CADENCE HEALTH MEDIA
Independent healthcare media strategy and activation partner

The Ten Questions Before a Healthcare Media Strategy

Healthcare media is an interconnected problem. Enterprise stakeholders decide whether something can be evaluated, bought, and implemented. Clinicians decide whether it becomes part of practice. Neither side moves alone. Before defining channels or investment, the work is to establish where media can exert the most influence. These are the ten questions that shape that answer.

01 What does this campaign ultimately need to change?

More accounts adopting, more clinicians using, greater frequency among those who already use, more prescribers writing, or a combination? If several outcomes matter, which is the primary commercial priority?

Why it matters. Establishes whether media is solving an enterprise sales problem, an acquisition problem, a behavior change problem, or all three.

02 What is the clearest reason a clinician should change what they do today?

What does the brand or product give a physician, nurse, or pharmacist at the point of care that their current workflow, habit, or alternative does not?

Why it matters. The behavioral proposition has to exist before any channel recommendation can be credible.

03 What is the clearest reason the institution should care?

Separate from the clinician benefit, what makes this important to a CMIO, CIO, pharmacy and therapeutics committee, department chair, or procurement lead?

Why it matters. User value and buyer value are rarely the same argument. The strategy has to carry both.

04 How does the buyer actually move from interest to adoption?

Who discovers it, who champions it, who evaluates it, who approves it, who controls the budget, who owns implementation, and who determines whether clinicians can use it in practice?

Why it matters. Replaces "decision makers" as a single audience with a real buying group and a real path to adoption.

05

Where is there already an advantage to build from?

Which accounts, systems, or specialties hold existing relationships, contracts, strong usage, or established field coverage?

Why it matters. Determines whether the approach starts nationally from zero or concentrates around existing strength.

06

What do we know about the people who already behave the way we want?

Which specialties, roles, institutions, and use cases over-index? What triggers the behavior? What separates a frequent user or prescriber from an occasional one?

Why it matters. Existing behavior usually identifies both the highest-opportunity audiences and the behavior media should reproduce.

07

What is preventing more of that behavior today?

Candidates include awareness, perception, workflow friction, habit, alternatives, access, formulary, implementation, or procurement. The barrier should be established, not assumed.

Why it matters. Avoids solving an awareness problem when the real constraint is workflow, access, or habit.

08

What can actually be activated from the existing footprint?

Which first-party audiences, authenticated users, account data, CRM capability, owned media, field relationships, and partnerships can legally and operationally support this campaign?

Why it matters. Assets that exist and assets that can be activated are different lists. The strategy should be built on the second one.

09

What does the launch path actually look like?

When is the product ready, when can enterprise conversations begin, when can clinicians access the experience, and what commercial, field, or congress milestones should media be built around?

Why it matters. Sets the sequence of the campaign rather than treating launch as a single media burst.

10

What are we willing to spend to learn, and what would justify spending more?

If a fixed media budget does not yet exist, what initial range is commercially credible? What evidence would justify increasing it?

Why it matters. Creates the foundation for small, medium, and large investment scenarios without inventing a budget in advance.

Answers to these are enough to move into a focused piece of strategy work. Gaps are fine; they usually tell us where the work starts. To work through them with Michelle, book a 20-minute scoping call at calendly.com/michelle-e-humes/cadence-scoping-call or write to michelle@cadencehealthmedia.com.