

Episode 48: Cutting Through The Red Tape to Land Corporate Contracts with Ed Bennett

00:00 Speaker 1: Welcome to the Neon Noise Podcast. Your home for learning ways to attract more traffic to your website, generate more leads, convert more leads into customers, and build stronger relationships with your customers. And now your hosts, Justin Johnson and Ken Franzen.

00:15 Justin Johnson: Hey, hey, hey, Neon Noise Nation. This is the Neon Noise Podcast, where we decode marketing and sales topics to help you grow your business. What's going on everyone? This is Justin Johnson, and with me, I have my co-host Ken Franzen. Ken, how's it going today?

00:28 Ken Franzen: Things are going great today, Justin. It is a almost 90-degree day here in, I would call it late September.

00:34 JJ: Wow.

00:36 KF: And I think there's records being set up here in the Southeast Michigan, Northwest Ohio area for temperature. I think that was [00:44] \_\_\_\_ Detroit radio station, where we blew a... I think it was something from the 1800s out of the water, as far as temperature-wise goes. It's very warm here [chuckle] at least for a couple of days, and then the coldness will start settling in. We'll enjoy it while we have it.

01:00 JJ: I'm looking forward to hearing from our featured guest today. We will be speaking with Ed Bennet. He is a former director of Web and Communications Technology at the University of Maryland Medical System. Ed is known for being a generous member of the healthcare community, offering counsel and support to social media newcomers and experts alike. He built the hospital's social network list, which is now an industry reference. Now, a consultant, Ed works with healthcare systems, and vendors, and other healthcare organizations to develop business strategies for patient and client success. Ed, it's good to have you on today. Welcome to Neon Noise.

01:32 Ed Bennet: Well, thank you, Justin. I appreciate the opportunity to be on the podcast and to have a good conversation.

01:38 JJ: Absolutely. Do me a favor, and fill in the blanks on anything that I may have missed, and share with us a little bit of detail [chuckle] about your background.

01:44 EB: I started helping health companies with their first website and quickly realized that as while I enjoyed building websites, that's always fun, I really enjoyed the process of helping the companies figure out how to use web at a strategic level. What are the different types of things that they could be doing with web technology, this new thing called email, things of that nature that would really impact their business in a positive way. And then I learned very quickly how to help them, how to guide them through the stuff that was important, and help them figure out how to ignore the stuff that was getting a lot of buzz, but really didn't matter to their business. And then in 1999, I joined the University of Maryland Medical System. And they simply built their digital program, their websites, and lots of things that were first in the industry. It was the first hospital to do paid search.

02:40 EB: We were the first hospital to have a app about six months after the iPhone was launched. We were one of the first hospitals to be on Facebook and Twitter, and start using social media platforms. A lot of experience on that side of the fence over a course of about 17 years building digital programs, managing them, and of course, working with lots of vendors, big and small. I have a lot of experience of what it's like on the other side of the desk there. And I hope that I can help your audience have a little better understanding of what's going on at the hospitals.

03:16 KF: Ed, your focus is healthcare, and I'm taking that you've chosen this niche for your current business, because of your background that you have there. And it sounds like some of the pioneering efforts that you made as the new things came out, you were quick to adapt. But back up, why healthcare? The background makes sense, but why continue healthcare? Why not open this up wider to other industries? And then what benefits do you find being focused on a niche market?

03:53 EB: Well, there's sort of the obvious benefits. This is what I've done for the last 20 years. I have a pretty good network with people. I know a lot of people. A lot of people know of me. Its fairly easy to reach out to folks and get them to return my call. But at a very, very fundamental level, I just like whole environment of healthcare. It's one of those industries where at it's very root, you're helping people. It's a good thing. Bottom line, I like the industry. And I like the people in it. Now, if I come across or someone reaches out to me from another industry, and I feel that I can help them, I certainly would be open to that.

04:30 KF: Okay. When you're talk about healthcare systems, hospitals, they're typically very complex organizations. To get in there, let's say I'm a commercial HBAC contractor trying to gain the trust so that maybe I can potentially be a preferred vendor of the healthcare system. What advice could you give listeners on how to begin working with larger organizations like a healthcare system?

04:58 EB: Yeah. It's tough, and there is no easy, quick way to break into it. The approach that is going to be the most effective is the approach of trying to seek out and build relationships. I also think that there is a pretty clear line between some of the objects that can get approved quickly and some that can't. Every organization is different. I can tell you that the number, the dollar figure that was at my organization was right around $50,000. Anything under that, there were ways of getting a vendor in, setting up a project without going through the full red tape. Anything over that, you had the full or a process. And you were looking at typically six months to a year for a decision to be made. Kind of understanding where those boundaries are might help you figure out where... What kind of project and the fact if we get a pitch.

06:04 KF: True. So if I were able to establish what that threshold was, what would be... Would it be my best interest to establish a relationship with you directly in some capacity?

06:15 EB: Yeah. There are, many times, we'll be champions inside the hospital who have good reputation, who are respected, and who are seen as kind of the leaders inside the hospital and are listened to. And they may not be on the org chart where you expect them to be, and that could be very difficult to sort out from the outside. I typically recommend that if you're targeting a hospital, or this could actually apply to any large organization, find the conferences. Those are the kind of folks who are typically or a little bit more on the cutting edge, and I would find... I'd look at those folks as maybe ones to reach out to.

06:51 KF: Okay. Great. Now, is there an element of... Is it connecting at a professional level? Or is there still that old-school schmoozing steak dinners, scotch, cigars type thing that goes a long way?

07:04 EB: I never got scotch and cigars [laughter] in the 17 years I was... I must have been doing something wrong, 'cause I never got a cigar, that's for sure. I think maybe I had a drink once in a while, but there is, I think, a lot of opportunity for education. And this is where the vendors who successfully connected with me and got my attention were the ones who, after the initial contact, were giving me really helpful information about a particular topic. They were, on a regular basis, piquing my interest because they would be talking about an issue that I maybe wasn't aware of and was giving me very helpful information that helped me make better decisions, and made me look good inside the hospital. So that kind of knowledge transfer really helps with setting credibility. And there's also the delicate balance of how often do you reach out in the initial stages? For every person's different. I had some people that were just very clumsy about it and were just doing the full marketing pitch, as if they were selling me a vacuum cleaner, and trying to close the deal. Others came to this recognizing that they may not get any business from me for two or three years, which is not unusual in healthcare, but they decided that they wanted to invest in this relationship. And for a lot of them, I did business with them and sometimes faster than two or three years.

08:42 KF: Okay, now what about the situation with the RFQs or RFPs? Depending on which industry you're in, those are the larger projects. I know that we get presented with those on occasion, and oftentimes we'd politely decline to bid on it. And the reason that we choose not to is, likely, because we don't have a preexisting relationship with someone there at that organization. And maybe it's wrong for me to say this, but I feel like I might be just bid two or three in their required three-bid process, and I don't have a snowball's chance at the business unless I present something that is shockingly awesome.

09:34 EB: I'd say a good percentage of the time, an organization will have a clear leader in mind. But I do have to say that there were many, many times where we had three or four possible choices. And it really did come down to the RFP, and more importantly, the in-person demos before we honed in on the company we wanted to do business with. I think the more that you can take advantage of that discovery phase... Typically, they're gonna call you again if they're interested and try to get as much background information as you can, the better chances you have that this is a real RFP process then you have a shot. And that's also the time to cultivate your relationship with the person running the RFP. They usually have rules about what kind of contact you can have, but that's the time to start to really demonstrate your industry knowledge, and your ability to give advice, and provide feedback, and references, etcetera, that will make you look much more favorably by them.

11:00 KF: Great advice. That's always... It's nice to talk to someone that's been on the opposite side of that process, finally, almost for my personal curiosity, because you validated some of my hunches. But then I look back at some of the ones I might have turned down, and perhaps I could've or should've explored that opportunity a little bit more, took advantage of that discovery session and established some rapport, maybe I would've had more than a snowball's chance.

11:27 EB: I agree. I would never put the effort into responding to an RFP that came to you cold without a couple of good, solid phone calls or face-to-face meetings, if that's possible. And I'm talking a good 30 minutes to an hour, a couple of those, where you can really drill in to why they're doing this RFP, what's the plan, what are the major pain points, what problem are they trying to solve? I mean, there's a dozen questions you could ask that are not covered by the RFP and that kind of background information is really important and will help you decide whether you feel that it's a good investment of your time or not. As someone who is on the other side, I had several calls like that, from vendors that were on the list. I remember one in particular who was very helpful and was very respectful, but we spent a couple of hours in total talking about why we're doing this. And at the end of it, they called me up and said, "You know, this has been great, but we don't think we're the right fit, and we're not gonna respond to the RFP." I have a lot of respect for that, and I kept them in mind for future projects.

12:37 KF: Question for you Ed, what... And on your website and some of the things that I read online about you, you have something called Hospital Sponsored Support Groups. What are they?

12:48 EB: Just a little background, I've sort of became known in the industry, because back in 2009, I set up a list of hospitals that had social media accounts. Back then, it was very controversial. Hospitals, in general, blocked social media for both their patients and for their workers. And there was this really bad, negative opinion about hospitals doing social media. Just not appropriate, not in keeping with the seriousness of what we do, what a ridiculous notion that we would have a Facebook account, and so forth. But there were some hospitals that were doing it, and there were many, many more people like me, inside hospitals, that were fighting to get their hospitals to adopt social media. The list was built as a way of helping those people, because the biggest motivation for hospital executives to do something is when they see that other hospitals are doing it. [chuckle] So that list was a tool for those folks to use. I started with about 100 hospitals and about 200 social media accounts, and by the time I was done with list, the figure was up to, I don't know, 1,500 hospitals and 6,000 social media links. The industry really had started to adopt it, and it was a fairly quick turn-around.

14:14 EB: As I have been doing, working with other vendors as a consultant, I've been looking at other types of lists that I could maintain that would be useful... That could possibly have the same effect. And one of those lists is the one that you mentioned, which is Hospital Sponsored Patient Support Groups. And this is essentially something as simple as a Facebook group page. There's also lots of other platforms where you can have kind of a group, social media group. But it's not on Facebook, it's this other platform. There's a company that I work with that has a really fantastic mobile app for patient communities. But the unifying factor on everything that's on that list, is that the hospital has publicly sponsored the group, and is actively supporting it. They have a clinical person at some level, usually it's a nurse practitioner, and sometimes it's a doctor, who is the admin and monitoring the group, and stepping in to answer questions and clarify things that come up. But the group is there and with under the sponsorship and name of the hospital in question. And hospitals that are doing this, have found some pretty amazing benefits for the patients and for themselves. The first big benefit is that the... And see, in general, the groups are usually focused on a particular condition.

15:56 EB: The first group I set up at the University of Maryland was for liver transplant patients. And these are folks that have a very serious medical condition, they are gonna be on anti-rejection drugs for the rest of their life. These are serious drugs. They set side effects, etcetera, so there's an ongoing medical condition and need that they have. And the group we set up was a secret, closed Facebook group. And it was run by the nurse practitioner who was doing the traditional face-to-face, real life support stuff, where people, every quarter, every three months, they would drive into the hospital, have some coffee and donuts, sit around in a circle, and talk to each other for a couple of hours. She came to me and said, "Why can't we do this on Facebook?" And I said, "We should do it on Facebook. And we set it up." She has been doing this now, for almost 10 years, and has found some very interesting benefits. First of all, the patients are doing all the normal support stuff where they're supporting each other emotionally, and that is a very positive factor in the control of their condition.

17:14 EB: But for her as a clinician, the patients that are active in the support group, when they come in for their regular check-ups, arrive fully educated about what's going on. And she also has a good sense of what their particular situation is, because she's been active in the social media community. And she says, "The time that I spend with them now, on their clinical appointment, is much more efficient. And we can really drill down and focus into their particular issues, talk about things that would not be appropriate in the social media platform. But they come in fully educated, and I can skip a lot of the stuff that I would normally have to do, and just really drill down into the stuff that's important."

17:56 KF: That's an amazing leverage of social media, that I would have never really considered. And I could see that how beneficial that is for that face-to-face time.

18:05 EB: Yeah. And there's things like... Particularly when you have a tight community around a single condition. Some people pop up on the news saying, "There's a new XYZ study that says if you do this, you're going to die, if you have this condition." The normal stuff that happens out there. And she can, the nurse practitioner, will typically... She'll log in in the morning and she'll see the group talking about the latest report. And some of them might be very concerned, and some of 'em might be skeptical about it. And there have been more than one occasion where she'll say, "Hey, I just heard about this report that was in the New York Times. I'm gonna reach out to the head of our practice, and get his take on it or her take on it. I'll be back to you in a couple of hours." She comes back in a couple of hours, and she says, "I talked to Dr. Smith. Dr. Smith says don't worry about this. We know about it. It's not something that we are freaked out about. And if you're concerned, here're some material that we know is legit to read about. If you're really concerned, please call us. We'll talk to you, but this is the information you need."

19:17 EB: And in general, so there'll be 200 or 300 people that initially woke up, kind of freaked out about something they read on the news. And within four or five hours, they've been reassured by the medical experts they trust. How important is that? [chuckle] That's unbelievably important.

19:33 KF: Unbelievable.

19:34 EB: That's the type of thing...

19:36 KF: Absolutely.

19:37 EB: Where the power of social media is really demonstrated, and it has nothing to do with selling stuff. It has everything to do about having proper communication tools in place and in environment that has already been put in place where trust has built up. And when you have that, you can do all sorts of things like I just described.

20:03 KF: Absolutely. And you even think if all 200 or 300 of those people tried calling in for clarification or fielding that, just the communication, because, yeah, between the doom news that we're dealing with where bad news is the only news they report anymore, to have a condition that is then being reported on with something that likely strikes fear through just about anyone, to have that come through clarification is, just for the sake of comfort, is paramount. If you tried Googling anything. You have a cough, or a sneeze, or a sniffle... If you search hard enough, you're definitely headed to the grave because of all the different advice out there.

20:50 EB: As they say on House, it's lupus.

[laughter]

20:54 KF: These support group just sound fantastic, and so I imagine that they're available for unbelievable or an unknown amount of different types of individuals.

21:08 EB: Patient support groups have been around since, really the early '90s. When email first took off, there was a cancer email list that was populated. What is fairly new is the hospital-sponsored patient support group. And my list has, I think, maybe 25 or so, there's probably another 25 that I haven't found yet, but that's still only 50 out of the tens of thousands of support groups that are out there. There is a really big opportunity for clinicians to either set up their own group or maybe volunteer to provide clinical background information on an existing group, but lots of opportunity for hospitals to make a difference.

21:57 KF: Awesome. Now, what... I think there's another list you have noted, is your physician transparency list?

22:05 EB: Yeah. This is kind of my favorite list, because I... It dovetails into web technology, and data, and advertising, and it sort of brings the whole package together. Everyone's used to Yelp, and ratings, and the review sites where you can leave feedback, and so forth. The hospitals across the country have something called the HCAHPS survey. I can't even pronounce what the whole acronym means. But essentially, if you've ever been treated at a hospital or had an appointment with your doctor, who's at a hospital, you will usually get a follow-up survey in the mail, usually three weeks later, where you fill out the survey about your experience, what was the quality of the service, and so forth, and all this data. And then, there's some surveys that are done by phone and some where you can do it by email, but they're all asking the same questions. All hospitals by law have to ask the same questions. And this data is pulled together and collated. And it's actually one of the factors about how much money hospitals get from Medicare and Medicaid.

23:16 EB: Your satisfaction score, the quality score, your opinion of... All that gets rolled up. It can actually impact the bottomline of a hospital in a pretty big way, millions of dollars. Hospitals have been doing this for about six or seven years at least. And they've been sitting on this enormous trove of feedback, the star ratings, comments that generally has been used and for internal purposes. They have to do it by government regulation, but there's this wealth of data, and they're using this data to identify problem areas. Everyone's complaining about the parking, or everyone's complaining about the cafeteria food, or what have you, or even identifying problematic doctors or practices, if there's issues that will arise at that level, and going in, and helping to fix it.

24:07 EB: What's relatively new is that hospitals, some hospitals, have started to publish this on the hospital's physician directory, on their website. So that list is tracking the hospitals that are doing this. This is a huge game-change for healthcare. And very difficult for doctors to... The vast majority... I'm not gonna say the vast majority. A significant segment of the doctors really oppose this. They hate the idea that they're being treated like a product on Amazon, where people give star ratings and feedback. However, patients love it. And the hospitals, once they get the buy-in from the doctors, they love it too, because as soon as you put those star ratings and those comments on each one of the doctor's profiles in their Find a Doctor section of their website, the rankings for those doctors on Google go through the roof.

25:05 EB: There are so many examples, where I've heard that a hospital is getting ready to do this, and I've done some before-and-after, where I'll look at 10 doctor's names. I'll search for them on Google, and usually, before they do this, they may show up in third-party sites, like Healthgrades, and Vitals, and things of that nature, but the hospital's website isn't on the first page of results. Once they start doing it, the hospital's website is the number one result, and they start getting huge amounts of traffic that they never received before. It's a big win for the hospital marketing folks. It's actually a big win for the doctors, because the vast majority of doctors, and the vast majority of experiences that people have at hospitals are positive, and that's reflected in the data. If you go to my list, and you click through, and you look at some of the hospitals that are doing it, you'll see that, in general, people are very happy with the experience.

26:09 EB: As an industry, we tend to look at them and worry about the negative, and that's the right thing to do. If you're a surgeon or you're a clinical person, you focus on what the bad outcomes could be, make sure that they don't happen, and you're constantly aware of that. But it also is nice to take a step back a bit, and look at the big picture, and say, "You know what? 98% of the people who rated this doctor gave this doctor between three and a half and four stars, and only 0.2% of them had dissatisfied." That's not an unusual thing. And it's kinda nice to see that, when you step back, and look at that big picture.

26:48 KF: You had mentioned that, earlier, that to get buy-in from the doctors, to get to this process. Is that typically something that the hospital has to get them all on board? Because it seems to me that they could just put it out there and say, "Hey, we're going to allow patients to judge you."

27:05 EB: Here's the inside scoop about hospital systems, and it's also the inside scoop about the entire United States healthcare system. There is no single system. What there is, is a collection of hundreds of thousands of small businesses, so that surgeon who did your knee replacement, that surgeon is a small businessman and has a deal, some sort of understanding or deal with the orthopedic practice that he's part of. That orthopedic practice is an independent business, and has a deal with the hospital, a contract with the hospital to use their facilities in contract, and work there. There's all these small businesses that have sometimes competing business goals, all trying to work under the umbrella of a single hospital system.

28:00 EB: And that's the type of thing that can really trip you up as an outside businessman, trying to figure out, "When I sell something to this person, who am I actually selling it to?" There is a trend across the industry for doctors to become employed physicians of a hospital. They get a regular paycheck. They're employed by the hospital. They're not an independent contractor anymore. And so one of the things I would look for, when you're a small businessman, or any business, and you're trying to get a handle on how a hospital is set up, find out, "What is the percentage of doctors there who are employed physicians?" In general, the higher that percentage, the more like a regular business the hospital is, because if all of your doctors were employed physicians, then you can make a decision that, "We're going to do this." And they can't really push back. But they can, if they're an independent contractor. Does that make sense?

29:03 KF: No, that makes absolute sense. And that's some insight that I wasn't aware of, so thank you for sharing that.

29:08 EB: But even in those cases, the doctors are a very well-respected, important, vocal segment. Even in the case of employed physicians, in this particular situation with the transparency, if enough doctors said, "We really hate this, and this is a dissatisfier for us," that could slow things down. For something as radical as this, and believe me, the whole idea of posting ratings and comments on the hospital's website was a radical idea, and that has to come from the very top. It has to be the CEO saying, "We're doing this." More importantly, it has to be the chief medical officer of that facility, who the doctors basically all report to or look up to, who says, "We are doing this. This is important. This is part of my mission here at the hospital, I want everybody on board."

30:01 EB: And of course, the ironic thing is that once it happens and those doctors all see that the vast majority of comments are positive, they love it [chuckle] And they love that they're number one on Google without having to buy ads or anything. It's getting over that hump for this particular initiative that's so important.

30:20 KF: And I would think that as more adopt and they can see what the outcome from others has been and it's probably gonna be a little bit easier to accept.

30:28 EB: Yeah. It'll be easier. Right, this is just like trying to get us to adopt to social media back in 2010. A lot of caution, very conservative, and that's why new ideas take much longer to take hold in this industry than in others.

30:49 KF: There's a report online, the State of Digital Marketing in Healthcare, you had made reference to it on Twitter at one point. And in the report, it talks about Facebook being... It says Facebook's the main social media marketing channel used by 80% of hospitals, which I found very interesting, followed by Twitter at 77%, and YouTube at 74%. Let's talk. You had mentioned the private groups, but talk a little bit about... Because you just said how conservative they are, and social media, I think, it is something that still a lot of businesses aren't quite sure how to use even today. How hospitals are using social media, and then why is Facebook the leader here?

31:35 EB: Well, it's kind of... The answer to that is pretty straightforward. It's the leader there, because it's the leader of social media. The number of active members on Facebook blows away everything else. I don't have the numbers at my fingertips, but I know if you compare the numbers of active users on Facebook to Twitter, you might wonder why anybody does anything on Twitter. It's much smaller. So Facebook is number one, with healthcare and hospitals, because Facebook is number one with every industry. [chuckle] And if you're gonna... And the other part of it is that all hospitals, in general, have limited budgets to do any of these activities. If you're gonna do it, you better focus on Facebook first. If you've got some resources and time leftover then you can look at some of the other social media platforms. The answer to that I think is pretty straightforward.

32:28 KF: Sure, sure. Then what are some of the ways that these healthcare systems, hospitals are using these social platforms? I think of YouTube, and I'm thinking, okay, are they just displaying on their YouTube channel the commercials they air on the local TV stations? Or are they specially made segments, videos for YouTube?

32:52 EB: Okay. Let's talk about the big three, Facebook, Twitter and YouTube. Facebook channels and Facebook pages are now seen as equally important as your own public website. And that's because a large majority of folks will, when they say, "I wanna check out... What's the story about this hospital? I think I might need... I know I need to go in for some elective surgery. I gotta to pick which hospital I wanna to go to. I gotta pick a doctor." Or, "I have a doctor, but I'll learn more about the hospital he's sending me to." For a large number of folks, their first thought is, "I'll go to Facebook and see what their Facebook page says." It's not, "I'll go to Google, find their website, go to their website." Just basic information about who we are? What we do? What we're all about? How you can contact us? All that stuff, the stuff that you would normally have on your public website, you need to have a subset of that stuff on your Facebook page. It's just basic grounding information, so that people that are brand new to you can get oriented. The step up from that is using Facebook as a tool to disseminate information, to respond to things that are in the news. Very typical activity will be for the marketing department to be aware of big medical news that's going on, or maybe it's a major celebrity was diagnosed with a particular type of cancer. Those types of things.

34:26 EB: When they're really big stories, they will typically go to Facebook and say, "This is in the news. Dr. Smith is the expert on that particular condition, and he shot a five-minute video talking about this. And what you should know about it." Or "Here's an article that we posted on our blog six months ago, but everything is still relevant, and we're posting it on Facebook for you." They'll use that as an educational channel. The third way that they'll use Facebook is to start building and attracting communities of people who have not needed a hospital yet. Things like sports medicine, weight loss, exercise there are lots of different activities and services that they can start talking about on their Facebook page.

35:18 EB: One hospital that I know was Inova Hospital down in Virginia. This was years ago, and they did an entire program called Fit for 50, where it was targeted to folks that were over the age of 50. And they had 50 days of educational information, and exercise tips, and so forth that was hosted by a local sports celebrity. And they built up a following of people on Facebook who joined in to do the exercise or what are the activity was each day. They got their email addresses, and then they tracked these people over the course of about a year and a half and determined that... And these were all folks... Folks they tracked were all folks who had never been to their hospital before, so brand new, brand new people. They tracked how many came in for services over the course of the next year and a half, and determined that the investment they made in this program greatly paid for itself over the next couple of years. Those are some of the things that you'll see hospitals doing on Facebook. They're getting a little more sophisticated about it, and it's still the platform of choice.

36:37 KF: In the marketing for hospitals, healthcare systems, do you see the trend starting to rise from traditional means over to digital?

36:45 EB: Definitely. It's very slow. There is still a segment of folks, especially physicians who wanna see their face on a billboard [chuckle] as they're driving to work. One really good thing about physicians is that they respect data. And so if you can sit down and show with data that the money spent on the billboard to that dedicated 800 number that no one else... That tracking 800 number brought in X number of patients. The same amount of money brought in 10 times that much when we did it on Facebook, or Google AdWords, or whatever. They typically... They see the data. They respect it, and that's usually the process that you have to go through. There is much more of a movement to digital spending, because the cost is so low compared to traditional forms of advertising. And the ability to micro-target is... Well, it's fundamental. And hospitals are one of the industries where they have to take every... Any person that shows up at the hospital in the ER, they treat. It's every different segment of the population based on age, income, ethnic background. It's just a completely open unified, or what's the right word, homogenous group that's coming in. But these folks have hundreds of different issues and conditions. The opportunity to micro-target a particular group only exists in the social media and digital platforms.

38:26 KF: It is amazing how pinpointed you can get with digital. I'd have to ask you, your background is amazing and some of the pioneering that you've done. There's a lot of firsts that you've done, and just what that had to come with some... I see trends coming down the line, I see things coming in the future that are applicable and now you can...

[chuckle]

38:49 EB: Now you're gonna ask me what the future is. [chuckle]

38:51 KF: I wanna know what the lotto numbers are tonight. No.

38:54 EB: Oh, oh God, I wish... [chuckle]

38:55 KF: I'd like to really see what you're working on right now, what you're really excited about, what's going on right now. And then maybe what do you think is coming down the line, maybe not particularly just for healthcare but overall that had you excited. And I'm not asking you for predictions, but just what has you very excited.

39:13 EB: Well, what I'm working on now is a new service that I'm putting together for the industry, the healthcare industry and especially the marketing digital communications folks, which is gonna be a vendor directory. I've snagged the domain martech.health. There is a top level domain called dothealth that I researched and these guys are doing the right thing. But it's going to be a very deep resource for the healthcare marketing folks. There will also be of course the opportunities for hospital clients to provide star ratings and feedback on the vendors, and I believe that will be a very important part of the value of the directory. Because there are so many technologies that are popping up, it is very hard for the people inside to keep track of this stuff. I'm gonna provide a lot of educational material for each of the categories so they can understand and template RFP questions. Here are the questions you should ask of a particular vendor in this category and so forth. I'm pretty excited about that. Hopefully it'll make me a little money and I can live on that for a while. But I'm really excited about bringing something of substantial value to my industry. That's what I'm working on now and look for that probably towards the beginning of next year.

40:39 KF: Very interesting. Hey, Ed, what is the best way for listeners to get in touch with you?

40:46 EB: Well, if they just Google Ed Bennet they'll probably find me. I'm at the ebennet.org, although I'm also launching a new website called Edbennet.health probably next year. But that's the easiest way, just go to ebennet.org. If you're on Twitter, my Twitter handle is edbennet, and I love to talk to new folks on the phone. I love that kind of networking and so if you reach out to me, be prepared for me to say, "Hey, can we just take this to the phone for a nice 10-minute phone call." And do that. I welcome to talk to anybody, any of your listeners who wants to learn more.

41:25 JJ: Beautiful. Hey, before we say goodbye, if you had one piece of parting advice for our listening audience, what would it be?

41:32 EB: Be patient. Be patient with the folks inside the healthcare industry, they're working really hard. They're trying to juggle so many complicated things but once you get in the door and get a client inside one of these organizations, and you do a good job, you're there for life. Because if you prove yourself to an organization and healthcare organization, they're going to reward that with loyalty to you. And so although it looks kinda daunting with the amounts of time that it takes to close a deal, I believe for the most part it's worth it.

42:07 JJ: So true. So so true. Neon Noise Nation, we hope you enjoyed the conversation today with Ed. Be sure to go over and check out his website at www.ebennett.org. Ed, thanks again for being on the show today. The show notes from today will be available at neongoldfish.com/podcast. Until next time, this is Justin, Ken, and Ed signing off. Neon Noise Nation, we will see you again next week.

[music]

42:32 S1: Thank you for listening to this episode of the Neon Noise Podcast. Did you enjoy the podcast? If so, please subscribe, share with a friend, or write a review. We wanna cover the topics you wanna hear. If you have an idea for a topic you'd like Justin and Ken to cover, connect with us on Twitter @neongoldfish or through our website at neongoldfish.com.