapped markets using telemedicine, the function had to form strategic partnerships with key stakeholders in the institution to make virtual patient care a reality. Marketing played a consultative role in building and pitching a business case for telemedicine. Partnering with Clinical Affairs and

Strategy, Marketing performed market segmentation in order to geographically map out through Tableau data visualization (Stadler et al., 2016) prospective patients that could be reached in the New York City metropolitan area, in rural parts of the United States, and in emerging economies abroad like China and India. These visualized maps provided drill-down capabilities that assisted both Marketing and Clinical Affairs and Strategy in isolating key markets to be prioritized that served as low hanging fruit for easy wins, which was crucial in allaying fears given that telemedicine for the organization is in its infancy and that the endeavor was both an opportunity and a risk that the organization pursued in order to remain disruptive. For international locations, Marketing and Clinical Affairs and Strategy triangulated via cross-functional exploratory committees with the organization's Legal division in order to combine their collective expertise in understanding macro-environments (Hooley et al., 2018; Kotler & Armstrong, 2018) with a focus on the marketing and healthcare laws and regulatory policies in place abroad and in different states that differ from healthcare and patient safety standards that exist in New York City, New York State, and the United States.

Further, additional exploratory committees were also established that focused on operations, where Marketing partnered with Hospital Operations and the medical center's IT division to learn more about the mechanics and rollout of telemedicine both from a user-perspective to a back-end developer perspective. Marketing facilitated design thinking exercises (Brown & Wyatt, 2010) for the group, soliciting focus groups that were representative of different markets previously identified with Clinical Affairs and Strategy via Tableau. Each focus group asked participants to test the current state of the interface, which was simultaneously created and deployed as user-acceptability testing (UAT), and their insights were leveraged to

inform executives and employees what their ideal state of telemedicine would look like. These design thinking exercises produced user-centric high-level requirements, which produced requirements that emphasized on the need for a user-friendly interface and an interface speedy enough for users with slow internet speeds (Levitz & Bauerlein, 2017)—two features prominently requested by prospective patients from rural regions of the United States and patients from countries abroad.

These design thinking exercises that Marketing spearheaded also produced high-level requirements focused on soft skills, as prospective patients from rural locations and from abroad had communicated that they were worried of a cultural clash and lack of understanding (Isaacson, 2014, p. 251; Truong et al., 2014, p. 99) by higher income healthcare professionals in an urban center like New York City. Responding to these identified needs, Marketing partnered with the NYU School of Medicine’s Office of Medical Education in order to teach the physician pipeline (“Diversity and Inclusion,” 2018), which comprised of medical students, MD/PhD students, residents, fellows, attendings, and faculty, an expanded cultural competency curriculum with intermittent collaborations with the Global Health program, Human Resources, the Office of Diversity Affairs, and the Center for the Study of Asian American Health. Partnering with Legal and these departments, Marketing led the inquiry on macro-level marketing environments (Hooley et al., 2018; Kotler & Armstrong, 2018) to fully understand advertising laws in different states and in China and India that specify what content is legally permissible in those locales. Fusing this legal understanding with cultural competency learned from HR and the medical school, Marketing then featured physicians that collaborated with these various functions of the health system and featured their photos, each with a quotation that reflected cultural competency

as a skill, in advertisements that the Marketing function then disseminated to areas in rural locations and abroad as product positioning (Hooley et al., 2018) to situate the new healthcare service of telemedicine as a desirable patient care service that rural and international patients had the appetite to access. These infusions of learning derived from network partnerships that Marketing facilitated allowed the function to drive the strategy, build a comprehensive marketing strategy, and successfully rollout telemedicine across the health system, while expanding the patient population market share and revenue of the organization.

The outcomes of these strategic partnerships, market segmentation, targeting, product positioning, and research on macro-level marketing environments has enabled the Marketing function to directly contribute to the expansion of the health system's operations to new markets, generating increased numbers of patients served. They have led to an increase of 11% in revenue in its initial stages. Historically, telemedicine served as the first direct outreach of the institution to serve patients abroad. From a labor market perspective, this expansion into telemedicine has opened up 325 new jobs from external candidates and about 550 for internal transfers and promotions in its initial two years, thus contributing to the organizational goal of fostering a culture of career growth, while creating more jobs in New York City in a sector that has experienced the largest share of jobs added since from 2009 to 2017 (NYS Department of Labor, 2018). Furthermore, the collaborations with Diversity Affairs, Human Resources, Global Health, and the Center for the Study of Asian American Health has led to mapping of diversity and inclusion topics in the physician pipeline curriculum (Daye et al., 2015, p. 883), thus serving as an additional tangible step to actualize the health system's organizational values of diversity and inclusion ("Why Work With Us," 2018), supplementing the HR department's Organizational

Development team's human capital pursuit to create structures to organizational values that would assist the organization and its employees navigate through change. These human capital endeavors also assisted in helping brand the institution as diverse and inclusive not only in its advertisements but also in its greatest assets: its employees. These contributions in revenue and market share have also led the institution to leverage another competitive advantage through innovation both at the regional, national, and international arenas. For the non-profit academic medical center, these collective efforts driven by Marketing's contributions has led to increased revenues that has paved way for the continuous improvement of existing services and next step expansions more promising in the near future.

Family Health Centers' School-Based Health Centers

According to The Civil Rights Project at University of California-Los Angeles (Kucsera, 2014), New York State has the most racially segregated K-12 educational system in all 50 states in the country. The same city also has substantial income inequality, thus creating disparities in educational and health outcomes for city residents. With school funding in the United States tied to property values and taxes, New York City's economic inequalities distributed by neighborhood, many communities became home to low performing schools, especially in economically underserved neighborhoods in the outer boroughs surrounding Manhattan. New York City public schools exhibit high rates of absenteeism, low performance in standardized exams, and less than 50% high school graduation rates city wide, with only one quarter of the city's public school students ready for college as they finish their high school education (Stringer, 2016). In financial demographics, many students who attend New York City's public schools are working class, are predominantly 200% above poverty level and below, and despite

being employed, many have multiple part-time jobs which come with no medical, dental, or vision benefits and zero vacation days. Despite the Affordable Care Act, more commonly known as Obamacare, being the law of the land nationwide, the uninsured rate among working adults is 15.5% in 2018 (Beaton, 2018). For those who bought private insurance off the Obamacare marketplace exchange, a single (no family dependents) 40-year-old non-smoker, for example, has to pay \$441 per month using the cheapest plan (Tuttle, 2016), an additional financial burden for working class people. In order to address these disparate health outcomes that ensue from increasing income inequality that precipitate as disparities in health access and outcomes, NYU Langone Health has partnered with 41 School-Based Health Centers (SBHC) through its Family Health Centers (FHCs) dispersed across Brooklyn. The health system fosters these collaborations with public high schools in order to deliver preventive and primary care services where youth spend most of their days—a proactive and embedded healthcare delivery framework that brings healthcare to where people are instead of the usual reverse. In these School-Based Health Centers, the health system fosters integrated interprofessional practice among healthcare practitioners, particularly by creating teams of pediatricians, family medicine physicians in the FHCs, therapists, social workers, and dentists in the SBHCs.

As an enabler of success for the SBHCs, the Marketing function engaged in strategic partnerships with the FHCs and schools, in addition to collaborations with the NYU Langone Health's Department of Emergency Medicine and the New York City Department of Education. Marketing collaborated with emergency medicine physicians in designing posters that were displayed across schools. These posters communicated health promotion initiatives to public school students, such as proper infection control, nutrition, sleep hygiene, and regular visits to

the doctors, therapists, and dentists in the SBHCs. In design and content, Marketing included internal triggers and a subsequent call to action (Fogg, 2017) that promote improved health behavior, in alignment with federal, state, and city standards. These strategic marketing communications initiative between Marketing and Emergency Medicine held the principal goal of leveraging the power of marketing communications in health promotion and prevention in order to keep the students out of the emergency room (“Prevention & Education Partnership,” 2018). Additionally, the Marketing function engaged in relationship marketing (Clements, 2018; Batty, 2018) with New York City Department of Education Superintendents and Family & Community Liaisons, a partnership that reinforced health promotion with parents and guardians of the students attending the schools with SBHCs. In order to multiply the platforms where health promotion took place, Marketing assisted Emergency Medicine in multichannel marketing, creating Instagram posts, emails, and voluntary text message reminders using clear, confident, and at times cheeky (Davies, 2018) messages that students and their parents and guardians would receive in order to promote better health behavior and outcomes. With the schools, the Marketing Department engaged in B2B Marketing (Google-Millward, 2014) with the New York City Department of Education in order to reinforce recommendations by the New York City Department of Health and Mental Hygiene and NYU Langone Health in communications city-wide, which assisted in reaching students in public schools where there are no SBHCs in service.

Through Marketing’s engagement in strategic partnerships, relationship marketing, multichannel marketing, using internal triggers, calls to action, the 4C’s in marketing communications, B2B marketing, these partnerships as they manifest as healthcare provision via

SBHC has promising impacts. Per year, the SBHCs' total an aggregate sum of 42,000 medical visits, 19,000 behavioral health visits, and 25,000 dental visits. The impact of these improved preventive health outcomes resist the increasing but long entrenched trend in the United States that "geography is destiny" (Nunn et al., 2014, p. 775) as a principal social determinant of health (Carey & Crammond, 2015, p. 662) and in educational outcomes. In healthcare, because students are able to be treated in school environments, their parents and guardians, many of whom have no vacation days, no longer have to skip work in order to take their children or guardians to the doctor for primary and preventative care. For the students themselves, there has been decreased rates of absences since the implementation of SBHCs. Through measuring access rate changes over time, there is a demonstrated increase in annual physicals among students of color and economically underserved students, with double the rates of prevention screening for sexually active students. There was also a concurrent increase in family planning consultations and increased access of contraceptives. Due to this free healthcare provisions in school-based environments, longitudinal surveys and qualitative and quantitative data points in health data systems, such as NYU Langone Health's Epic System, like medical histories and demographic analytics have demonstrated increased visits to preventive and primary care services, particularly from students who experience school-based violence, students who exhibit high drop-out rates, and high suicide and homicide rates (Gorman & DeVries, 2017). In addition, the longitudinal health access and outcomes data also came with educational correlations, reinforcing a positive relationship between outcomes in healthcare and outcomes in education. Compared to benchmark metrics before SBHCs and tracing academic performance and graduation rates over time using NYC Department of Education's grade system, the SBHC model of bringing

healthcare prevention services to where students study has the dual effect of improving not only health outcomes but educational outcomes as well for New York City's underserved youth.

Conclusion

Through strategic partnerships, NYU Langone Medical Center's Marketing division championed the expansion of healthcare services through Faculty Group Practices, telemedicine, and School-Based Health Centers through its Family Health Centers. These strategic partnerships enabled NYU Langone Health to expand into new market shares both around the New York City metropolitan area, in economically underserved neighborhoods in the city, rural locations in the United States, and to patients in emerging economies abroad, thus empowering the organization with innovative competitive strategy in an increasingly disruptive healthcare sector in the United States and in New York City. As NYU Langone Health expands and pressures that come from industry- and macro-level disruptions arrive, we would then learn whether the Marketing function's ability to provide strategic direction to the organization would withstand the tests of time and scale.

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