How to use the Scientific Method to create a Profit-Driving Marketing Program

Variate Testing to Convert Leads into Sales

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Is Marketing an Art? Science? A Mixture?

Most marketers have a mixture of artist and scientist both in their background and training, but in performing various consulting engagements, we've seen CEOs from the marketing side and marketers up and down the chain show evidence of strengths all along the continuum. With the recent media spotlight on the use of Big Data for digital and traditional marketing activity, the scientists seem to be seeing sentiment swing their way. And there's a good reason for that. Technology has developed to a point where nearly every piece of data about a prospect you could imagine would be useful to a marketing professional is available, sometimes for next to nothing. So with all that data available that wasn't before, why isn't marketing a machine-driven deal? Shouldn't you be able to simply plug your desired parameters into a database, find all the people in the digital universe who meet that criteria, and market to them specifically, based on what they click on, what they buy, and their credit history and a few other bits and pieces? Shouldn't the machines be better at picking our target consumer, at reaching them in a way that they would prefer, at a time when they are most receptive, with the right message, all by itself, once programmed correctly?

You would think this is the logical end game, but there's a critical element missing. The Human factor can never be driven out of marketing activity, because, guess what? Humans are the target market, and as such react to messages and media in an irrational, illogical and unpredictable fashion. The rise of social media platforms and its attendant ability to collect data has shifted the marketing focus from a push-down, force-fed message to more of a one-to-one conversation with as many individuals as are applicable, making permission or pull marketing the preeminent form at the moment, and that requires human interaction at some point in the chain.

Marketing has Parallels to Medicine

Since science seems to be the more prevalent approach, it seemed to make sense to try and map marketing activity and practice to a known scientific model, and one of the most ubiquitous and transparent ones seems to be general medicine. Today's practice of medicine has its own set of flaws, but at its heart is a fully-formed discipline with well-worn pathways of action, and **there are clear parallels between good corporate marketing, especially service business to business, and general medical practitioners' activities.** But the most important facet of that presumption, the most critical commonality, is that good medicine has at its foundation good patient/customer research.

A recent study commissioned by the Journal of American Medical Association indicated that in a tally of errors in medical practice in the US over the last ten years, the number one source of malpractice is poor diagnosis of the initial problem, over 35% of the errors made could be attributed to improper diagnosis, and 56% of those erroneous diagnoses were due to poor history-taking. In our marketing model, that equates to inadequate or poorly prepared marketing research. While that study by JAMA stated that these errors resulted in over $39 billion in malpractice awards in the last decade, the cost of critical errors in your marketing program can lead to considerable losses as well, and if you totaled up the cost of erroneous or off-target marketing programs by major marketers due to bad or nonexistent customer research, $39 billion probably pales in comparison.

What those interview questions include and how they are asked is key to a good outcome, and this is true as well for marketing research. As the technology set will recall, the rule for data is "Garbage In, Garbage Out," and that precept still applies to market research data. There has been a lot of attention in the media focused on "Big Data" for marketers and retailers, and there are a couple of factions here who have chosen to square off on the issue of big data. There's the side that believes that this huge aggregation of information about who you know, what you buy, what you view online is a boon to effective marketing, and there should be minimal if any regulations and restrictions above and beyond the privacy policy of each site, monitoring and regulating it's use – it's a buyer-beware environment; and the other, that advocates that such collection and use of transactional data is a huge invasion of privacy, and should be tightly regulated and prosecuted in instances of abuse – that it's Big Brother keeping their eye on you and it's none of their business where I surf and what I buy.

As a science-based practice, we firmly believe that there is no such thing as inherently "Bad" data, just inaccurate data, that which is erroneous or incorrect. **It's hard to have too much data when plotting out a marketing approach, but in this instance it's now a case of trying to drink from a firehose – the amount of data is overwhelming,** so selecting those bits that are true indicators of repeatable, useful behavior is critical to making the right marketing moves.

Iridium story

Sometimes, even extensive customer research can lead a business down the primrose path – especially if the outcome is pre-assumed and the research is used selectively to support certain concepts already buried in the product.

A good example of this is the Iridium satellite phone. For those who remember, this was an offshoot of Motorola cellular telephone technology arm that designed a satellite-based communications device that would function in the far corners of the earth, sort of. If you were exploring the Gobi desert, or the North Pole, or the jungles of the Amazon basin, you could call for a pizza and get a connection. The device was the size of a brick, weighed nearly a pound, and cost significantly more than an office full of cellular phones ($3,000 or so per unit, and $7 per minute to use.) In the design phase of this amazing device, Iridium's product development team conducted 200,000 short interviews, asking questions about features, benefits, uses and circumstances for the need for such a device.

The resulting device, aimed at international business travelers, who need instant connectivity, portability, long battery life, inexpensive rates, and often operate from deep in hotel basements, conference centers or the bowels of various airports using downtime to be productive, was heavy, difficult to use, only connected when you had a clear line of sight to the sky in a particular direction, cost $7 a minute to operate, and needed constant charging, and all with lousy sound quality on the calls, which frequently cut out with no warning as the planet rotated and the signal shifted from sat to sat. Iridium "invested" $5 billion in this little gem, which promptly fell flat. At those prices and connectivity rates, it was priced out of the intended market, and not enough units could be sold to lower the price through scale to reach the intended audience. The biggest market it encountered was scientific expeditions, photographers on safari, and film crews on remote locations – even the US Military developed its own version that was cheaper, smaller and worked better, for less. Clearly, they had asked the wrong questions 200,000 times.

New Patient Interview

The data collection approach we use for clients seeking insights into their customer base or membership sectors is a tightly-woven, multi-layered approach that combines both qualitative and quantitative methodologies, to give us a very stable, reliable, and strong impression of what those members' or customers' impressions of the brand and its mission is, and what their preferences are for media, message, and approach.

Our quantitative method is a survey instrument, distributed digitally or on paper, depending on the audience, to a representative sample of the constituency. The method here is not the key, it's the quality of the questions contained within it that hold the value.

The qualitative method is a bit more advanced, and more intimate. A sample gets selected from each customer segment, and a 20-30 minute phone call is scheduled with each. The interview works more like a guided conversation, so that some analysis can be done once the data is gathered, so that there are consistent elements between all the calls. These interviews are geared more toward perceptions, emotional responses, feelings toward the brand and the products and mission, to assess the levels of attraction, or aversion, of the customer base. It's a modified "right-brain" approach that elicits responses that can be drilled down into the surveys and expanded upon to pinpoint problem areas.

Visix Story

When Laser eye surgery was just in its infancy, I was asked to assist one of the largest manufacturers of the laser surgery apparatus used by the ophthalmologists to perform this cutting-edge operation. They were based in Israel, and while they had met with success in Europe, and had FDA approval and AMA and other sanctioning bodys' support, they were having difficulty gaining any traction in the US market among ophthalmologic surgeons. Their sales staff couldn't shed any light on why they were not getting as many sales as they anticipated, and they needed some direction to guide their approach, which was purely clinical and full of specifications and the like, but without a good story or a personality, for fear of alienating the audience, about whom they knew little.

Taking the assignment, and after speaking with some of the sales staff and a few of their prospects, an idea occurred to me, but it would need some data to support it. It appeared that they were scoring highly among these eye doctors on specifications and they loved the machinery, but weren't sure how it would fit into their practice or how to make the financing attractive for the half-million dollar piece of equipment.

We put together a good solid list of top ophthalmologic surgeons in current practice, and spent an hour on the phone with each, over 50 doctors in all. We asked them about how their practice was going now, what they felt were their differentiators in the market, what they disliked the most about their practice or their patients, what they feared the most – very intimate, personal questions, not just facts and figures.

It turned out the money questions (how profitable are you?) and the fear questions (what do you fear the most?) were a couple of the most enlightening for our purposes. The money question took a bit of digging, but we uncovered a level of discomfort in charging patients the full value of their skills (most eye exams, glasses and other things related to the outcomes of the visit are not fully covered by insurance typically, so to build a patient list, doctors felt they needed to keep costs down). The doctors needed to perform something that the patients were truly grateful for and that changed their lives, and that they could charge a profitable fee to perform, on a routine basis, to create a solid, reliable and ongoing revenue stream. If the device company could arrange financing based on patient usage, like building in a "machinery fee" to their bill and forwarding that fee to pay for the lease/purchase of the machine, they could see that working with their patients, and it would allow them to build a client base for the machine gradually without increasing overhead.

The fear question really turned the key for the sales force. The ophthalmologist and ophthalmic surgeon fears most the specter of a bad outcome - a patient comes to them with myopia or astigmatism, nearsightedness or other common affliction, and leaves the office worse off than when they arrived. Not only would it violate the Hippocratic Oath, but it wouldn't take more than a couple of those before their practice and attending referrals would dry up.

Based on those two emotional and physical data sets, we were able to sketch out a strategy for their marketing approach, after working with their operations, financial, and sales management teams, that allowed them to reach these specialized surgeons in a way they would be responsive to: They offered a process for measuring and screening patients' worthiness to get the surgery – shared data from their own product development process gave them some deep insights as to the "optimal" patient profile who had the highest (and lowest) likelihood for a favorable outcome. By screening the patients better, and allowing only the most optimal patients an opportunity to have the surgery performed, the doctor's would see a big spike in favorable outcomes, and word would spread that this was a nearly perfect procedure. This would give the doctors a structured way to build the reputation of the surgery, even while he was still in the upper portions of the learning curve, without posing a danger to his patients, leading to higher confidence levels among the surgeons.

In addition, after some conversation with their financial team, it was determined that there could be established a credit line to be used specifically for offering rear-loaded, long-term financing for the doctors and practices purchasing the machine, with a payback schedule based on a per-use formula. Doctors and practices could now purchase the machine with minimal risk, build a practice as they built their expertise, develop the patient service and production flow elements needed to move patients efficiently through the process while offering strong reassurance to patients that the outcome would be a positive one.

Based on those strategies, we crafted a plan, revamped all of their marketing and sales materials, trained their sales force, and within a few months they had scored some major wins, and within just 18 months or so had 40% market penetration, and 70% within two years, to become the default brand in the industry.

Once you have the basic qualitative analysis done, you can structure and write intelligent questions for use in the quantitative survey to gauge the level of penetration, the level of need, the scope and spread of the different priorities of the audience. Now you can make some decisions about how to use that information to reach this audience or how to get this audience's attention. You have both logical and emotional components to the responses, and can correctly balance your approach and make your marketing activity very efficient.

Even when you've done a great job of structuring your research, sometimes the data at first glance doesn't seem to make sense. It seems illogical, or that it's leading you down a path that seems improbable, or that is difficult to explain to others. After working with many clients over the years we've experienced this phenomenon a few times, and the best approach we've found is to have faith in the method, to trust the data, and to keep moving forward in the analysis phase until the pieces of the puzzle fit in such a way that they lead you down an action path that makes sense.

Dr. Atkins story

My team was approached by Dr. Robert Atkins, the celebrity diet doctor who championed low-carbohydrate diet and claimed that it cured a number of common ills, to craft and market a newsletter to expound upon his medical theories regarding nutritional supplements used to cure a wide variety of ailments. As newsletter publishers for years with lots of experience in direct mail subscription building, we were a logical choice, and after some preliminary conversations, set to work finding out how to best position this new publication and what media placements and lists to use with best results.

We created five test packages, in five different formats, with versions for different offers, one-year versus two-year, different mixes of premiums, which consisted of specific small publications offering various information about the effectiveness of certain supplements, dietary adjustments, etc. We selected test quantities of over forty different lists, split them over the various packages to set up a big test matrix, and mailed.

The results returned within a few weeks, and were both disappointing and confusing. Three packages performed better than the other two, but not overwhelmingly, and most lists were luke warm at best on all the packages, except two. Most of the lists were publication subscriber lists or catalog purchaser lists, relating to fads, pop culture, celebrity, diets, health products, etc., but we had thrown in a few others due to their size and potential if they "hit." The offers and copy were keyed to the popular magazine cover format, showing quick hits of information on the covers, like "10 Ways to Drop 30 lbs Without Dieting," and "How CoQ10 can Help Your Sex Life," and most of the lists utilized this techniques to move copies off newsstands, so it was a surprise and a challenge to discover that those types of magazines had performed the worst of all.

We slept on the results for a couple of days, and I did a dip into a couple of the lists of and called some of the names to ask a few questions regarding their health attitudes, and where they got their information. After about ten calls, the mystery was starting to unravel. Most people I spoke to remembered receiving the piece, but they didn't really understand most of the medical information. The two that I pulled from the lists of Wall St. Journal, and two from the New York Times, reacted differently. They were excited about the information in the pieces, but felt if needed more "meat" that it was too fluffy. After speaking with a couple of subscribers to Men's Health, they confirmed my new theory. They had received the most serious and in-depth package, a format we dubbed the "Magalog" a cross between a catalog and a magazine, with lots of long articles with hard-core health information relating to supplements and their use – and they had responded immediately. It turned out where supplements are concerned, there was so much misleading information out there, that hard-core information seekers were looking for a definitive source of accurate, trustworthy information, which could evolve and develop monthly.

We used the long form Magalog format, refocused the creative approach and adjusted the offer, made some more mainstream, higher-level lists selections, and re-tested. In two weeks the results were through the roof! Clearly we'd struck a nerve, and subsequently mailed nearly 6.5 million mail pieces of the "control" package, with constant tests and challenges against it along the way, and after a year we had developed a list of over 70,000 subscribers, using only direct mail, long before industrial e-mail or social media were even options. The data told us the story; we were just reading it and interpreting it in the wrong way. But we believed in the data, dug deeper to verify or clarify, and hit a win as a result.

The X-Ray: Assessing Customer Preference

What the research phase is designed to do for marketers is to act like a medical X-Ray, a probe or test to see the extent and depth of the problem, without dismantling the program altogether. For physicians, this is paramount to ascribing to the Hippocratic Oath, which starts: "First, Do No Harm," which in practice translates to "Do the least invasive procedure first." For marketers, this is a way to create some baseline data to vet assumptions you may already be using to guide planning or budgeting, but it can also be used to pinpoint errors or blind spots, point up weaknesses, and show you what direction a possible new approach might take.

Sometimes the base assumptions need to be erased in order to move forward. One we've seen quite a bit sounds like "Our customers LOVE us," or "Our members really like our _ _ _ _ _," and the truth is something else. Sometimes these assumptions need to suffer a blow from some pretty graphic evidence to shift perception and get around the obstacle. These base assumptions are often deep-seated, long-standing and carry connotations that originate long before any of the current staff were around. Now you're fighting a war on several fronts, and history has shown that to generally be a bad idea. This type of research can shed light on such problems and show marketers a pathway around them.

The interrogatory, interview style of research allows marketers to gather data related not only to how respondents think about a brand or a product or an organization, but also, and perhaps more importantly, how they feel about it. Those emotional cues can add data you can't get any other way, data that can be used to add relevance and nuance to the executions of those marketing plans to really take them to the next level of effectiveness. By asking the questions in the "right" way, you can elicit responses that can gain you insights deep in meaning and rich in nuance, allowing for finely crafted, highly effective campaigns.

Many organizations do an annual survey of their members or customers, and ask questions centered around divining "customer satisfaction." Ask anyone if they are "satisfied" with the product they paid for, the service they received, the vacation they mortgaged the house for, and they will nearly always say "Yes" or "Mostly" in response. The reasons for this vary with the method, but the central emotional trigger seems to be guilt or embarrassment by the respondent. It's a rare individual who will tell you they hated their $10,000 vacation, even if they did. This is a nearly fatal flaw in customer research, and leads to complacency and a lack of innovative planning and execution. Satisfaction carries a connotation that all is well, that change may cause more damage than good, and that if things aren't broken, don't fix them. Good marketers are change agents, and don't accept satisfaction as an adequate measure of success. Complacency is the enemy of good marketing, because the idea is to cause an emotional reaction, and complacent marketers can't do that very well.

One way to get past this phenomenon is to step up your questions. Fred Reichheld, a renowned author and marketer, posits in his book, "The Ultimate Question 2.0," that seeking referral and beyond to recommendation is a path to creating loyal and high-volume customers. He suggests that if you ask customers "Would you recommend _____ to your grandmother?" and the respondents answer in the affirmative, you've found a rich bed of loyalty. There is a good deal of psychological science behind this, but the gist is that, if you're proud of your decision to purchase or engage with the brand, proud enough to brag about it and want to pass it along to even the most vulnerable of your private circle, then you fully trust the brand.

Medication – Tactics that get the job done

Now that we've taken a peek inside our "patient" and have discerned that there are some significant but not serious problems, we can begin to address the issue with a number of approaches and see if we can quickly and efficiently resolve the problem. Our X-Ray research has shown that there is a relatively high opinion of the overall brand, but relatively low recall and very little reach for that brand among the target audience – in other words fewer people know about the organization or product than should, based upon how much output is going out into the market. What reaches the target is good and effective, but not enough is getting through to enough people to support the venture.

The first option among all the marketing tactics is to do some additional testing, but using tests that will yield some immediate and inexpensive knowledge. One of the newest and least expensive ways to test distribution, and engagement is to use one of several major social media platforms and establish the level of empathy and understanding of the target market. Post a few tweets that you feel will get people's attention, provide some value for the reader, and spark a minor controversy, and see how far they travel, and to whom.

Social media can also be used as a brand monitor, to see who's talking about your brand or product and what they are saying. Searches on Facebook and Twitter will yield instances where your brand was mentioned, in what context, by whom, when, and how often. The "when" can be significant if there has been a critical communication crisis recently regarding your brand or the industry in which it operates. Think about an airline tracking its brand, and noticing a huge spike in searches, mentions and dissociation when one of its planes has a malfunction, is grounded or experiences an incident. If those mentions fall off in frequency and severity in a relatively short time frame, you've likely contained the crisis, done the appropriate damage control, and can start to rebuild trust. On the other hand, if the mentions just seem to keep on coming, and they start to build upon each other and everyone seems to be piling on, then you may have a more systemic problem, and some work should be planned to counteract all that negative attention.

The biggest element to keep in mind using social media is that the outreach efforts should be structured in such a way as to be a "pull" rather than a "push." Social media is designed to foster a conversation, discussion, rather than a declarative statement. Audiences like to be engaged and participatory, rather than passively receiving content. This has to be factored in when assessing the value of social media content to your research-driven outreach programs.

There are a wide range of other outreach tactics available to the modern marketer, and their inclusion and level of interaction with the audience and each other must be individually weighed and analyzed on a case-by-case basis for each firm based on their specific circumstances and goals. Social media is just one tactic, but it has the added advantage over many of the others in that it is ongoing, it is live in real time, and it is evolutionary. It is also imminently measurable, generating a cornucopia of data on a daily basis, making it a good test vessel for new concepts, measurement vehicle for new ventures or campaigns, and able to feed back data on an ongoing basis, not simply a static piece of response data, like direct marketing or e-mail.

Each tactic can be viewed like a specific type of medication for our compromised patient, and often any one alone can contribute to solving the problem, but a combination, balanced and synchronized properly, can work what appear to be miracles in healing the patient. But sometimes medication alone is not enough . . .

Surgery - Precision Approach Saves the Patient

Sometimes more invasive and drastic action is indicated in order to set the patient on the road to recovery and health. A surgical segmentation approach to your customer base allows you to use the insights revealed in your earlier patient history and revealing X-ray to go in and treat each sector separately, specifically and appropriately. Sometimes those insights indicate that removing some segments, excising damaged or unnecessary tissue, in this case customers or clients, to make the remaining efforts thrive.

Modern technology allows levels of segmentation based on data that were only dreamed of as little as 20 years ago. Customer research can be useful both internally, in terms of collecting and analyzing existing customer data based on transaction data and profitability, and externally in attracting new customers that are "good" customers. The internal portion largely applies to professional services businesses and non-profit, membership-based organizations. An honest, dispassionate review of current clients based on profitability, amount of time invested versus revenue generated, potential for additional revenue over the next year, and ranking of core needs against core offerings will likely yield a very valuable insight.

If your company holds true to the findings we've seen over the last 30 years or so, that magical 80/20 rule is likely the result – 20% of your clients provide 80% of the annual revenue, and only 10% have potential to grow over time based on what they need from you versus what you offer in your "sweet spot" of services, those highly efficient and therefore highly profitable operations that not every client needs.

Now that you have the data on your own customers, and the resulting insights have shown what makes a "good" customer for you, you can take that model that has developed and use it to locate and persuade prospects who fit that mold, one tiny segment at a time. Technology allows you to apply portions of that model to different segments and offer something specific to each segment that resonates with them and spurs them to action. For instances where the customer base is much larger, data mining of transactional data can unearth tidbits and trends based on the past, which has been shown to be a marginal predictor of future behavior, but won't give clear indications of the reasoning and circumstances behind the behavior. The "why" doesn't show itself very readily from mined data, but the interrogatory methodology we employ has the capacity to reveal the anecdotal, the circumstantial and the emotional triggers to buying behavior, and those can be used to specify, pattern, model, and segment with surgical precision, allowing you to approach each customer in a way they are comfortable with and that resonates with them on an emotional level.

Such programs all start with being able to gather and keep not just good data, but accurate data. Accuracy and data integrity are paramount in data-driven marketing programs, as the impression you're trying to convey is familiarity and knowledge, without seeming overly invasive or presumptuous. Getting someone's name wrong, or genderizing them incorrectly, or applying their circumstances and background data to another individual destroys the entire usefulness of the data, and in some cases can crater the entire marketing effort. Strong data controls should be in place internally to maintain the integrity of the data before any ambitious data-driven programs are initiated. Much like the "sterile field" in a surgical suite, that data integrity needs to have protocols and protections in place to keep the patient in a safe environment.

PF story

Data accuracy is the core of any effective data-driven marketing program. But sometimes, the Direct Mail Gods conspire to corrupt your data records in unusual ways. I was part of a team called upon to expand a subscription list for a financial newsletter with a mutual fund attached to it, typically through a large direct mail program. Lists had been researched, the creative had been tested against the control, and a couple of million packages produced and inserted, awaiting labels. We had been through merge/purge and other data manipulation to build a mailable file, and were getting ready to print the labels. Our in-house data processing department had been working with that file and about nine others that week, and had recently taken on additional staff to handle the growing load of work. A simple label run was assigned to a new staffer unfamiliar with some of the internal data protocols. Being a financially-oriented publication, a huge chunk of the names in the file were located at addresses in Manhattan, a majority of those in what was then the World Trade Center complex. A collection of buildings that large had internal mail handling capabilities designed to flow incoming mail upward as quickly as possible, using mailstop codes as a separate line of address. The new staffer apparently had some difficulty manipulating the label printing software to make five full lines of address fit on the labels provided. Rather than ask for larger labels or change the font size (don't know if that was even possible back then), he opted to make a command decision and remove one line of address to make them fit the labels neatly – you guessed it, the mailstop line disappeared!

I came back from lunch about two days after the mailing dropped, to find the lobby crowded with about 40 or so industrial canvas mail carts, full of undeliverable mail, all addressed to the World Trade Center, all returned to us at a cost of roughly $1 each, because the corner card of the manila envelope included the line "Address Service Requested," which instructed the Post Office to return your nixies to you at a cost of the first class rate x 2.45. Subsequently, we gathered a group of interns, along with the data processing rookie, to open nearly 150,000 mail packages, remove the materials, sort and stack them to be reinserted in new envelopes with new labels – thankfully not a match-mailing – in a few weeks. Between lost time, materials, quadruple postage, processing and inserting fees, that was one of the most expensive, and therefore least profitable mailings of the year. I was always impressed from that day forward how one small detail like a single address line could have such an impact on the bottom line.

Biofeedback – Get Everyone on Board with the Treatment Protocol

Now that the surgery is complete and the operation deemed a success, there is still much to do to help our patient recover into a fully-functional, thriving and productive marketing program. Using insights from research, and from our newly-built customer profile, we can now craft a strategic positioning campaign that will effectively and efficiently reach the market we've uncovered. But the first step is to gain consensus from within. Everyone on the organization's org chart, including any contractors, volunteers, vendors, financial and legal service firms, needs to understand fully what you are trying to accomplish. They also need to agree to furnish you with the information you need on a regular basis to monitor the health of the patient and gauge the success of the work you've begun. A simple dashboard, with inputs contributed from Accounting, Sales, HR, Customer Service, Product Development or R&D, and of course, Marketing, will provide you with the at-a-glance data you need on a weekly basis to make reasonable decisions regarding your firm's outreach efforts.

To create this dashboard, you'll need processes in place to transfer customer insights from the customer to your organization's various departments, and from there to you in accurate and efficient, real-world fashion. Monitoring social media is just one way to do this, ongoing surveys, postings of comments on your website, snapshots of your blog comments, periodic customer surveys, and a regular rotation of customer "check-in" calls every week, will keep you posted and connected to customer sentiment, allow you to spot trends, alternate applications for products or services, new spin-off products and brand extensions and a host of other intelligence, virtually free.

Keep in mind that you can't improve what you can't measure, so measuring your success, direction, regularly and benchmarking it against a standard or a goal is the only true way to assess your efforts' effectiveness. Take an assessment when you first start to create a baseline data set, and monitor your progress regularly and religiously. Physical therapy works best when the sessions get more challenging and are gauged to the patient's goals and original condition – without progress, there may be something underlying that needs adjusted or corrected, and you'll know about it, and can make the correction much earlier and more effectively, if you monitor closely and routinely.

Follow-up Visits – Takeaways

Now that the patient is on the road to recovery and full health, we need to periodically monitor their progress and give them some things to do at home to keep them from repeating the problem and relapsing. Keep reminding yourself of the three basic concepts presented here, and you won't stray far from the path to success:

- Use research where applicable, but not instead of common sense
- Believe the data, no matter how strange they may first appear – figure it out, it affects EVERYTHING
- Use insights to create value for customers, not products

Bio

David Poulos has over thirty years of marketing experience, ranging from private enterprise, state and federal government, non-profit and charitable organizations. He has a Bachelor of Science degree in Marketing Communications from Northeastern University, Boston, MA, and has effectively served as Director of Sales for Pan International, Director of Marketing for National Information Corporation, and as Director of Client Accounts for Strategic Partners Group. He has served as a marketing and branding consultant to a host of clients including: American Airlines, ARBROS Networks, Cable & Wireless, Coca Cola, Freedom Telecom Services, Freedom Power Services, MasterCard, MCI Worldcom, National Geographic Society, Quantas Air, TALK.com, Winstar.

Mr. Poulos is the author of "The Marketing Doctor's Survival Notes," has published over 20 articles on a variety of marketing topics in nationally published magazines and websites, has published over five year's worth of weekly blog articles on non-profit and commercial marketing, management and customer service best practice, has been quoted as an expert in articles appearing on Fox News Small Business and MSN Main Street Business websites, was featured in the Global Edition of Who's Who of Marketing Executives, and is a former board member and President of the Sales and Marketing Executives international, and is a member of ASAE, DMAW, and American Marketing Association.

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