Michael Roberts ([00:09](#)):

Welcome to the Health Connective Show. I'm your host, Michael Roberts. Our guest for this episode is Aaron Burnett, the founder and CEO of Wheelhouse Digital Marketing Group. Aaron has helped develop and implement digital marketing strategies for businesses in a variety of industries and a variety of sizes. Today we're gonna talk about how to navigate digital campaigns in highly regulated industries like medtech. There are a lot of things that medtech marketers have to consider for digital campaigns that other industries don't, and we'll look at some of those things as well as tips for running a successful campaigns within those restrictions. Awesome. So Aaron, thank you so much for joining us today.

Aaron Burnett ([00:46](#)):

Thanks for having me. I'm excited to talk with you.

Michael Roberts ([00:49](#)):

Absolutely. Absolutely. So let's talk a bit about your background. I'd love to know more about what kind of companies you've worked with in the healthcare space and what kind of digital campaigns your agency is running.

Aaron Burnett ([00:59](#)):

Sure. I'm CEO of Wheelhouse Digital Marketing Group. We're a 14-year-old agency with a very strong concentration in healthcare and medtech. We say we really exist to help our clients drive performance by solving their toughest digital problems. And over the last couple of years, the toughest digital challenges that our clients have faced have had a lot to do with privacy regulations. So in the beginning, three or four years ago, we started building HIPAA compliant data solutions and HIPAA compliant data strategies and shifting away from the use of third party data for targeting and performance reporting to really a first party, uh, driven approach. Uh, when we think about the constraints that folks in healthcare and medtech face, they, they really all cohere around privacy and increased privacy regulations. And you have several dynamics here. One, in November of 2022, the Department of Health and Human Services decided they were going to expand the definition of protected health information from being peculiar only to true patient records, to pertaining to any visitor to a website.

Aaron Burnett ([02:02](#)):

So that this massive expansion was to say, if you're tracking IP address and the content that someone is viewing on your website, and that content has anything to do with healthcare, symptoms, a condition, potential treatment, looking at a physician that now is considered to be PHI. So overnight, virtually all third party tracking and all commonly used analytics platforms became, if they're implemented in a default state, they became HIPAA violations. Uh, the other dynamic is you have state by state privacy regulations. There are 19 states in the US that have their own consumer digital marketing privacy regulations, and some of them are even more restrictive than the HIPAA related regulations. And you have massive platforms making changes to what they say they will and won't support and track. For four years, Google said they were going to stop supporting third party cookies in Chrome, which would mean in combination with Safari and Firefox that have done that for a long time, that you would have no third party cookie support at all.

Aaron Burnett ([03:04](#)):

They've backed away from that. But instead, what they've signaled is they're going to do something that looks a lot like cookie consent, but they're going to do it on a systemic basis. Uh, so the net effect of all

of this means that if you're in healthcare and medtech, uh, you can't track the same data with the same fidelity that folks not in those industries can, you cannot track anything that gets to a, uh, the potential to identify a user. You can't target audiences in the same way in third party platforms, and you can't get performance reporting in the same way. So this has meant a seismic shift in the way that we develop campaigns, we instrument sites for measurements, uh, and we measure success on the backend. The good news is that when you do this and you do it really well, the performance you can drive is, uh, significantly better than when you've had the quote unquote ease of targeting in third party platforms. But it takes a lot to get there and you have to be very careful.

Michael Roberts (03:58):

Yeah, yeah, absolutely. There's <laugh> so many of the easy tools, like I got into this space, like working with websites and marketing and all that fun kind of stuff, just me personally, probably about 15 years ago now. And it was just why would you do anything other than digital marketing? Because you had this end-to-end journey that you could supposedly track. And that story has completely crumbled, I feel like in since you're, you know, in that last four years that you're talking about. It really is a different space. We just talked about, like just right beforehand, like yeah, like Google's backing off of their thing that they were gonna change. But I did hear that there were some challenges to the HHS rule in terms of like what falls under, but it seems like all it did was make it murkier instead of making anything easier. I'd love to get your thoughts on that.

Aaron Burnett (04:47):

Yeah, so, uh, the American Hospital Association sued HHS and at the beginning of June, a federal judge in district court in Texas actually largely sided, technically with the American Hospital Association. But it, from my reading, it's kind of a false hope, uh, sort of a judgment. 'cause what the judge said is, listen, what you're doing might be the right thing in terms of, uh, determining that this combination of IP address and URL tracking is now protected health information. And I am not saying you can't do it, I am saying you did it wrong. And what you violated is called the Administrative Procedures Act. Which means if you're going to do something that ends up having the force of law, you have to create a context in which that regulation gets public comment, can be challenged, can be vetted before you publish it, and can overnight declare this massive activity, uh, as a violation of law.

Aaron Burnett (05:45):

And so it's a very interesting and very narrow ruling that is procedural and, and very much leaves the door open for HHS to take another run at it. And that was explicitly called out in the judge's comments, you can do this again, just do it differently. So our perspective is, uh, it's almost certain that HHS will do this again, but do it a little bit more carefully. And even leaving that aside, you still have 19 states and counting with their own privacy regulations. You have the whims and caprice of Google deciding one day they aren't going to support cookies the next day they are gonna support cookies. And by the way, in saying, wait, wait, we're just kidding. We're not going to deprecate support for third party cookies. What they said instead, and this has only been an indication 'cause they haven't actually disclosed the new solution, but what they've announced sounds an awful lot like cookie consent.

Aaron Burnett (06:38):

And for anyone who's worked with cookie consent platforms, you know that the opt-in rate, particularly for healthcare and medtech, is very low. We have, we work with very large health systems and medtech clients and in some instances the opt-in rate is 25 or 30%. So okay, you can preserve third party cookies

and you can technically track that information for 25 or 30% of your visitors. So you lose fidelity immediately. And again, our perspective is to the extent that you are relying on third parties or critical data that enables you to measure and market, uh, you're in a vulnerable position. You have to put in systems and strategies that allow you to control your own destiny.

Michael Roberts (07:22):

Yeah, absolutely. So what does that look like? I mean, you know, we're, we're talking about like, I I think so many of us start from that default of Google Analytics and what Facebook has provided or what Google Ads has provided and there's a lot of urgency and everybody like hand ringing about, oh, Google's gonna do this, Google's gonna do this. And I know that so many organizations were still waiting, they were gonna wait till the absolute last minute and only once it broke were they going to think about actually like changing their mind about how they were approaching things. So I'm sure there's still a lot of organizations out there that just haven't shifted at all. What can they be thinking about? What could they be looking at instead of what's the default out there?

Aaron Burnett (08:01):

Yeah, so, uh, there's an important distinction to make here around, uh, the HHS expansion of PHI, and it is that the act of collection is not a violation, so long as the data is collected by the covered entity. So I'm a big healthcare system. I can track and collect everything about a visitor to my website so long as I don't share that data with a third party. Where, where Google Analytics becomes problematic is they're a third party, and they will only sign their BAA, which is the equivalent to a EULA, an end user license agreement. You're gonna check a box that says you agree with their BAA and their BAA is like a lot of others. It says, sure, we'll sign a BAA, you need to not send us PHI. And so it's technically a BAA, but it, it doesn't have the force of law, but you can collect data so long as you maintain that, that data within your own infrastructure.

Aaron Burnett (08:57):

Now you've got the issue of sharing. You cannot share PHI with a third party that doesn't have this business associate agreement and a business associate agreement, by the way, obligates a third party to the same privacy rules and the same protections and the same uh, duty of care that the covered entity has. So you need to decide whether, uh, you are going to continue to collect full fidelity information and you have the data infrastructure to do that. You can do that by getting an on-premise analytics solution, meaning the data is collected and stored on your own server. In our instance, we built a HIPAA compliant data warehouse. And so all of that data, including PHI, comes into a HIPAA compliant data warehouse. And then you need a means by which you can control what is shared with third parties in a way that is HIPAA compliant.

Aaron Burnett (09:50):

So in the case of Facebook and Facebook's a great one to talk about 'cause they're the most egregious offender in terms of collecting PHI, they will gobble up any information, uh, that you don't specifically preclude, to the extent that attorneys right after the HHS issued, this guidance attorneys were scanning websites looking specifically for the Meta pixel 'cause if you've got the Meta pixel by definition, you have HIPAA violations. So you need to figure out how to constrain the data that's shared to a third party. And our approach is to do that with some technology that we've developed that allows us to control down to a single data attribute level what's shared. So we share only a conversion flag. The event we wanted to happen happened or it didn't, and nothing else. No unique identifier, no user journey

information. Now, as you and I were talking about, uh, before we, we started recording, if you're just sharing conversion data, you're working with a lot less information than you did in the past.

Aaron Burnett ():

You're not sharing the kind of data that enables algorithmic optimization in the same way. You can't target in the platform in the same way. So our approach is to say, alright, we're gonna use this HIPAA compliant data warehouse and we're actually gonna combine, uh, first party data that our client has with all of the channel and platform information. We'll harmonize that so that we can see the entire user journey across channels and we get absolute fidelity with regard to the quality of conversion. And our analysts can use the analytical tools and data visualizations that we've created then to glean insights. We glean those insights in our own data infrastructure and then the analyst can action those insights in a third party platform. You just can't share data. So we can see in our analysis, oh, we should be targeting people in this demographic, this geography, this psychographic profile, this set of characteristics. We can't do it by uploading our data in the way that someone in a non-regulated industry, uh, would do. But you can still configure the platform to target in the same way. And we've been able to drive double digit, uh, campaign performance conversion increases, and uh, lead volume increases by increasingly relying on first party data insights that we can glean through this analytical approach.

Michael Roberts ():

Talking through all this, it very much comes to play on like, you can't dabble in this space anymore. Like all of the infrastructure that you're talking about here. This is not something that, you know, the nephew of somebody that's on your team or the person that's just kind of getting their foot in the door, this is not that play anymore. And I think at least a lot of like small healthcare facilities will probably take that kind of approach, but they really are opening themselves up to a lot of risk if they try something that non-regulated, I guess like that, that kind of open-ended.

Aaron Burnett ():

Yeah, that's absolutely true. And, and one way to think of this, and this is maybe a good rubric, uh, to use when you're considering, you know, whether you have your friend or your nephew or your buddy who dabbles in analytics implement all of your tracking, is that in most instances, and particularly with something like Google Analytics or any of the tracking pixels that are used for advertising, if you're implementing those things in a default manner, and if you're implementing them in what's called a client side manner, which is the conventional way that people have implemented Google Analytics forever and ever. The cookie is placed in the client store browser, the script that supports analytics is on page, the tracking pixels are on page. If you are doing that and you are a covered entity, you are in trouble. Just by definition, you are passing PHI to third parties.

Aaron Burnett ():

And one important thing to understand about these tracking technologies is that the data that's collected by each of the tracking scripts is entirely governed by the third party, and it's changeable. So Meta might decide that through the Meta pixel, they're going to collect additional information, they mightdecide it tomorrow, you will have no idea what they're collecting. In the same way that, you know, you need to be very careful about what's configured in each of these platforms as well. Meta has a setting, uh, called advanced audience matching. It's turned off for healthcare systems. But depending upon where you are on that medtech continuum and whether they've identified you as potentially

covered, that may be even on by default, that setting will automatically collect everything that's entered in form fields on your site. Name, email address, physical address, phone number, and it'll send it all to Meta. Uh, and I mean, that's the poster child for a thing that you shouldn't do. So you're right, you can't really dabble. You have to really understand the constraints, and then you have to have a first party data strategy that enables you to continue to be effective as a digital marketer.

Michael Roberts (14:43):

Yeah. Yeah. 'cause the other, the other end of that is like, well, I can be secure, but I can be blind <laugh>, so have no idea what's actually happening on the other side there. So yeah. You know, we're, we've talked a lot about why people need to be careful and like, what, what's happening around the restrictions of all this. And uh, as we were talking about before, I'm glad, I'm really <laugh> as, as a consumer, as somebody that has to deal with healthcare stuff a lot. I don't want all my information out there. I don't want everybody to have this. So I am glad to see that this is coming about, but what's working, so especially around the medtech side of things, uh, we know that we need to be careful. Now, what, what do we do? Like what are people finding success with?

Aaron Burnett (15:23):

Yeah, so there are, uh, a couple of areas where we're finding great success. One is, you know, the more that you have to concentrate on the fidelity and quality and insights in your own data, uh, and the more that you move away from what felt easy in the third party platforms, the greater accuracy you have, the greater fidelity that you have with regard to what's truly driving performance. It's in the best interest of a third party platform. We'll stick with Facebook since we're having a good time beating on them a little bit. Facebook historically has made it very easy for you to target audiences. Uh, and even just to say, Hey, if you wanna reach people like somebody who's already been successful, just upload that data. We'll create a lookalike audience. We'll let you retarget. All of those sorts of things. But that ease in our experience hid tremendous inefficiency.

Aaron Burnett (16:09):

It's to their benefit to make this feel easy and also to make it inefficient. Because when it's inefficient, you spend more money on the advertising, by definition. What we want is efficiency and high quality and high fidelity. And so the more that we have focused on, uh, creating a data environment in which we have absolute clarity at the distant end, the ultimate point of conversion for in particular lead generation, uh, or even appointment setting sorts of campaigns, the more we pay attention to that. And then we use that in, uh, a data strategy sense to work back to the targeting and the platforms and the messages that actually were driving the ultimate outcome, the better fidelity we get. And now, instead of, uh, doing what we would've done in the platform, which is to target broadly 'cause we weren't really sure who, who within this audience we defined was driving a conversion, we know with a high degree of precision.

Aaron Burnett (17:03):

So focusing on first party data, what you can learn there within your own data and ensuring that you've created an environment where you really can see, you've brought in the CRM data where you can see right through the conversion and you've integrated it with all of your channel data, your digital advertising data and analytics data in a manner that, uh, enables an analyst to rapidly identify key insights and not drown in data is critical. The other aspect of first party data strategies is understanding that, um, this shift in privacy regulations has driven a really dramatic change in the advertising

ecosystem. And other organizations now are, uh, for want of a more delicate term, they're monetizing their first party data. So you can now through a number of different advertising platforms say, I want to reach the audience that shops at Kroger in this geography with this demographic and these shopping habits, people who buy this or do that. And as long as you have a good understanding of, again, the, the persona, the characteristics of the audiences that you're trying to reach, you can now reach them with a much higher degree of precision than you could through third party platforms that were aggregating audiences more broadly. So the greater the fidelity of your understanding of performance, the better you can do at targeting and the, the more that you can and should be leveraging others first party data to target people, uh, with a higher degree of accuracy.

Michael Roberts ([18:35](#)):

This is gonna be something that like, obviously you guys specialize in, but the kinds of organizations that do have this first party kind of data, like who are they? Because we do so often default to Google, Facebook, whomever, like whatever's the easiest platforms, but who are the organizations that we could even be considering in these kinds of scenarios?

Aaron Burnett ([18:54](#)):

Yeah, so you'll mostly find this sort of thing happening at, at this stage, although I think it will increase pretty dramatically, you'll find it, uh, in and around programmatic, programmatic advertising. So programmatic advertising was historically this means of, uh, targeting an audience across a multitude of platforms with which you don't need to have direct commercial relationships. So the largest player in programmatic display in particular is the trade desk. Uh, the trade desk will give you access to and a high degree of accuracy in targeting folks, uh, through others' first party data. You can see it through Yahoo's programmatic advertising as well. You can see it with, uh, connected television as well, where connected TV networks are doing deals with other entities to make available their first party audiences to potential advertisers. But the most efficient way, particularly for smaller organizations is to work with an agency.

Aaron Burnett ([19:53](#)):

And you pretty much have to work with an agency to do this because relationships with each of these programmatic vendors is required to have access to those first party defined audiences through programmatic display. You can similarly target in paid social, and we find paid social works phenomenally well, given a couple of constraints. Again, targeting less on the basis of first party, but more on the day basis of more conventional audience definition, uh, and audience characteristics. The key with all of this, and again, I come back to a really solid first party data strategy, is that for all of these channels, it is still absolutely true that you need to be serving the right message in the right channel at the right time. So you've got to understand your prospect journey and the conversion journey and understand when to serve what in which channel. And that only comes with a solid and thoughtful data strategy. We end up, no matter where people come into our agency and we provide all sorts of things, you know, organic search and digital strategy and digital advertising and uh, creative services, we always end up coming back to data strategy as the touchstone for all of the insights that should drive all of that activity.

Michael Roberts ([21:07](#)):

Nice, nice. We started dabbling with LinkedIn advertising as a company. It was where we found a lot of our audience and quickly found how much we did not know about that platform <laugh>. So sure, it, it

definitely helps to rely on the experts, uh, and definitely, uh, looking to them for, for what's working. One of the things that we hear a lot is medtech companies, they're the list of stakeholders just keeps growing and growing, right? From value analysis committees to the physicians that care to the administrators, to all of these different people. So now you're talking about many different personas and you're talking about a very complex journey, I'm sure. I'd love to hear about, you know, what your experience is with some companies that may have had to try to approach that type of kind of messy targeting. What I think of as messy targeting when you think about how many people have to be involved in the process.

Aaron Burnett ([21:57](#)):

Yeah, I mean that kind of complexity is now just inherent in almost all campaigns, even those where historically we would've thought of the funnel and the messaging as being more linear and and simpler. There are two dynamics. One is, you know, in this, uh, sort of B2B context, uh, the buyer journey is very complex. The required touch points are, you know, I talked with someone, uh, interviewed someone last week who has a sales cycle that sometimes involves as many as 120 touch points, just 'cause the complexity of the sale. And as you said, the buyer committee as well, you know, there may be targeting 30 or 40 or 50 people in large organizations over an extended period of time, sometimes 18 months. Uh, so again, you need to have instrumentation that enables you to understand those touch points and understand what you should be serving next.

Aaron Burnett ([22:50](#)):

And by the way, you need that instrumentation for digital advertising and you need it for organic traffic as well so that you can understand the interplay with your content. Uh, there's very little about digital marketing that works in a single channel or discipline anymore. And so when we're developing a strategy for a client, we're thinking about a content strategy that maybe helps to cultivate an audience that then can be activated in another channel. Uh, so you need to be thinking in terms of, uh, those methodologies. Uh, and you need to be instrumenting your site so that you understand where people are in that journey and what content, uh, is serving what purpose in that journey. You need a high degree of creative variation. And here, you know, on the B2B side where a lot of touch points are required, it's not that hard to target those people in that buying committee.

Aaron Burnett ([23:37](#)):

Uh, it requires a high degree of sophistication to ensure they're seeing the right messaging. And so you need creative variation for the right message on the B2B side. But the fact is that on the B2C side, and even on B2B, you need a high degree of creative variation just because that's actually how campaigns are optimized algorithmically to a large extent now. So historically optimization, uh, might have occurred particularly where display or paid social or concern algorithmically. It was based on the bid, uh, how much you're willing to pay and how effective your targeting was and that sort of thing. As the platforms have taken away data and the fidelity of that data and taken away controls, what they've uh, said in parallel is, don't worry about the optimization, we'll take care of that. And a lot of the optimization that they're doing is invisible. Some of it's audience targeting, but a an awful lot of it is creative variation.

Aaron Burnett ([24:33](#)):

We want you to have 12 or 14 or 16 very different creative treatments and we're going to serve those and we're gonna decide what works in each of these contexts. And that is even true in a B2B context.

You may have a very carefully defined set of messages and visuals, uh, and you may find that the platforms serve the options that you weren't, didn't think were the, the core message. So a creative created variation, uh, a really good understanding of, uh, prospect journey, user journey, uh, and in ability to see that in your data is required.

Michael Roberts ():

Again, not something that the nephew, I, I'm picking on the nephew because I just figured that's the kid that's gonna be <laugh>. We're trying to jump into this campaign without enough knowledge enough. We've had conversations, uh, where we've done some work, uh, under our P3 brand, um, with a lot of different physicians. And one of the times that we were building a website for somebody, they decided they wanted the color blue. We asked them why, and it was like a cousin liked blue. And that was the reason for their entire brand that they were gonna shift another. So it always, it always makes me laugh like what the family impact is on, on these kinds of business decisions. Right. Always fun. What would you advise to companies that are listening today? Let's say that they are starting off with, like they know that they need first party data.

Michael Roberts ():

They've even started getting in there and messing with it some. They feel like some stuff is working, they're keeping their salespeople busy, calling on people, but like they're, they're not sure what levers to start pulling to improve things. Everybody's facing those, those kind of economic pressures right now. And they just kind of get to this point where like, I don't know, I've got a whole bunch of things running. I've got a lot of boots on the ground, but what do I do? How do I make things better? Like where do you start with people? I mean I'm, I know that this is gonna come back to like quality of your data is like the kind of the core concept, but I guess like what kind of questions do you ask them around that to help them think through how they can make make their changes?

Aaron Burnett ():

Yeah. The questions aren't radically different from the sorts of questions that we would ask even if first party data weren't involved. They're the right questions you ask when you start working with a client, what are you trying to achieve from a a business perspective? Uh, what do you believe you know about, uh, your prospects and your customers? What is your value proposition and point of differentiation? What do you believe, you know, what are you measuring that you think you know now? How are you gathering first party data? What is your data environment? Is your data context in which it can be evaluated holistically or is it all siloed and and not connected? Um, we would start with those things. And then if we're working with a, a small client, I mean, what we've done in developing a HIPAA compliant data warehouse is enterprise grade. That's for a really large amount of data and we've got API connections to all sorts of things and very sophisticated data visualizations.

Aaron Burnett ():

But you don't have to have that. You could start in a different context. You could begin by working with someone that knows something about data and can help you to aggregate your data in a manner that enables holistic analysis so that you can see audience characteristics, performance characteristics, and all of the platform data collectively. And even in a relatively low fidelity setting where, you know, maybe you're creating charts out of a spreadsheet, maybe you're using very simple data visualizations, you can begin to see some of the insights that should inform decision making. I would say, and maybe frustratingly for marketers, it is true that data is the place to start. You're right, I've only got one drum to

beat on this and, and it's data. I would absolutely start there before changing campaign tactics, before increasing budget, before taking any wild swings because without that you don't know what you're shooting at. And you and I both know that it's so easy to spend so much money very quickly and have no idea what happened, but to be pretty sure that it wasn't good.

Michael Roberts (28:35):

<laugh> Never a fun spot to be in. Yeah. So you have your own podcast, I believe, and love to hear more about that. Where can audiences find you? How can they learn more about what you're doing? Our

Aaron Burnett (28:44):

Podcast is called The Digital Clinic. Uh, and it's a podcast where we, we go deep on the latest news trends and tactics for healthcare and medical device marketing. Uh, it's a weekly podcast. They can, uh, find it on our website. Our website is wheelhousedmg.com and I can always be reached, it's aaron@wheelhousedmg.com.

Michael Roberts (29:05):

Awesome. Awesome. Thank you so much. This is fascinating. Uh, this is a great chance to get to, to dive deep 'cause I'm sure that a lot of our audience members are the same, where you see a lot of headlines come across your email or, or your newsletters feed or whatever, and it says, hey, this is changing, this is happening. You should do this, you should do that. But the chance to really dig deep, those kinds of things only come in from like conversations, from working with agencies that know these kinds of things. So definitely encourage people to have those conversations and go beyond just sort of the surface level and stuff. So Aaron, thank you so much. Really appreciate your time today.

Aaron Burnett (29:39):

Absolutely. I enjoyed the conversation. Thanks

Michael Roberts (29:40):

For, for the opportunity. Awesome. Aaron shared a lot of great advice today on navigating digital campaigns in med tech from the regulations you need to follow to how to target the right audience within those restrictions. Thank you to our listeners for joining us today. For more on the Health Connective Show, please visit hc.show for previous episodes and Health Connective as a company.