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Using Primary Research to Redesign Your Website

Keys to turning online visitors into appointments and appointments into patient bookings.

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As a marketing consultant tasked with increasing conversion rates for medical clinics, I am frequently asked to redesign websites to generate more patient bookings from Internet marketing. When looking to redesign their websites, most companies (1) hold an internal brainstorm among the team, (2) invite customers and professionals to review their site and provide suggestions for improvement, (3) review competitive websites and cherry-pick what is attractive about their sites, and (4) analyze web analytics data to understand where their audience comes from and what visitors do on the site.

All of these methods have merit. However, only the last approach is a statistically valid, reliable method that can lead to conclusions that go beyond personal preference and gut instinct. Not having analytics installed on your practice website is like driving a car without a dashboard. Before even considering a website redesign, one should install Google Analytics and collect at least 3 months of data.

Google Analytics is an immensely valuable piece of software (especially considering it is free of cost). On a basic level, we use Google Analytics to inform us of the technology our visitors are using, their geographic locations, their behavior on the site, the sources of their traffic, what content they saw, and whether they converted or not.

USING WEB ANALYTICS TO INFORM WEBSITE DESIGN

Using data from Google Analytics, for example, we were able to tell a client practice what the most important pages on its website were. We also identified that most visitors were using a particular browser and operating system, that more than 20% of users visited the site using mobile devices, and that the most commonly used monitor screen resolution was 1280 x 800 pixels. This kind of information, while valuable, is only the beginning of what can be done to really inform a website redesign.

Before beginning a redesign project, it is important to know the answers to the questions listed in Table 1. You may think you already know the answers to many of these questions, but it is advisable to confirm any assumptions you have using primary empirical data sources. We have found many instances in which both our and our clients' assumptions have been incorrect.

ANALYZING PATIENT CONVERSIONS

With Google Analytics, anyone can analyze Web conversions (the number of inquiries you get from your website from people filling out forms). While this is valuable, we are more interested in conversions that result in bookings: the people who actually filled in forms that converted into appointments and surgeries. Furthermore, we are not interested only in people who fill out forms; we want to know about the people who called the practice as well, which Google Analytics does not track.

To track calls, we use a sophisticated call-tracking technology that allows us to connect the website to the patient database used by the clinic. This allows us to pass booking data back into our analytics, which enables us to see which type of marketing (direct, search engine optimization, payper- click, referrer, display ad, or e-mail) is driving the most bookings. We can see calls come in and can acquire vital information about the callers' locations and listed phone numbers. We are able to see which keywords they used in search engines before landing on the site. We are also able to see callers' visitor paths, to see exactly how they interacted with the website before and after they called the clinic. We can even qualify calls by measuring their duration to analyze only those that lasted over a certain length of time.

This technology allows us to acquire very granular data on patient bookings. Additionally, we are able to use this same tracking technology to track bookings from print or broadcast advertisements, online directories, e-mail campaigns, and more.

When redesigning one client's website, one of the major insights provided by this data was that callers who converted into bookings visited the website more after they made the booking than before they made the booking. This suggested, for example, that content on the website should be produced to provide rationalizations that support a purchase decision and remove doubt that may accompany buyer's remorse.

PATIENT DEMOGRAPHICS AND ATTITUDES

We train clients to convert more phone calls into appointments. We showed one client, for example, how to properly extract marketing and sales data from every caller. This not only enables the clinic to offer callers better solutions on the phone, increasing their telephone conversion rates, but also helps them use every call as an opportunity to collect vital information about their target market.

We trained the people answering telephones to ask specific questions, the answers to which were recorded in a database. We then summarized 1 year's worth of data (almost 2,000 calls) anonymously. We were then able to segment the dataset to compare the subset of callers who converted into patient bookings with callers as a whole and with those who did not convert into bookings over the year.

These data are rich with insight. We were able to reveal that callers who booked appointments were

- More likely to be older;
- More likely to be female;
- More aware of how long they had researched the service;
- More likely to want the service as soon as possible;
- More loyal to the company from the outset of the search;
- More likely to have realistic expectations; and
- Less likely to want any dependence on glasses.

Clearly, this information tells us considerably more about the most important visitors to the website: those who convert into patients. This information can then be used to help design a website that is oriented to these individuals.

PATIENT KNOWLEDGE LEVELS

When considering differences among customers and inquiries, we identified knowledge level as a possible differentiator that might assist us in planning content and designing the website. We developed a nine-block model, with the Y-axis being level of knowledge of the service and the X-axis being the level of knowledge of the company. We further hypothesized what people in each of these categories (blocks) might want in terms of informational needs (depending on their level of knowledge when they felt ready to make the call). The categories are illustrated in Table 2.

The theory is that the more a visitor knows about the service or the company, the more advanced their information needs become before they feel ready to make a call. Consequently, the less knowledgeable the visitor is, the less advanced their information needs are before they make the call. Eventually, however, once callers know as much as they feel they need to know, they just want to take action and make contact.

We used this model to measure two things. First, we asked the people answering the calls to ask every caller two questions: (1) On a scale of 1 to 10, how much do you know about the service? and (2) On a scale of 1 to 10, how much do you know about the company? The data we collected suggested that callers who booked did not require nearly as much information to make a call as we previously thought.

DETERMINING THE PATIENT KNOWLEDGE LEVEL OF YOUR CONTENT

Second, we used our nine-block model to analyze the content that was already on the website. The website we were redesigning had more than 700 pages of content. We first analyzed the business objective of this content. It broke down into content that was

- Sales oriented;
- Customer-service oriented;
- Professional or industry oriented; and
- Internally oriented.

We further divided the content into nine groups, each on a matrix from low to high knowledge of the target company and low to high knowledge of the service being provided, to match the nine-block matrix in Table 2. We found that the majority of pages appealed to low knowledge of the service and high knowledge of the company.

We further studied the sales-oriented pages only; when reviewing these, we found that the greatest percentage of pages (34%) were in the high-low category, and 30% each were aimed at high-medium and high-high categories.

Our call data suggested that the information needs required to convert a visitor into a caller were relatively minimal. We then compared that with the proportion of high information content on the site and concluded that there was an imbalance between content orientation and information needs. In other words, the site's content was pitched to a knowledge level that was considerably higher than what was required to call and make an appointment.

These data have tremendous implications for website design. They can tell us how to organize content, how to label navigation, how create a hierarchy, what content to plan in the future, and how to evaluate whether this content serves our aims.

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VISITOR ORIENTATIONS

As a result of reviewing these data in context, we had a much better view of how to structure the content of the website. We recommended that the content be

- Created to primarily address the needs of the demographic parameters of the target market;
- Primarily categorized along the two main areas of knowledge (about the service and about the company);
- Written in a style that leads from simple to complex information needs;
- Published on a daily basis;
- Written by people who can explain things as simply as possible; and
- Evaluated on a consistent basis in order maintain a careful eye on content makeup.

Different types of website content are summarized in Figure 1. The X-axis is purchase intent, and the Y-axis is decision style. The four quadrants supply idea starters for content that appeals to different groups based on their fit within the matrix.

Our aim was to redesign the website to emotionally compel more purchase decisions; therefore, it was clear that we were not using the website to (1) create awareness among target customers, as that must happen off the site via social media; (2) educate target customers, as some education took place on the site, but there was an overabundance of high-level material, and most patients were interested in it only after they made a booking; or (3) convince the target market. While it was necessary for the content to in part convince visitors, we found that most people visiting the site have already made up their minds to choose the company and simply needed a push to help them take action.

Therefore, we decided that this website needed content that inspired people to take action. Content that inspires includes celebrity endorsements, customer reviews, and community forums. Peripherally, we also considered adding more ratings, events, and widgets.

This new approach to content revealed that we needed to redesign the site to feature patient testimonials and celebrity endorsements as the primary content on the website. The pages that the visitor first saw would be designed to appeal to emotions and aimed at inspiring visitors to take action. We also knew that we needed to keep the high-level content of the site, but we decided to place it under the pages that presented more emotional content that might motivate action, leading to a purchase.

The insights we obtained after summarizing conversion data, demographics and attitudes, informational needs, and visitor orientations all confirmed our design ideas. The client practice then had considerably more confidence in redesigning the website to appeal to its most important visitors: those who made bookings that lead to revenue.

SUMMARY

When you redesign a website, you can do much more than brainstorm, invite reviews, look at competitors, and use basic Web analytics data to inform your decisions. In addition to these methods, you can look deeply into patient conversion data, analyze your patients' demographics and attitudes towards purchase, evaluate your patients' informational needs, and uncover your visitor orientations.

To do this well, you must make productive use of the latest technology, telephone training, and content analysis skills. You also need to plan your content to appeal to the right purchase intent and your patients' decision style. It is not quick or easy work, but going the extra mile pays off handsomely in turning more online visitors into appointments and more appointments into patient bookings.

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