

EPISODE 2

Healthcare Marketing with Lisa Larter

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Lisa Miller (00:11):

Well, welcome Lisa Larter. I am so excited to have you on the Healthcare Leadership Experience. We have a full podcast scheduled today and some great discussions, so thank you for being here.

Lisa Larter (00:24):

It's my pleasure. I'm looking forward to this conversation with you. I always enjoy talking all things marketing with you, Lisa Miller.

Lisa Miller (00:31):

Yeah, we talk a lot about marketing.

Lisa Larter (00:33):

We do.

Lisa Miller (00:34):

Can you tell our listeners about you, your work around marketing? Because you have a really unique approach, but I want to get everybody to understand who Lisa Larter is and what you do in marketing. So if you could, that'd be great.

Lisa Larter (00:51):

Sure. I call myself a marketing strategist, and I have a team that assists people with marketing implementation. So, we are basically a full-service marketing agency. I think what differentiates us is we really focus on — or I focus on — developing marketing strategies that support organizational goals and objectives. I believe that marketing is more than just a pretty logo. Marketing is a function of interacting with patients, customers, potential customers, and it needs to be done well in order for a business to be successful.

Lisa Miller (01:30):

Yeah. So I want to just stay there for a minute, because your unique strength is your strategy. You can work with a person, an individual organization and have a roadmap, and this roadmap is so amazing. We've done two roadmaps with you, but you're able to be very strategic about marketing. Just one more minute on this before we jump into some questions. Can you just talk a little bit about that strategy and that roadmap, because that is very unique?

Lisa Larter (02:05):

Yeah, for sure. Well, I worked for a very large telecommunications company in Canada prior to starting my own business — and strategy was always something that was very, very important to our success. You needed to have a well thought out strategy in order to achieve your business goals and objectives.

Lisa Larter (02:25):

So when I started my business, I basically adopted the same type of mindset. You needed to have a clear strategy. You needed to know where you were going. You needed to know who you were talking to. It doesn't matter whether your audience is a patient or a customer, you need to understand who that audience is and what their pain points and problems are, because people choose you. They choose businesses, they choose doctors, they choose hospitals to solve a problem, and if you don't communicate your messaging in a way that makes it easy for them to understand that you get what's going on with them, then people won't choose you.

Lisa Larter (03:04):

So the strategy approach that I look at incorporates who that buyer is, what the right lead generation mechanisms are, how you should produce content that is of value. I'm a very big believer in value-based marketing, and what your website needs to do to create the perception of relevance, caring, credibility — and to make it easy for people to say yes to wanting to choose you.

Lisa Miller (03:32):

Yeah, that's great. You approach it from many different angles in terms of marketing, so it's not linear. Every company that you work with may have different channels that you may want to focus on more than the other. I just wanted the listeners to understand this very strategic marketing genius they are listening to right now. So, okay, let's jump in.

Lisa Miller (04:02):

Hospitals are in a new era, right? They're marketing in a new era with Google reviews, and their research. You and I were talking about this earlier — and I really want to delve into this and dig deeper into this, but you said it so brilliantly that they're getting the opinion of strangers.

Lisa Larter (04:30):

So what happens today is, and I'm no exception, I just moved from one city to another city and what do I find myself doing? I'm Googling different healthcare services and I am Googling different doctors, because I want to learn about the organization, I want to learn about the physician, I want to learn about people's experience interacting with these places. Hospitals have to remember that things have changed a lot in the last 20 years, and there are reviews and feedback and conversations happening online about them every single day. Some of them are positive. Some of them are not. Some of them they can engage in and they can respond to. Others, they may have less access to.

Lisa Larter (05:19):

I mean, you said Google reviews. Well, one of the things that the practice that I moved to in Calgary recently asked me for were my records from my old GI doctor. I Googled my old GI doctor. There must've been six different review sites that came up for that doctor that I had never heard of before. I'm looking at this doctor who treated me for 20 some years. He sometimes didn't have the best bedside manner, but he was a pretty good GI doctor — and he's got two star reviews and all of these awful things being said about him. Well, the hospital where his office is hasn't responded to any of those reviews. He hasn't responded to any of those reviews. Nobody is out there being the keeper of the reputation.

Lisa Larter (06:07):

It's not just about the hospital's reputation. It's about the physicians, the nurses, the frontline workers, the receptionist, the cleaning crew, all of those things impact the patient experience. If hospitals aren't paying attention to that and they're not doing things to improve their online reputation, they risk having their existing patients — and even potential new patients — choose another care provider.

Lisa Miller (06:38):

Yeah, it's so fascinating. You made a great point. Here's a really great GI doctor you've used for years. Happy, successful, helped you. Meanwhile, he has two star reviews. It's just-

Lisa Larter (06:51):

Yeah. Sorry, back to what you said, people are reading two star reviews from strangers on the internet and they're making healthcare decisions. 20 years ago, you wouldn't have walked down the street and stopped a random person and said, "What do you think of Dr. Joe?", because you don't know that person so why would you trust them? But we trust what we read online today — whether it's true or not — and that's why hospitals need to be part of that conversation. They need to respond to those things.

Lisa Miller (07:23):

It's interesting you say that. I've been looking more into the reviews just for a project that we're working on we're going to launch next year, and I've been reading a lot of hospital reviews and I saw one hospital replying online on Google. And for all the good reviews, they said, "Thank you so much," and for the ones that were not good they said, "Call our patient client office to discuss more." And I thought, "Well, at least that's an approach," but it wasn't a warm approach to me. I don't think it was the right approach.

Lisa Larter (07:59):

No, somebody has given an intern somewhere or a frontline like an admin person a script. If it's negative, say this. If it's positive, say this. They're looking at it as a tactic, they're not looking at it as a strategy that makes people feel a certain way.

Lisa Larter (08:18):

If you order takeout food and it gets to your house and it's cold, or you find a hair in it, or you have a problem, and you go to Yelp and you write a review and the restaurant doesn't respond in a way that makes you feel heard, you'll never go back. Healthcare is no different, so it needs to be more than just a thank you. I recognize there are rules around HIPAA and hospitals need to be careful, but that doesn't mean that you can't be warm. That doesn't mean that you can't say, "Thank you very much, Lisa. We appreciate that you took the time to write us a positive review, and we're glad that you had a positive experience. Thank you for sharing." Or, "Thank you very much, Lisa. We found your review. We would really welcome a conversation with you. This is not how we want people to perceive our hospital, our doctors. We would like an opportunity to talk to you so we can learn and try to make this right. Could you please reach out to us?" That actually has empathy.

Lisa Miller (09:14):

Right. It has empathy, and here's a person and extension.

Lisa Larter (09:19):

Exactly.

Lisa Miller (09:20):

And a time you can call, and we are looking forward and anticipating your call

Lisa Larter (09:24):

That's right. Every hospital should have a customer care email. I actually think every hospital should have a customer care email that is automatically BCC'd to the CEO of the hospital so that they understand the types of feedback that are coming in. They don't have to be the one responding, but my sense is they probably don't have visibility. So if you actually create a standardized email for people to send to and you have somebody responsible for responding to those things and putting people in touch with the right people, I think it can go long ways towards improving reputation.

Lisa Miller (10:05):

Yeah, that's a great idea. In fact, we've never talked about that. We've talked about the call-in and having always manned or somebody there picking up the call, but that email is brilliant, Lisa, because as long as someone's replying right away and you make a commitment that you're replying right away, I think it's a great way to get insights. It's BCC'd to the CEO, and they're going to get some amazing opportunities to fix those issues or to turn them around or to hear ... No one's perfect. We're not saying to be perfect, but we're saying one way that you can learn from your patients. Maybe there's some learning opportunities.

Lisa Larter (10:50):

And email is so much better than the phone, and let me tell you why. People expect that when they call, no one is going to answer. They expect that they're going to get voicemail or they expect that there's going to be a delay before someone picks up. If you're going to do phone really well, you really need a call center that's got a really, really fast average speed of answer. Today's consumer is a keyboard warrior. It is so much easier for them to type

up their happiness or their frustration and press send. Once they press send, in their mind it's now resolved. They don't expect an instantaneous response via email. As long as somebody gets back to them within 24 hours, they're going to be pretty chill about it.

Lisa Larter (11:35):

But when you don't give them that channel to type up their feedback, they go to the reviews and they put their feedback there, because they don't want to call and wait on hold. You have to recognize that, especially when it's constructive feedback, as a whole human beings avoid conflict. They don't know how to verbalize situations that are not pleasant, and so they will avoid having a verbal conversation with someone, but they're pretty comfortable when it comes to typing it up and posting it online or emailing it to someone if you give them the right channel to do that.

Lisa Miller (12:14):

Yeah, that's a great point. It really is great. I believe you and I have talked about this, but Jeff Bezos is known to read reviews and to send things to different departments.

Lisa Larter (12:32):

Yes.

Lisa Miller (12:32):

Like, "Fix this. This is not good." I mean, he's the CEO of Amazon, and he's known to push things out to his different department or ops or VPs to say, "What's going on here? I want an answer." This is an opportunity for the CEO to really understand those opportunities to fix, and to innovate. I also think that challenges and problems could be opportunities for uniqueness and for hospitals to stand out, because they've pinpointed a frustration, like you said earlier and said, "What if we did this differently?"

Lisa Larter (13:10):

Yes, absolutely. Absolutely. CEOs should be reading reviews. They should be inspecting what they expect from their organizations, from their hospitals, from their doctors, from their frontline workers. I recognize that CEOs are busy. I mean, I'm busy in my business and you're busy in your business, but I still take time to scan and look at what's being done and to scan for outliers. If they're not looking for outliers, I don't think they're doing proper due diligence as a leader. Because what the leader focuses on is what the rest of the organization focuses on, and if the CEO has never, ever, ever once commented on a negative review, then what they have said by virtue of saying nothing is that it's okay.

Lisa Miller (13:56):

Right. That's a great point, right? If a CEO were to respond, look at those reviews, how powerful would that be? It's like walking the halls and looking at what's going on. That's a really important way these days, because people are on the internet, so how do you have leadership walk the internet as a way of viewing it?

Lisa Larter (14:22):

Yeah.

Lisa Miller (14:23):

Can we talk about websites and the entrepreneurial aspect of a website? Maybe what's done in the marketplace and maybe there's opportunities for healthcare to gain from being more entrepreneurial in their website.

Lisa Larter (14:41):

Yeah. I mean, when I work with business owners, business owners are always looking for ways to generate leads, ways to build trust and establish credibility through their website. I fondly refer to your website as the danger zone, and I tell everyone, "Your website is for strangers. It's not for people who know, like, and trust you." If somebody already knows you likes you and trusts you ... Like

look at me, my GI doctor. I have no reason to Google my GI doctor. I know him, I like him, I trust him.

Lisa Larter (15:15):

The reason that you want your website to look and be a certain way isn't necessarily for your existing patient, it's for your next patient. It's for your new patient. It's for the existing patient that maybe has a new problem. When people go to your website, they want to be able to consume information and get a sense of what their experience will be like inside of your hospital or your business. So hospitals are missing the opportunity to talk directly to their patients through their websites. Some hospitals, frankly, I don't mean to sound bad, but their websites look like they were built in 1980. I think if your website looks like it was built a decade or more ago, you run the risk of not looking relevant to your patient. If you're not current online, how do I know you're current in your medical practices?

Lisa Larter (16:12):

These are the types of things that, they're not overtly said, but they're thought of by the person who was on the site looking. You want your website to be easy to navigate. You want it to be easy for your patients or your potential patients to be able to find you, to interact with you, to find the information that they need. And you also want it to demonstrate that it's modern and relevant. If you have a website and you're not on social media or you're not blogging or you're not mindful of SEO, you don't have clear paths to contact you — you are missing out. You're not relevant with what today's consumer expects when they use the internet.

Lisa Miller (16:55):

Yeah, that's great. Last year we did a project which had some relevance to this conversation. We were actually looking at one of the marketing agreements and doing some cost analysis, and they've asked us to help renegotiate, and it was really interesting because the company was helping with landing pages and they had some other metrics tied to it. I wanted to see some of the landing pages, and the landing pages had no way...a really solid way to ... If a patient got to the landing page, it wasn't a clear call to action. It really didn't

have a lot of information, yet they spent all this money on this lead generation for different aspects; with orthopedics, GI, spine, and yet the landing pages were weak. Then I asked, "Well, what happens when the leads come in?", and then it really wasn't a great process. But can you just talk a little bit about lead generation? I think landing pages are great. We use landing pages, right? But what's the makeup for a hospital, do you think, for a great landing page?

Lisa Larter (18:15):

Well, I'm not so sure it's just the landing page, I think it's the patient experience. The first step in the patient experience starts with a click. My first step is not when I walk into your hospital — it's the first click that I make on your website. So I think it's important that, for businesses, we would look at the buyer's journey. I think it's important for a hospital to look at the patient's journey — and for the landing page to provide the information that a patient needs and for the call to action to be aligned with what that patient journey is.

Lisa Larter (18:52):

You can't understand the patient journey, unless you talk to the patient. You can't understand the patient journey until you reverse engineer the steps that they went through. You can't understand what the limitations are until you've had those conversations. So you need to be thinking about someone who is sick and they're looking for a solution, and what are the steps that they're going to go through to find that solution, and how do you become the guide that makes it easy for them to say, "These guys can help."

Lisa Larter (19:23):

And for a hospital, that's a hard thing to do because there are so many different illnesses out there and there are so many different types of people. There are elderly people that are not tech savvy. There are people like you and I that have been using technology for decades. There are millennials that are going to be using their mobile devices and not necessarily a laptop computer. Then there are parents that are going to be looking for things for their children, so there's so many different audiences that a hospital serves. I think

it's important that whatever the landing page is, that it is really specified for a specific person and that they thought that through well.

Lisa Larter (20:10):

Now, hospitals know who their patients are, and so just like in business, what I always say to people is, "Look at the Pareto principle. Who are the 20% of buyers that represent 80% of your business? Start there. It's no different in healthcare. Who are the 20% of patients that provide your hospital with 80% of the work that you do? You need to look at where does that care fall into play, and ensure that you're prioritizing your landing pages to support the 20% and that you really understand the journey of those 20%."

Lisa Miller (20:50):

Yeah, that's fantastic. Thank you, Lisa. So just two more questions and we'll wrap up today.

Lisa Larter (20:57):

We can talk all day.

Lisa Miller (21:00):

I agree. We're doing a podcast right now, and I think it's so interesting to have patients maybe hear from the doctors. I know that they do TV shows. They've done some things, maybe some audio or video that's produced, but I want to talk about innovation. One area of innovation in marketing would be a podcast. I just think it would be so interesting if the CEO or somebody in the organization, it could be an CNO or CMO, maybe they change the roles, that leads a weekly podcast. It just humanizes the hospital, and that podcasts could be talking to physicians. Can we just talk about that?

Lisa Larter (21:54):

Lisa, that's a brilliant idea. Let's just imagine for a second that you are a woman who has just found a lump in your breast and you are thinking, "Maybe I have cancer," and there is a hospital in your city that is the leading cancer institute — and there is a podcast that is hosted by a doctor who treats

women who have breast cancer, and every week this doctor comes and he talks about something else that is either related to prevention, it's related to diagnosis, it's related to treatment, it's related to recovery, and that doctor is reassuring people of what they're going to go through, what they're experiencing. Think about how connected you would feel to that doctor.

Lisa Larter (22:44):

Now I'm going to add the next thing in. What do people do when they can't sleep at night and their spouse is lying next to them sound asleep? They don't watch video, they don't watch TV, they listen to audio, they listen to podcasts. What do people do when they get in their car and they drive to work? They listen to audio.

Lisa Larter (23:06):

So, I think it's a brilliant idea. I think that hospitals should be using podcasting as a way to educate, connect, humanize, interact with their listeners, and I also think that they should be using technology like you're developing for patient experience. I love what you're doing with iSUGEZT. I mean, iSUGEZT is a way for people to privately give feedback on their experience, whether it was a good experience or a bad experience. Not everybody wants to post a review on the internet. Not everybody wants people to know that they were at a hospital. Not everybody wants to share the experience that they had in a public venue.

Lisa Larter (23:47):

I think hospitals have to adopt new technologies, whether it's review applications like iSUGEZT or it's podcasting. I think the podcasting should be highly targeted and specific to a problem that a patient has that provides hope and helps to build trust, and it creates the desire that I want to work with this hospital, this doctor, because they get it. You want that patient to listen to that podcast and feel like you're already helping them.

Lisa Miller (24:22):

Yeah, absolutely. Or they feel like they know them, as well.

Lisa Larter (24:24):

Absolutely.

Lisa Miller (24:26):

So I just want to talk about two things on this subject. And thank you for talking about iSUGEZT. We're going to be launching that next year, as you know, and you've been working with us on iSUGEZT. It was really born from the fact, like you said, not everybody wants to put a review. Not everybody wants to put a phone call in, because we don't like conflict. But there's so many things that go on in a hospital, if they had a private way to share great experiences, ideas, innovations, challenges, and it gets to the leadership, I think this would be such a great opportunity for hospitals to do things that they never thought that they could do. They're going to see their patient satisfaction scores rise because they have a tool that's giving them feedback in real time, but yet in private. I think that's one of the ways they can increase those scores, so thank you.

Lisa Miller (25:26):

Can we talk about podcasts, because somebody may think, "Wow, that's a lot of work. Wow, we've got to set it up." Maybe there is some setup work. You do a great job. One of your super strengths is creating these podcasts for people and to make them very specific, provide tremendous value. Could you just share with those that are listening how really kind of simple it is for them to kind of create a podcast? Like you said, even if they had four or five or six of them with different physicians targeted, it's not probably the massive undertaking that they think it would be. Can you share?

Lisa Larter (26:10):

Yeah. I think that the complexity in podcasting is really having a conversation like you and I are having, because now you've got two people, you've got schedules and you need technology for two, et cetera, et cetera. If you are a solo doctor and you are recording a podcast and it is you talking and you're not interviewing someone else, all you're doing is recording audio.

Lisa Larter (26:35):

The hard part is to actually map out what you think the content for the show should be. But if you are an expert in your area, then you know what your patients go through. I'm going to guess that a doctor who specializes in irritable bowel, any type of cancer, women's health, pediatrics — I'm going to guess that they could jot down a hundred different things that patients have asked them in likely 10 minutes, and they could spend 10 minutes talking about those things with very, very little prep, and they can use a mobile device to record audio. It doesn't have to be a great, big, huge make-work project.

Lisa Larter (27:20):

We add intros and outros and all that kind of stuff. You don't have to do that. Yeah, it makes your brand look a little bit more professional, but it could be, "Hey, this is Dr. Lisa. Today I want to talk to you about this," and then you just lead into it. It could be that simple.

Lisa Larter (27:37):

I think that we often make technology a bigger barrier than it needs to be when it comes to marketing. But when you are a doctor, you want to adopt new medical technology rapidly because it provides your patient with better care. We don't have doctors going, "Oh, I don't want to use that tool because there's a learning curve." We have doctors saying, "Show me how to use this new technology because this is going to save lives," and they're passionate about it. Well, the words you communicate that someone hears related to symptoms that they have can save lives, too. So it really is being of service to patients when you take the time to create something like that.

Lisa Miller (28:24):

Yeah, I love that. That's a service. You mentioned earlier you have different audiences. So you have an audience, an elderly audience, that maybe they're not listening to podcasts, although my mother's 84 and she does. On her

iPhone, she does listen to different things. She loves audios, but not everybody does, and some people like to read.

Lisa Miller (28:48):

I just want this last kind of topic of thought leadership, and again, you've done such a nice job with so many of your clients in creating these thought leadership pieces so they could be a research report or a short book. These are things that physicians could create independently and have on the hospital website for free resources to download or to mail. Can we talk a little bit about that also as another way, an educational marketing way, for hospitals to become more human? To highlight these amazing physicians and services they have with real deep thought leadership pieces. Right?

Lisa Larter (29:31):

Yeah. I think the deep thought leadership pieces are important, but they don't need to be academic and research-based, they need to be patient-facing. So the thought leadership needs to be speaking to people in layman's terms. It needs to be designed to make people feel comfortable and safe and to have a high degree of trust with their care providers. You can do that by writing. You could do that by transcribing the audio from the podcast. You could do that by having somebody send you a bunch of questions that you just answer, and then somebody edits it into something. The same approach to writing a little book.

Lisa Larter (30:12):

I'm going to go back to breast cancer, just because we talked about that. You could say, "What are the 10 things every woman needs to know when she finds a lump in her breast? And they could write a little booklet, and that little booklet could be on a landing page and somebody could go and enter their name and email address and they could download or receive a copy in the mail of that little booklet that would guide them on exactly what that hospital and that doctor is going to do to help them through this process.

Lisa Larter (30:38):

I think those are great ways to use the knowledge and the thought leadership that these people have to humanize their interaction with patients and to create trust in a safe environment for people to choose. Yeah, it's really important. It's a great idea.

Lisa Miller (30:55):

Yeah. I just want to mention one final area is we do all this work, it could be a website, landing pages, SEO — and now we're talking about podcasts and small books and really being very thoughtful and specific. Then it comes the time when somebody picks up the phone and says, "Wow, okay, Dr. Lisa's it for me. She understands me. She's warm. I want to be treated by her. She's knowledgeable." She picks up the phone and she calls, and someone, that first phone call, they are short, they are not warm. Then it blows up this magnificent...all this work and all this time and effort, and this person picks up the phone just tanks it.

Lisa Larter (31:54):

The first line of contact is the most important person in the whole process. I mean, I've had that happen to me. Recently I was exploring health care benefits for my team, and I was referred to someone and I picked up the phone and I called. This woman answers the phone, "Hello?" She didn't even answer with the organization's name. I was like, "Oh, hi. I'm looking for so-and-so." "Oh, well our office isn't open. We're all working from home because of COVID, you know." I'm like, "Oh, okay. Well, I was referred and I was hoping to talk to her about benefits. I'm looking for benefits that do blah, blah, blah." I was looking for benefits that would give me out-of-country medical coverage. "Oh, we don't have any packages like that." Shut me down.

Lisa Larter (32:46):

So then I go back to my colleague that referred me, and my colleague is like, "That's crazy, because I have benefits and I have coverage." And so she emailed the woman directly and said, "This person just had a really bad

experience when she called your office." That person could have been the first barrier and the last barrier for me.

Lisa Larter (33:08):

So it's the same thing when you call a doctor's office. The person on the phone needs to be the nicest, most empathetic, caring person around. They are an extension of your organization's brand, and I think a lot of those people don't get the credit that they deserve for the number of interactions that they do daily. You want those people to feel really good about their work. You want them to feel like they play an important part in the patient experience, and that every interaction they have with patients really is reflective on the hospital and the physician.

Lisa Miller (33:45):

Yeah, that's great, Lisa. I mean, they are hugely valuable and they need to be treated as such, trained as such.

Lisa Larter (33:52):

Trained, yes.

Lisa Miller (33:54):

Lots of training. People are calling because they're scared. Maybe they're not ... People aren't always the nicest people. We're all under a lot of stress and it requires a lot of training — but I do think that that's an opportunity and we shouldn't just expect that to be. We should want to elevate to have these great experiences through the phone call.

Lisa Miller (34:18):

So Lisa Larter, this has been an amazing conversation, and I'm so happy that you were able to come on our show. I want the listeners to know about you, so they can go to Lisalarter.com. So it's L-A-R-T-E-R, Lisa, L-I-S-A-L-A-R-T-E-R.com. And talk to you about just so many things, whether it's your strategic roadmap, it's your podcasting thought leadership, all those offerings that you

do so brilliantly, and I just want to thank you for today. It was just a great conversation.

Lisa Larter (34:56):

Well, thank you, Lisa. I would just like to wrap up by saying how much I value and appreciate healthcare workers. 2020 has been a really, really, really demanding year for healthcare professionals, and they are, I would say they are my heroes this year. They have demonstrated incredible bravery and courage and compassion and care, and I hope that they all know how much that is valued by the public.

Lisa Miller (35:26):

Yeah, absolutely. What a true statement. This year has shown just ... It's almost that you can't even speak to the amount of courage and strength and what they've done, so I appreciate you saying that. I look forward to having you back, Lisa.

Lisa Larter (35:43):

Thank you. Thanks for having me.



MEET LISA MILLER

It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through front line insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.

MEET LISA LARTER

Lisa Larter is a Business Strategist, Digital Marketing Expert, Author and Speaker.

Her business, the Lisa Larter Group helps their clients to formulate marketing strategies that support their business goals and objectives for increasing their visibility, leads and sales customer acquisition. Lisa provides consulting and advisory services as well as a full suite of implementation services that include: social media and content management, book marketing campaigns, and website design.



Lisa's background is in the wireless industry where prior to starting her own business she helped one of Canada's largest telecommunication companies build out their retail distribution channel, supporting a field team of over 1000 people and 100M in retail sales. She left that role in 2006 and opened her own retail bricks and mortar business which she sold in 2012.

She has successfully built two businesses that do in excess of 7 figures and has helped many of her clients reach the 7 figure mark, attract 7 figure clients, and sell their own companies. Lisa is a self-taught high school dropout who runs a business book club called Thought Readers which was inspired to help others learn more so they can earn more.