

June 2007

“Get Connected,” Allied Health Professional community building effort

A grass-roots marketing strategy to leverage CareLink to build loyalty and preference for Medtronic devices

1.0 Executive Summary

Though Medtronic’s primary CRDM customer has historically been the physician (EP), the unique relationship between the Medtronic CareLink Network and the clinic nurse presents a valuable and perhaps unprecedented opportunity for Medtronic to create and reinforce a strong relationship with the influential Allied Health Professional audience. By so doing, Medtronic can educate this important clinician segment on best practices related to Medtronic’s diagnostics, devices, and technology offering to optimize their ability to improve patient outcomes and clinical efficiencies.

The ‘Get Connected’ concept will be a grassroots effort designed to forge a close and durable bond between the AHP and Medtronic. By providing unique educational opportunities throughout the year for the Allied Health Professional as well as other communication channels, he/she can learn from peers as well as industry leaders about best practices and cutting edge developments.

2.0 Objectives

1. Drive brand preference for the Medtronic system through CareLink advocacy
2. Drive CareLink adoption: goal to have 90% of all HP implants and 20% of LP followed by a CareLink clinic
3. Increase loyalty to Medtronic among the important Allied Health Professional audience.

3.0 Strategies to get there

“Win the nurse” by building a CareLink brand community

- Capitalize on current positive goodwill the AHP audience has for Medtronic generally and for CareLink specifically
- Create an attractive and inclusive community that provides value to the AHP

Produce high-quality, compelling, and relevant content

- Ensure a consistent voice and interesting subject matter that resonates with AHPs
- Content must be intrinsically interesting to AHPs to they want to be part of the community

Rationalize and improve communication channels with the nurse audience. Deliver content on schedule via various media and forums

- Develop a contact strategy for reaching out to the AHP audience, in order to optimize effective communication while not overburdening them
- Employ a mix of “high touch” and “low touch” opportunities for participation throughout the year.

4.0 Considerations

Nurses are extremely busy, with little to no discretionary time during the day. Reaching them frequently and effectively will be a challenge.

The AHP audience is a stratified and heterogeneous group.

- Though they have use of CareLink in common, the AHPs will fall along a spectrum ranging from “active loyalists” to light users
- There will be variability in the degree to which AHPs embrace the brand and the community. They will demonstrate varying levels of commitment to the brand, the community, and their involvement to the online and offline communities.

The quality of the product is king. Until CareLink is re-launched and is considered to be “best in class” by nurses, significantly increasing penetration rates from current levels will be a challenge. When it is re-launched, loyalty to and brand preference for CareLink will be more likely to come naturally.

- Though a community building effort can strengthen and enhance the loyalty nurses feel toward Medtronic, delivering an easy-to-use product is an absolute prerequisite.
- The propensity of nurses to maximize enrollment on CareLink will likely have more to do with ease of enrollment and day-to-day workflow than with a feeling of allegiance to Medtronic or the CareLink brand community.

Brand communities hold the potential to be a double-edged sword. If the meanings suggested by the marketer resonate with the members of the community, these meanings will be amplified by the community. If the marketer-suggested meanings do not map onto the brand as created by the community, then the community may attempt to drown out those marketer-suggested meanings. Communities can also take on lives of their own. When things are positive, this is good. But if things go badly, the negative effects can be amplified by the group.

5.0 Project Manager

Lisa Neary

5.0 Sponsor

Dave Wildermuth

6.0 Approach

Building a CareLink brand community

A brand community is defined as “a specialized, non-geographically bound community, based on a structured set of social relationships among admirers of a brand. It is specialized because at its center is a branded good or service. Brand communities are participants in the brand’s larger social construction and play a vital role in the brand’s ultimate legacy. Members share a “we-ness.” Members feel an important connection to the brand, but more importantly, they feel a stronger connection toward one another.”

Brand communities most often cited in literature are for “lifestyle” products such as car (i.e. Saab, Miata, Ford Bronco, etc.) and consumer products (i.e. Macintosh/Apple, iPod, etc.), typically those with relatively small market share. But even behemoths such as Coke and Pepsi work to nurture brand communities.

Implications for CareLink and Medtronic

Most brand community appear to grow organically, from within, by the consumers of the brand.

Traditional brand communities typically have members who have chosen one brand (i.e. Saab) over all the

rest, have a sense of passion about the product, use it in their personal/leisure time, and derive enjoyment over talking to others about it. Members of the community self-select out of a desire to share their love and enthusiasm for the brand or product. This “organic” brand community mustn’t be confused with a “manufactured” brand community that is encouraged and facilitated by industry. Both can work, but they will be inherently different in the genesis, motivation and ease with which it can be sustained and controlled.

Those in the CareLink community use CareLink in their professional life, do not have a personal financial stake in the decision, and do not use it exclusively (some may also use Latitude, etc.) Nevertheless, AHPs do tend to be extremely passionate about caring for their patients and many see CareLink as being an important tool to accomplish this. For many, CareLink was their first introduction to remote follow-up technology and many express having a “warm spot in their heart” for CareLink as a result.

The appeal of a brand community may be the shared experience, and the prospect of improving skills in the name of further improving patient care and outcomes. The desire to become a “technology super user” may provide sufficient incentive for AHPs to be part of the community, share experiences, and remain engaged.

The Vision

The Get Connected community will be comprised of a diverse group of clinicians from around the country who share---to varying degrees--- a knowledge and passion for remote device follow-up technologies. They are genuinely interested in increasing their knowledge of and comfort level with this and new, emerging technologies.

The gatherings—whether they are online or in person—will be characterized by extreme professionalism, smart and interesting content that goes beyond the basics, and enables free time and space for community members to share ideas and knowledge. Messaging will be friendly, clear, smart and succinct.

The “Get Connected” theme will hold several meanings:

- Get Connected with fellow clinicians (networking)
- Get Connected to the newest information and developments
- Get Connected to the best practices in remote monitoring and workflow management
- Get Connected to the best that Medtronic has to offer

Oppositional Brand Loyalty

In traditional brand communities, the existence of a common enemy against whom to unite makes this brand community particularly strong (i.e. Mac against the big bad PC industry). Though Boston Scientific’s Latitude could serve as a galvanizing rallying cry for many in the community, the fact remains that for most Latitude will continue to be part of the follow-up mix. In this case, it is recommended to take the high road, build a brand community on CareLink’s merits and not leverage the “oppositional brand loyalty” strategy.

7.0 Tactics

A. Market Research

In order to determine the best mix of media to reach the AHP audience and the content they would find useful, educational and compelling, recommend primary research of a cross section of nurses at current CareLink accounts. Sample questions would include:

- When you look forward 12-24 months, what types of education and training would be most helpful to you as you further integrate information technologies into your follow-up practice?

- Knowing how busy your average day is handling your patient load, what would be the best ways for us to communicate new information to you? What are the least effective ways?
- How important do you feel it is for these to be real-time, so that you can interact with others on the line at the same time? Would an archived meeting that you could access at your convenience be more or less appealing to you?
- If you could chat with fellow clinicians and pick their brains about what they're seeing in their practices, what would you want to talk about? How frequently would you want to be able to do this? (i.e. A) whenever a question comes up B) weekly, at a set time C) monthly, at a set time D) quarterly)
- We are working on new ways to get fellow CareLink users together, to enable the sharing of best practices and "tips and tricks" that other clinics have learned along the way. We are thinking of offering periodic online "webinars" or on-site meetings to facilitate information sharing. How likely would you be to participate? Why or why not? What would make you more likely to attend?

B. Audience segmentation

Though they have the use of CareLink in common, the CareLink Coordinator (CLC) audience can be quite diverse depending upon:

- Familiarity with CareLink (i.e. months or years since implementation), and their reliance on it
- Technology adoption behavior ("early adopter" vs. "laggard" and everything in between)
- Size and complexity of clinic (i.e. Medtronic device patient population, satellite clinics, integrated clinic, reliance on Medtronic vs. others, etc.)
- Use of other complementary technologies (i.e. Pacerart, CardioSight, EMR/HER, etc.)

Understanding the make-up of the CLC audience will be critical to developing messaging and content that will resonate with them and provide high educational value.

C. Outreach tactics

1. **"Get Connected" Summits** to strategically gather AHPs...
 - i. By geography (i.e. national, regional, city)
 - ii. By "pain point" (i.e. stalled enrollment, workflow challenges, etc.)
 - iii. By clinic size and demographics
 - iv. Other

Similar to the previously successful "CareLink coordinator forums" offered since 2004, tweak the concept to be very tailored based on the characteristics and needs of the specific audience. Limit size of the group, as possible, to ensure an intimate and interactive setting.
2. **Regional meetings in a box:** Develop turn-key, multimedia curriculum that local CSs or sales reps can use to conduct training sessions or meetings for customers, to achieve specific objectives such as:
 - i. Integrate new technologies (i.e. EHR, Pacerart, etc.)
 - ii. Jump-start CareLink
 - iii. Employ CareAlert notifications
 - iv. Boost patient enrollment
 - v. Address operational deficiencies
 - vi. other
3. **Connectivity Faculty:** Recruit, train and deploy CareLink "super users" who can speak effectively about the advantages to clinics of integrating Medtronic's information solutions into clinic

workflow. Ensure they are well-versed in numerous technologies and willing and able to speak about their personal clinical experience and impact on patient outcomes.

4. **“Get Connected” monthly Webinar or teleconference:** Since 2004, Webinars (online seminars) have been designed and offered to the CLC audience, with mediocre results. Attendance has traditionally been low (5-25 attendees per session), despite strong promotion via direct mail, email and phone calls by account managers. Clinicians reported the busy clinic workday as being a reason they can’t make the sessions work for them. Several permutations were attempted (different days, different times, meetings at multiple times per day), with similar low attendance. Though we’ve also experimented with archiving the webinar on a website for later access, it is considered far preferred if the session can be a “virtual meeting” during which participants can comment and share ideas with one another. Teleconferences (just phone with no visual accompaniment) would present the same scheduling difficulties.

We can revisit the idea, and retest the concept again.

5. **Community blog**
Consider offering an online weblog (“blog”) where clinicians can chat and share ideas related to using CareLink to manage their device patients. Clinicians can post queries and questions to the rest of the CLC community and ask advice. This is a fast and convenient way to share best practices, tips and tricks among the AHP audience. If considered appropriate, the Account Management team can also monitor the site to determine service issues and respond quickly to questions.
6. **“Get Connected” newsletter** (delivered via email and/or on the Clinician website)
Develop an electronic newsletter on a periodic schedule (i.e. monthly, weekly, etc.) to communicate developments to the AHP audience. The newsletter can be delivered via email, and eventually on the revamped CL Clinician website. Topics could include success stories, patient stories, “we want to hear from you,” market research, etc. Length would be kept short, and written in bullet point format for quick and easy consumption.
7. **“Get Connected” matchmaking system:** Enable AHPs to find a “CareLink Mentor” or “CareLink Buddy”, someone that can call and touch base with about specific questions, or to get advice related to clinic operations, career topics, continuing education, etc.

C. Content development

Curriculum.

CareLink site training: CareLink’s fast and successful adoption among 1,500 clinics has been accompanied by a huge training and workflow challenge. Today’s clinics are diverse in the degree to which they have integrated CareLink (and complementary technologies) into their clinic processes, and the success they are experiencing in training patients and streamlining operations. In order for Medtronic to achieve its goal of leveraging CareLink to build brand preference and increase market share, we must be extremely responsive to the specific training and education needs of our clinic customers.

This will be made more difficult because of the transition to a new CareLink clinician website, set to launch in the December 2007-April 2008 timeframe. Because the user interface will vary substantially between the old and new, it will need to be determined how much time and energy should be devoted to improving users’ proficiency of the old site which will soon be defunct.

Education about complementary technologies: Awareness of Medtronic’s complete suite of information solutions appears to be relatively low among the AHP audience. Though many in the CareLink group are familiar with CareLink, most clinics would benefit from training on how to leverage ancillary technologies with CareLink, such as Conexus wireless features (alert notifications) and Paceart. Developing a tailored

curriculum depending on clinic technology knowledge level and needs would present opportunities for Medtronic to expand product portfolio and deepening the connection at key accounts while improving the customer experience.

Modular learning: Develop a library of modularized lessons, ranging from beginning to advanced, to serve the diverse learning needs of the AHP audience. Sample topics could include:

- Getting started. We have CareLink....now what?
- Setting up your Paceart to work with CareLink
- Using CareLink and Paceart together for greater clinic efficiency
- Patient enrollment: getting over "the hump"
- Best practices for working in an integrated clinic
- Best practices for collaborating with heart failure clinics
- Integrating wireless alerts into your practice
- Successful group patient training sessions
- Setting up successful scheduling between in-office and remote
- Tips for easy billing and reimbursement

Personal brand stories. Storytelling is an important means of creating and maintaining community. Stories based on common experiences with the brand serve to invest the brand with meaning, and meaningfully link community member to each other, as well as to the brand. Solicit "success stories" or stories that illustrate the value and benefit of Medtronic's technologies to patients and clinics, and showcase them in various media such as newsletters, on the CLC website, even niche industry publications.

Integrating and retaining members. In traditional communities a prime concern is communal survival. To ensure long-term survival it is necessary to retain old members and integrate new ones. In this way, developing a strong brand community could be a critical step in truly actualizing the concept of relationship marketing.

8.0 Potential Risks/Threats

- Timing of Get Connected launch is tied to re-launch of CL clinician website
 - If Site launches in December 2007, 'Get Connected' can begin in August/September timeframe to lay the groundwork, and then be launched in earnest in December in parallel with training needs associated with new website.
 - If Site launches in April 2008, 'Get Connected' can start in August/September timeframe but most training will be related to current (soon to be defunct) website functionality. Best practices and training will straddle the old and the new. Once new site is launched, fiscal year will be nearly over.
- Wholesale rejection of 'Get Connected' concept by AHP audience. Target audience is extremely busy, so expecting them to spend significant time as part of a brand community might be unrealistic. Some might also be suspicious of any effort by industry to reach out to them in this way.
- Competitive infiltration/sabotage. Though many AHPs in the CareLink community are loyal to Medtronic, others might not be. Efforts to reach neutral or competitive-friendly accounts might result in information being funneled to the competition or worse, negative comments "poisoning" community discourse such as in blogs.

- Legal considerations related to Business Conduct Standards. There will need to be heightened sensitivity to targeting and educational content in today's climate.
- Risk that the 'Get Connected' concept isn't ultimately found to have impacted loyalty or perception among AHP audience. The community building efforts might result in "warm and fuzzy goodwill" which doesn't translate to positive business impact for Medtronic.

9.0 Costs (internal and external)

- TBD will be include such items as
 - Honoraria and contract fees for "Get Connected" faculty and presenters
 - Transportation and lodging expense related to meetings (for attendees, staff, and faculty)
 - Market research expenses
 - Database work to clean and refresh customer databases
 - Content development costs (i.e. blog programming and design, newsletter design and copywriting, etc.)
 - Collateral costs (i.e. copywriting, design, printing, distribution) of "Get Connected" promotional materials
 - Training materials (preparation and printing costs)
 - Costs to process and provide CEU credits (if applicable)

10.0 Team Members and Associated Roles and Responsibilities

Name	Role	Responsibility
Dave Wildermuth	Director of Marketing	Funding approval and requisition, project oversight
Lisa Neary	Sr. Marketing Manager	Overall project scope definition, design and management
Patty Brill	Marketing Specialist	Program development and logistics
Mary Trainer	Education	Content development oversight
Linda Kobilarcsik	Customer Mgmt	Customer segmentation and targeting strategy, content oversight

11.0 Schedule and Major Tasks

Task	Due Date

12.0 Other considerations

Customer input on Clinician site: An early task and way to galvanize the AHP community might be to include them in reviewing and providing feedback on the new CareLink clinician website. Many in the CareLink audience have been longtime customers of CareLink and will have strong opinions and valuable insight on what would be optimal for everyday workflow. Soliciting their input might be an ideal way to encourage them to “Get Connected” with Medtronic in our goal to improve our suite of clinic tools.

13.0 Approvals

Role	Signature	Date
Sr. Legal Counsel		
Project Sponsor		
Sales Director		
Education Representative		
Other?		