HOSPITAL BRAND

# Brand is a demand asset, not a logo

Measure hospital brand by what it does to cost per patient, not by how the wordmark tests.

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THE PROBLEM



# The slide that gets funded and measured by nothing

- A brand refresh, a new logo lockup, new signage across units
- Funded because nobody can argue against it directly
- No number attached, so nothing to review
- Eighteen months later: nicer wordmark, same cost of acquisition

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THE JOB



# What a working brand does for the demand engine

1. Pulls searches and enquiries without a paid click
2. Raises conversion on every other channel
3. Supports the price the group can actually hold

Reduce the risk a frightened family feels before the contact centre ever picks up.

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THE NUMBERS



# Three or four figures that survive a budget review

- Share of enquiries from direct or branded search, not paid
- Cost per booked appointment: strong-brand unit vs weak, same campaign
- Enquiry-to-appointment conversion for branded vs unbranded traffic
- Price realisation on comparable packages across units

They answer the CFO's real question: what does this buy that performance media is not already buying?

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WHAT BUILDS IT



# The inputs are operational, not creative

- Outcomes people trust, travelling through referrers and families
- Doctor reputation feeding hospital reputation, not replacing it
- Reviews compounding or decaying in public, by unit and specialty
- One promise across signage, scripts, discharge and billing

A brand campaign cannot outrun a billing experience that contradicts it.

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CATEGORY LEADERSHIP



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# If they are that good at the hard thing, they are probably good at the easier thing too. A group known vaguely for quality care gets no such transfer.

Concentrate on two or three service lines before spreading thin.

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BRAND AND PERFORMANCE



# Inputs to each other, not substitutes

| | |
|---|---|
| PERFORMANCE | Buys attention at the moment someone is searching |
| BRAND | Decides what that attention costs and converts into |
| NEW UNIT | Heavier brand weighting for the first several quarters |
| FLAGSHIP | Lean harder into performance, recognition is already banked |

One budget split applied group-wide is a common and expensive mistake.

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DO THIS



# Rebuilding the brand case next quarter

- Measure brand by direct-search share, branded conversion, price realisation
- Segment performance efficiency by brand strength, unit by unit
- Put the framework in the annual board plan, not a one-off deck
- Bring the CFO three comparisons before the creative work

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READ THE FULL GUIDE



# Brand as a demand asset, in full

- Making the brand case in P&L terms
- What branding in healthcare actually means
- The three traits of the strongest hospital brands
- gauravphogat.com/brand-as-a-demand-asset-not-a-logo

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