



There are some briefs you can see coming before you have finished the first page. The organization wants to communicate its advanced technology, innovative research, expert physicians, national rankings, compassionate care, convenient locations, and excellent outcomes. Someone would also like to mention the new facility. There is an important community message to include. And, naturally, we need a strong call to action.

None of these things is necessarily untrue, and all of them matter to somebody inside the organization. That is precisely what makes the problem difficult.

For the presentation that inspired this book, we created a fictional health system called Overclaim Health and wrote the sort of advertising copy that results when everyone gets what they want:

Respected. Ranked. Revolutionary. Right here.



Powered by new, cutting-edge technology, driven by innovative research, and delivered by expert doctors recognized by U.S. News & World Report, [Overclaim Health] brings world-class medicine to your neighborhood—with compassionate, community-based care you can feel.

From breakthrough discoveries to advanced treatments, our nationally ranked teams are redefining healthcare through our [Service Line] program, combining innovation, expertise, heart, and outcomes—all focused on you.

Advanced. Award-winning. Compassionate. Local. Comprehensive.
Schedule your appointment today at [website] or call [phone number].



Powered by new, cutting-edge technology, driven by innovative research, and delivered by expert doctors recognized by U.S. News & World Report, Overclaim Health brings world-class medicine to your neighborhood with compassionate, community-based care you can feel.

And that was only the first sentence.

We continued with breakthrough discoveries, advanced treatments, nationally ranked teams, innovation, expertise, heart, and outcomes before arriving at a final flourish: *Advanced. Award-winning. Compassionate. Local. Comprehensive.*

The exercise was intentionally excessive, but not by much. Anyone who has spent enough time around healthcare marketing has seen a real brief capable of producing something remarkably similar.

This is Greed in healthcare marketing: an insatiable desire for more.

When everything matters

The difficulty with Greed is that every individual request can sound entirely reasonable. A service line leader wants the campaign to communicate clinical expertise because expertise can lead to better care. A physician wants us to mention advanced technology because the technology genuinely changes what clinicians can do. Leadership wants the organization positioned as innovative because innovation can create new possibilities for patients. The patient experience team wants compassion represented because people want to know they will be treated with care and respect.

They are all right.

In our chapter on Pride, we argued that healthcare organizations need to translate their accomplishments into something meaningful for the patient. Research, technology, expertise, rankings, and credentials become more persuasive when people understand how those things might affect their diagnosis, treatment, or outcome.

Greed can creep in when we take that perfectly sensible idea one step further. We know all of these things *could* matter to a prospective patient, but we don't know which one will be the thing that gives someone confidence, changes a perception, or causes them to choose us. So, we include all of them.

There is a certain logic to that. If we leave something out, perhaps we've omitted the very thing that would have mattered to someone. And, we often think, "Just one more thing won't hurt."

We aren't choosing in the dark

Fortunately, we aren't making these choices in the dark.

The strongest marketing objectives connect directly to the organization's broader objectives. If cardiovascular growth is an enterprise priority, if the organization has capacity in a particular market, if a new ambulatory facility needs to establish itself, or if leadership has identified an opportunity to reduce leakage in a service line, those priorities give marketing useful signals about where to concentrate its attention.

They don't write the brief for us. We still need to understand the audience, the market, the barriers to action, and what the organization can credibly promise. But they give us a starting point for deciding which opportunities deserve the greatest emphasis.

The marketer's job is to translate those organizational priorities into choices. Which audience matters most to this objective? What do we need that audience to think, feel, or do differently? Which of our capabilities gives them the strongest reason to make that change? And which messages, however true or impressive, can wait for another time?

**Over time,
accommodation
can masquerade
as strategy.**

The goal is less about leaving good things out and more about putting the right things in. We are concentrating the work around the intersection of what the organization needs to accomplish and what matters to the people whose behavior can help accomplish it.

That choice can become uncomfortable because prioritization has consequences. If we choose one idea, another idea receives less attention. If we identify one audience as most important, other potentially valuable audiences become secondary. If one business objective leads the work, another objective may have to wait for a different campaign or a different part of the marketing program.

Healthcare organizations can make this especially challenging. They contain large numbers of stakeholders with legitimate interests, and marketers often need to build consensus across clinical, operational, and executive groups. Adding another message can feel easier than explaining why it does not belong. Broadening the audience can feel safer than telling someone that this particular effort isn't designed for everyone.

Over time, accommodation can masquerade as strategy. The brief grows, everyone sees their priority represented somewhere on the page, and the marketing team inherits the impossible task of making all of it feel like one idea.

Discipline: *The prioritization of fewer, more impactful efforts*

The virtue corresponding to Greed is Discipline, which we define as the prioritization of fewer, more impactful efforts. It is the art of self-control.

Discipline asks marketers to make choices before the creative work begins. We need to understand the business problem, decide which audience matters most, identify the change we want to create, and determine which message has the best chance of producing that change.

Those choices give the creative team something to organize around. If speed is the idea, there are hundreds of ways to make speed interesting. We can dramatize time, play with things that move remarkably fast or painfully slowly, exaggerate the contrast, or find an entirely unexpected way to make someone feel the difference. Each execution can be fresh while reinforcing the same central idea.

Over time, that consistency can begin to create an association in the audience's mind. The executions change, but people recognize what you stand for. Add six other messages to the assignment, and that territory becomes much harder to explore because every idea has to make room for everything else.

The word *fewer* matters because resources, budget, and attention are all finite. The time available to communicate and the number of messages a person will remember from an advertisement are certainly finite. Every additional priority competes for some portion of those resources.

Choosing fewer priorities allows us to concentrate effort behind the ones with the greatest potential impact. A more clearly defined audience can support more relevant insight and media choices. A clearer objective makes measurement more meaningful. A focused message gives creative teams room to develop ideas instead of arranging claims.

This also changes the internal conversation. A disciplined brief makes tradeoffs visible. Stakeholders can debate which objective matters most instead of assuming all objectives can coexist equally. They can discuss

which audience represents the greatest opportunity. They can decide which proof point actually supports the proposition, and which one belongs somewhere else.

Those conversations may take longer than adding another bullet to the brief. They save considerable time later.

A list is not an idea

Overclaim Health illustrates what happens when we avoid those choices. Connect enough claims with sufficiently polished language and the result can sound like advertising. It has adjectives and rhythm and may even have a nice turn of phrase. But it is still a list.

Discipline gives effective creative work something to organize itself around. A single-minded idea provides writers, designers, and strategists with a point of departure and a standard for judging what belongs. Useful constraints create room for creativity because they give people something specific to solve.

This becomes particularly obvious when we consider the environments in which marketing now has to work. A television or radio spot may give us 30 seconds. A digital video might give us six. Display advertising and outdoor have even less room for explanation. The more we ask a single execution to communicate, the greater the chance that the audience takes away none of it.

When I was learning advertising, I learned the billboard test. A billboard should communicate its central idea in roughly eight words because someone traveling past it has only a few seconds to process what they see. The number itself matters less than the thinking it forces. We have to decide what deserves those few seconds.

A blank sheet of paper offers infinite possibilities and very little direction. A clear problem gives the imagination something to push against. If the brief asks us to communicate everything that is good about an organization to everyone who might conceivably use it, almost any idea could technically fit. We have no strong basis for deciding which idea is right.

Focus gives us that basis. We can go deeper because we have decided where to dig.

A target should tell you something useful

Discipline also helps us decide whom we most need to reach.

One of my favorite real media briefs defined the target audience as “men and women ages 18–64 in our primary service area.” It looks reassuringly specific on the page. There is an age range. There is a geography. Someone has apparently done some targeting.

Unpack it, however, and the definition covers most adults who live nearby and aren’t yet eligible for Medicare.

We still know remarkably little about the people whose behavior we hope to influence. We don’t know whether they currently use us or a competitor. We don’t know whether they have a healthcare need. We don’t know what they believe about the organization, what barriers stand between them and care, or what might cause them to make a different choice.

Broad audiences can sometimes be appropriate. Brand-building efforts, public health communications, and other large-scale initiatives may genuinely need to reach substantial portions of a community. What matters is knowing why breadth serves the objective rather than allowing breadth to become the default.

For many growth challenges, a useful target tells us something strategically meaningful about the people involved. “Get users of The Old Hospital to consider The New Hospital Medical Center for care” immediately creates a problem worth solving. Why do they currently choose the old hospital? What would make them reconsider? What does the new hospital offer that might matter to them? What perceptions need to change?

Likewise, “Increase preference for service line X at The Expert Hospital among women 45–65 in the XYZ area” establishes an audience and an intended shift. We can investigate what those women currently believe, what choices they have and what might increase preference.

Strategy begins to acquire edges, and those edges are useful. They tell us where the work begins and where it ends.

Discipline across the marketing program

Single-mindedness does not mean an organization can have only one priority.

A health system may simultaneously need to build its brand, grow cardiovascular services, improve screening rates, support a new ambulatory location, and defend market share in orthopedics. Those are legitimate organizational needs, and a sophisticated marketing program can address several of them.

Discipline determines how those needs fit together.

Some require long-term brand investment. Others need targeted service-line campaigns. Some may call for direct patient outreach. Others may need physician referral strategies, community engagement or content that helps people make a complex decision. The marketing program can carry multiple priorities because it has multiple tools, audiences, channels, and moments available to it.

The problem comes when we ask every individual piece of work to carry the whole strategy.

Each piece needs to do its job well and contribute to the larger whole.

That is Discipline at the program level, deciding where each priority belongs instead of insisting that every priority belongs everywhere.

Keep this in your pocket

Before you approve your next brief, look for the word and in the objective, the audience, and the message. Look at the list of things the work is expected to communicate.

Not every *and* indicates a problem. Some things genuinely belong together. But each one gives you an opportunity to ask whether both sides deserve equal weight in this particular piece of work.

Then go one step further. If you removed one of them, would the work become clearer?

If the answer is yes, you may have found the choice the brief has been avoiding.

The next temptation

Greed encourages us to keep adding because every additional thing seems potentially valuable. Our next sin takes the idea of more considerably further and asks what happens when consumption itself begins to create waste.

Gregory called it **Gluttony**.