

THE FUTURE OF THE CMO

The threats and opportunities ahead for
the health system marketing enterprise.



CONTENTS

An Anecdote	3
Introduction	4
Updating the Situation	6
Opportunity Is Knocking	13
The Boss Is In.....	27
Conclusion.....	31
Work Cited	32



AN ANECDOTE

In June 2023, I made a call to my provider, a regional health system in Minnesota, to schedule a colonoscopy, a routine but important diagnostic performed on nearly 15 million people in the U.S. each year. Upon hearing the request, the scheduler sighed and asked if I would please hold. After a couple of minutes, the scheduler returned:

“Our next available appointment isn’t until January, but unfortunately, our scheduling software only allows us to schedule six months out. So you’ll need to call back in July to book that appointment.”

I was stunned: this system had a few dozen clinics, and multiple specialty centers and hospitals, and the soonest I could get in for a routine colonoscopy was in seven months? Sure, many of our clients, as well as systems across the country, were having capacity issues thanks to staffing difficulties, and waiting for a specialist could run six, seven or eight months. But a colonoscopy?

Luckily, I was put on a wait list and the next day I received a call saying they could book me — for the middle of December.

Chris Bevolo
Chief Transformation Officer

INTRODUCTION

The future of the CMO in health systems

The story shared above is not unique, of course. Patients across the country faced then, and still face today, challenges in receiving the care they need, as health systems experience limited capacity in both outpatient and inpatient services.

This results in longer wait times to schedule appointments, hospitals closing units and more. This wasn't just happening in specialty care areas, where it's always been a challenge to see specialists at the most prestigious institutions. It was impacting everything from primary care to diagnostic care to straightforward preventative medicine. At the time, several of our firm's clients had shared that they were closing their primary care panels because they were full. The main driver of this issue is the ongoing labor shortage systems have been battling for years, which was exacerbated by the Covid-19 pandemic. While access alone provides challenges for health systems, the real concern for marketers was this lack of healthcare "supply" when combined with a historic "demand" for care caused by the Boomers moving through the healthcare system in their elder years. The question became, if we can't

handle the patients who are coming to us now and in the coming years, why would we invest money in marketing to attract more?

At the same time, system marketers were running into "pixel mayhem" following a December 2022 warning by the Office of Civil Rights (OCR) of the Health & Human Services (HHS) department of the federal government. That ruling stated that the use of tracking pixels from platforms such as Google or Meta may be used in a way that constitutes a HIPAA violation unless a BAA was in place, a contract neither tech giant was willing to sign. Several health systems had been sued because of this alleged violation, and in response to this threat, many health systems made the decision to simply pull all tracking pixels from their websites. The calculation was made that it wasn't worth the risk of an HHS lawsuit.

In those cases, that meant organizational leaders either didn't know the value of tracking web traffic, or did know the value, but still didn't think it was worth the risk to keep. Another sign that marketing's value was in question.

Finally, by that summer, at least five large health systems had eliminated the CMO position, and in some cases, most of the rest of the marketing leadership positions as well. These weren't run-of-the-mill organizations, but among the most well-known and well-respected brands in the industry. When we first wrote about these threats in January 2024, we termed the potential threat to the CMO role (and by extension, the marketing enterprise at health systems) "Rome Is Burning." But that was just the start of our work.

INTRODUCTION (CONT.)

Digging Deep

Starting at the beginning of 2024, we began reaching out to the industry to explore this potential threat to the CMO role and marketing within the industry:

- We facilitated a packed panel session at the 2024 HMPS conference in April on the topic.
- We held a salon-style dinner with some of the top system CMOs in the space to learn their perspectives.
- In the fall of 2024, we partnered with NRC Health, the leading research company in the space, to interview more than three dozen CMOs and CEOs about their views on this issue.
- We held the three-day Joe Public Retreat in December with 40 health system marketing leaders and national experts on healthcare economics, culture and AI, all focused on the future of the CMO role.

What we learned is that, yes, there are real threats to the CMO role. As just one example, the number of health systems we know of that have eliminated the CMO position has grown to more than 10. This isn't unique to health systems — over the past few years, UPS, Starbucks, Walgreens, Lowes, Uber, and Hyatt are just some of the non-healthcare brands that have also dropped the CMO title. But the reasons in the health system space are unique to healthcare, as we'll explore. In another example, a poll run during our panel discussion on "Rome Is Burning" at the April 2024 HMPS Conference showed more than half of

respondents agreed that the CMO role at health systems was under more threat today than in the past, with 29% disagreeing and 18% unsure.

But we also have come to believe that with those threats to position and power come real opportunities for growth and the elevation of marketing leaders. This report will provide an update on the dynamics that continue to threaten the future of the CMO role and the marketing enterprise, but more importantly, it will explore ways in which marketing leaders can leverage the shifting environment to grow their span of control, their influence and their value to the organization. We've also thrown in a few insights from our conversations with 10 CEOs, those who ultimately will decide where and how CMOs will show up at health systems in the future.

Because as Vic Reiss, Vice President of Consumer Engagement and Communications at UNC Health, said at the Joe Public Retreat in December:

"Is Rome burning? Sure. But some fires are intentional and controlled so they can clear space and allow things to grow anew."





UPDATING THE SITUATION

Catching Up on the Shifting Landscape

A lot has changed since the summer of 2023. Nearly two years on, some trends that looked like a sure thing, such as retailers and tech companies disrupting healthcare, have faded. Others, such as the impact of Artificial Intelligence, have exploded. So where do we stand today in terms of the industry and cultural dynamics that are impacting the future of the CMO role? Let's look at three of the most significant threats — the changing economic picture for health systems, the supply/demand question and AI.

UPDATING THE SITUATION (CONT.)

Threat One

The Financial Picture for Health Systems

Back in 2023, when we first started exploring the future of the CMO role in health systems, organizations had begun to emerge from the [worst financial year](#) in the history of the industry. It appeared systems were finally shaking off the devastating effects of the Covid-19 pandemic and were on a path to a return to financial normal. But the truth even then was more complicated. Yes, systems were finally returning to the positive operating margins, though many were still in the low single digits, and others were very strong. But many others were struggling mightily, especially [many academic medical centers](#). A number were facing [bond rating reductions](#), and some even faced tripping their bond covenants, which would result in receivership or a potential close. Rural systems also faced continued [financial struggles](#).

Unfortunately, the situation in 2025 is in some ways far bleaker. True, according to Kaufmann Hall, the average operating margin for hospitals in the fall of 2024 was up to 4.4%, [an increase](#) from 2.5% the prior year. But health systems across the country continue to announce large layoffs, including MassGeneral Brigham, Cleveland Clinic and Corewell Health.

As [Modern Healthcare notes](#), most of those layoffs are coming from administrative departments:

"More than a dozen systems... announced layoffs in management, administrative and other roles over the past two months. The layoffs signal another industrywide push to achieve sustainable margins in a post-pandemic environment, while also avoiding negative effects on patient care."

The biggest contributors to those financial struggles are rising healthcare costs and reimbursement pressures. Then consider the impact of the 2024 election, the new administration, and other economic factors, such as the return of increasing inflation and even housing sales. Paul Keckley, a highly respected healthcare consultant and the voice behind the Keckley Report, explained at the Joe Public Retreat in December how overall economics can negatively impact healthcare, such as the stalled housing market and high interest rates hurting consumer confidence and spending. A recession or higher inflation would also result in patients skipping appointments, cutting pills in half, and a higher-level bad debt for providers.

"Consider all the ways the federal government can impact your finances — Medicare funding, Medicaid funding, 340b funding, site-neutral payments. The odds are 100% these won't improve under the new administration, and in fact you should expect most will face significant cuts."



UPDATING THE SITUATION (CONT.)

As an example, just one month into the new administration, President Trump announced a cap on indirect costs for funding from the National Institutes of Health (NIH), with an estimated impact of more than \$4 billion. While lawsuits have frozen this move at the time of this rising, the impact on academic medical centers would be material. Another example are the off-and-on tariffs imposed by the administration. Many pharmaceutical and medical device products are imported, and tariffs would raise costs for systems. Additionally, according to [Forbes](#), should tariffs lead to a long trade war, the U.S. could face financial shortfalls and economic contraction,

which could further reduce healthcare funding. Finally, in early March, all 80,000 employees of the Department of Health and Human Services received an email offering a voluntary buyout to leave their jobs. This offer precluded mass layoffs in other government departments by the administration, and any large reduction in force at the Department of Health and Human Services is bound to have negative consequences for both providers and the patients they serve.

Key Takeaway for Marketers:

In many industries, financial struggles result in an increase in marketing investment to help raise revenues. That's not the case for health systems, where historically marketing is one of the first areas to be cut, in terms of budget or staffing, in the face of financial headwinds. Given all the signs, hospitals and health systems are facing a potentially rough future financially, which does not bode well for CMOs and the marketing function. Most of the CMO positions that have been eliminated in health systems over the past two years are the direct result of financial struggles. In talking with CMOs as part of our outreach, the number one threat they listed to the future of their role was financial challenges at their organizations and/or budget cuts to marketing. Maybe the most frustrating part of this dynamic for CMOs is that most of the financial issues outlined here, whether they be the policies of the federal government, the overall economic health of the country, or even their organization's own financial situation, are completely out of their hands.

UPDATING THE SITUATION (CONT.)

Threat Two

Supply and Demand

As touched on earlier, healthcare faces a historic supply and demand challenge. On the “supply” side, labor continues to be an issue. While the soaring labor costs caused by Covid-19 have abated, the issue of finding healthcare workers has not. An in-depth study released by the consultancy Mercer claims there will be a continued shortage of healthcare workers in the U.S. through at least 2028, though the severity of those shortages will vary dramatically by region and state. According to a report in Axios, we don’t need to wait until 2028 to see the dire effects of a labor shortage. Labor shortages often lead to overworked staff, which leads to burnout and doctors and nurses leaving the profession, creating a vicious cycle. And access for patients continues to be a huge issue. In the article, Jesse Ehrenfeld, president of the American Medical Association, states:

“There are 83 million Americans today who don’t have access to primary care. The problem is here. It’s acute in rural parts of the country, it’s acute in underserved communities.”

On the demand side, as we noted in our book “Joe Public 2030,” which outlined five dramatic predictions for healthcare this decade, Baby Boomers are the second-largest generation in America, and they are moving through a life-stage where they require the most care. Roughly 10,000 people hit Medicare eligibility age every day, with all Boomers turning age 65 or over by 2030. With the aging population comes an increase in the incidence and impact of chronic diseases, the need for greater long-term care services, a financial strain on Medicare and much more. In just one example, an article in MarketWatch claims that there aren’t enough doctors right now to treat dementia in older patients, let alone in the coming years:

“It’s a dire situation. It’s already at emergency levels — to get a diagnosis, to get care, and all the points along the way,” said Elizabeth Edgerly, senior director of community programs and services with the Alzheimer’s Association. “As the baby boomers age, the disconnect between supply and demand is growing larger.”

A historic crimp on the supply of care combined with demand for care creates a “pig through the snake” scenario that will likely exist well into the next decade.

Key Takeaway for Marketers:

The potential threat to CMOs and marketing teams here is as much perceived as real. The overwhelming demand for care has led some health system leaders to ask, “If we can’t take care of the patients seeking us out, why invest in marketing to bring in more?” This isn’t just a theoretical perception — a number of CMOs we spoke to shared having this very conversation with their leaders. On the reality side, according to many of those we spoke to, “we don’t need more patients.” Many CMOs are being asked to shift focus away from volume driving or are limited in where they can focus their growth efforts. This dynamic of course varies among health systems as much as the financial issues do. But theoretically, the less marketing can contribute to the growth of their organization, the less value they have to their leadership. Whether perception or reality, the supply/demand challenge facing health systems poses a new and ongoing threat to CMOs and marketing teams.

Threat Three

Artificial Intelligence

When we first introduced the concept of Rome Is Burning, we didn't cite AI as part of the future threat to the CMO role. But we weren't alone in this perception. As part of the HMPS panel we facilitated in April 2024, more than 100 people at the conference responded to our poll on the future of the CMO role, and only one person (one!) selected AI as a threat to marketers. As with all things AI, this perception has changed dramatically. In the interviews we held with CMOs this fall, roughly half cited AI as a threat to their role, with one respondent calling it the "biggest" threat. In an intense discussion at the Joe Public Retreat in December, marketing AI expert Paul Roetzer of the Marketing AI Institute laid out the dramatic changes he anticipates AI will drive in the profession, from greater expectations for effectiveness to demands from leadership for more efficiencies, the idea of doing far more with far less.

While threads one and two are specific to the healthcare industry, the impact of AI will impact marketers in similar ways across sectors. For example, AI will impact content generation, search engine marketing, market and audience research and insights, video creation, creative ideation and execution, influencer marketing, performance marketing, data and analytics, brand building — well, essentially, everything in marketing. According to a survey released by SurveyMonkey this year:

- **88% of marketers report leveraging AI in their work daily**
- **70% believe AI will continue to play a larger role in their work**
- **50% believe performance expectation will rise due to AI**

Yet at the same time:

- **Only 32% report having fully implemented AI with their marketing**
- **70% report their company does not provide AI training**
- **Only 56% of marketers say their company is taking an active role in implementing and using AI**



UPDATING THE SITUATION (CONT.)

The threats to CMOs and marketers from AI are real. The power of AI itself will continue to enable non-marketers to effectively develop their own marketing strategies, tactics, content and outputs, further reducing the need and value of marketing experts. In a book released in early 2024, “Our AI Journey,” Sam Altman, the co-founder and CEO of OpenAI, was quoted as saying that the impact of AI on marketing will mean that:



“95% of what marketers use agencies, strategists, and creative professionals for today will easily, nearly instantly and at almost no cost be handled by the AI — and the AI will likely be able to test the creative against real or synthetic customer focus groups for predicting results and optimizing. Again, all free, instant, and nearly perfect. Images, videos, campaign ideas? No problem.”

His prediction for the arrival of AI at a level where this would be reality?
The end of this decade.

Key takeaway:

Artificial intelligence is here and will only become more powerful. (As Paul Roetzer likes to say: “The AI you’re using today is the worst version of AI that will exist.”) Of course, the impact of AI holds much promise for the CMO role and marketers in general. The concern is whether you will keep up with the application of AI in a way that meets the expectations of your leadership, and keeps pace with your peers. The continued financial issues cited in Threats One and Two above will only increase budgetary pressures — the need to do more with less will become more acute. Without AI proficiency, should a CMO expect to maintain her influence and impact moving forward? Consider this — moving forward, will any health system leader hire a CMO or other marketing leader who doesn’t have extensive AI experience and perspectives?

Again, let’s turn to Paul Roetzer to summarize the threat — his mantra is that AI marketing won’t replace marketers, but marketers who know AI will replace those that don’t.

“You can sit back and wait, put off understanding and adopting AI for the next month, quarter, or year. I would understand because it is abstract, and you have a million other things to do and worry about. But AI and the exponential growth it enables will not wait for you. The pace of innovation is unforgiving. The first movers, the pioneers, will struggle in the early going, but they will learn and so will the machines. That learning will compound over time, and your peers who take the initiative now will leave you behind. The choice is yours.”

Excerpt from “Marketing Artificial Intelligence: AI, Marketing, and the Future of Business” by Paul Roetzer and Mike Kaput.

The Sum of All Fears

Financial challenges, this historic supply and demand crunch, AI — all these pose existential threats to the CMO role in the health system space.

These aren't the only factors, of course. The marketing role has always been undervalued at health systems. But consider these other dynamics that have emerged from our research:

- Many marketing leaders have reported over the last few years that even when they can demonstrate real impact, such as showing real ROI or a meaningful lift in contribution margin, their results are met with a “meh” from leadership. After all, for an organization with \$5 billion in net patient revenue, a \$500,000 lift is a rounding error. As one CMO said: “I can't say my CEO is calling me in his office on our one on ones and saying: What have you grown lately?” In many ways, this helps explain why, according to Paul Keckley's comments at the Joe Public Retreat, marketing is a “third tier” leader, with many CMOs reporting to someone other than the CEO.
- While the CMO position faces threats, the same isn't true of their communications counterparts. During 2020, the Covid-19 pandemic shifted the focus for organizations nearly 100% to communications. Systems stopped marketing, both because of shuttered services, and because of the massive need for community communications around public health practices such as masking, social distancing and, later, vaccination. Leaders saw that communications was an essential function, which is why in many of the cases of the CMO elimination, any remaining marketing function was shifted to the Chief Communications Officer who survived in each situation.
- The healthcare industry overall is going through rapid and significant changes, which impacts everything from accelerated leadership changeover to shifting priorities. That can make it difficult even for those marketers who gain the trust of leadership to maintain that precious position. A CMO at one of the top brands in the industry shared during our salon dinner in April 2024 that after spending years building a marketing function that demonstrated real financial impact to the organization, a new CFO had come onboard who didn't buy into any of the results. The CMO was left, essentially, starting back at square one.

Given all these factors and others, the CMO role at health systems — and by extension, the entire marketing enterprise — faces new and profound threats moving forward. But thankfully, that's not the end of the story. The opportunities for CMOs and marketing are also profound, and while many will require an entirely new mindset, they represent a real path to growth and impact for marketing leaders.



OPPORTUNITY IS KNOCKING

Shaping the Future

While the threats aligned against the CMO and marketing at health systems are substantial, there are real opportunities to not just neutralize these threats moving forward, but to grow the power of the CMO role. Based on our research and conversations over the past 18 months, we will explore five ways health system marketing leaders can create a positive path forward:

**Opportunity One: The leadership whisperer —
Becoming the voice of the market**

**Opportunity Two: Two roads diverged —
Designing your span of control**

**Opportunity Three: Everything old is new again —
Reshaping your organization's experience**

**Opportunity Four: Master the magic —
Make AI your friend**

**Opportunity Five: Money still matters —
Continue to pursue financial impact**

Those CMOs who survive the tumult and, better yet, grow their value will leverage one, two or all of these opportunities.

Opportunity One:

The leadership whisperer — Becoming the voice of the market

For years, health system marketers have heard the call to become the “voice of the customer.” To show up and represent the perspective of the patient in everything from the bedside experience to the market analysis supporting the building of a new facility to the product and service mix. This of course is a given for the marketing profession outside of healthcare:



“Don’t find customers for your products, find products for your customers.” – Seth Godin

The marketing discipline in the health system space had been behind in delivering on this mission, though today, most CMOs at least try to provide that perspective where they can. Now comes a new calling, and credit goes to Paul Keckley — the CMO as the voice of the market.

What’s the difference? It starts with the obvious — CMOs shouldn’t focus solely on representing the voice of the customer/patient, they should also understand the motivations and needs of the community at large, which includes everyone from consumers who don’t receive care at your organization to community leaders, community physicians, state, local and federal governments, your own staff, your own physicians and everything in between. Of course, upon reading this, most CMOs might say “Well, duh, I have to consider all of those audiences now.” Here’s how one CMO we interviewed put it:

“I don’t ever want my marketing function to be viewed as consumer only. For one, we can’t have the success without the doctors!”

But the true power of this different perspective, according to Keckley, is not just understanding these stakeholders, it’s bringing insights and recommendations from big-picture market trends, economic shifts, industry and policy changes, and population data to understand the real-world dynamics facing your system to your C-suite leadership and to the board.

“Marketers are more attuned to the outside market than any other department,” said Keckley during his Joe Public Retreat panel in December. “CMOs can help the C-Suite and board shape the business through a market lens, thereby positioning marketing as far more than ads and assets, but a true ‘voice of the market.’”

Keckley went on to explain that the need for an expert voice of the market is greater today than ever before. Most health system boards are comprised of at least some community and business leaders who don’t understand the economics of healthcare well, let alone the upheaval that is buffeting the industry. That’s not necessarily a knock on those board members — many are not brought in for their healthcare expertise. But given the financial and regulatory changes that are likely coming, having smart insights on the market and cultural impact on your organizations will be essential in helping the board navigate the chaos.

OPPORTUNITY IS KNOCKING (CONT.)

Marketers should employ a proactive approach to trend analysis and cross-functional collaboration to embed market realities into strategic decision-making. According to Dr. Marcus Collins, a panelist at the Joe Public Retreat and author of “For the Culture,” marketers should move beyond the basics of data to truly understand the cultural aspects and traits of the various audiences. Take consumers themselves:

“Demographics fail to predict behavior — cultural identity is more powerful,” he said at the December event.

“Traditional segmentation methods are flawed. Marketers rely too much on demographics because they’re easy, not because they’re accurate. We put people in boxes. Not because it’s real, but because it’s easy. Move beyond demographic-based segmentation to psychographics and cultural identities for better engagement.”

How you convey the voice of the market also matters. It starts with data, says Keckley, but it doesn’t stop there. Storytelling is critical in giving the data meaning, especially with leadership and the board, whose time is limited and valuable, and who need to understand the crux of the issue. Collins agrees, and sums it up this way:

“Humans make decisions on emotion first, then rationalize on logic. Data alone isn’t persuasive. Emotion is what drives behavior change. For example, planning an audio recording of a frustrated patient’s experience is far more impactful than sharing survey data. Use storytelling to make data relatable and compelling.”

While becoming the voice of the market holds promise, it won’t be easy. According to our survey of CMOs, more than half of those responding said they had a presence in front of the board only once a year, or not at all. There’s also political risk in taking on this role, according to both Keckley and Collins.

“While marketers are more attuned to the outside market than any other department,” said Collins, “are you willing to take the political risk to be the true voice of the market?”

While it may seem trivial, perhaps a change in title from Chief Marketing Officer to Chief Market Officer will make a difference in how the role is valued. At the Joe Public Retreat, many CMO attendees expressed the idea that “marketing” had once again become a dirty word, harkening back to the 1980s and 1990s when hospital marketing first emerged as a real discipline. Back then, “marketing” was a negative because the medical community thought it was “beneath them” and too business focused. Today, marketing gets a bad rap because leaders don’t see it delivering real value. Simply changing the title means nothing of course if you don’t change the value you’re providing. But building a position where you and your team are seen as the experts in the market and all that entails, and not just for today but also for what’s coming, will help solidify your value with your leaders.



Opportunity Two:

Two roads diverged — Designing your span of control

No discussion at the 2024 Joe Public Retreat was more spirited than the one on span of control for the CMO. At the end of the retreat, and reflective of the interviews we held in the fall, there are two camps on this. Both hold promise for the CMO — the question is which is right for you.

Camp One — The land grab

In our interviews with CMOs in the fall of 2024, we asked which of the following areas they should lead or co-lead:

- Leading the consumer experience
- Leading technology innovation
- Brand/reputation building
- Community relations
- Pricing strategy
- Leading growth strategy
- Leading organizational culture
- Philanthropy
- Physician relations
- Government relations
- Strategic planning

While some of these areas had near unanimous inclusion, such as brand, growth and physician relations, a minority included key organizational initiatives such as strategic planning, physician relations, philanthropy or pricing strategy. And some added other disciplines to this list, such as strategic communications, internal communications and recruitment marketing. (We'll cover leading the consumer experience in a bit.)

According to one CMO interviewee:

"I think we've got a hand in all of it, except for pricing strategy. I mean, pricing strategy is really dictated by contracts. It's dictated by the government and government payers, our ability to influence pricing strategies."

During individual interviews and in the group discussion at the Joe Public Retreat, most CMOs believed a core strategy to lock in their value moving forward was to expand beyond "marketing" into other core areas. This is partially a reaction to the idea of marketing having become a "dirty word" again, as well as the perceived value in other areas. Take communications.

As touched on in our landscape review, marketing's value has taken a hit thanks in part to the impact of the Covid-19 pandemic, while the communications function proved itself invaluable at the same time. Over the past two decades, the separation of marketing and communications leadership has swung like a pendulum, and today more and more leaders are holding the Chief Marketing and Communications Officer title. Some respondents to our CMO survey cited the diversification of their role as a key to career security. Said one:

"Yes, I want communications, and experience, because as marketing as a discipline is devalued, leading these areas broadens my value and makes my role harder to limit or cut."

OPPORTUNITY IS KNOCKING (CONT.)

In our 2019 book “The Gospel of Growth,” we too advocated for marketers to expand their leadership influence into areas such as payor/provider relations, pricing strategy, product development, and mergers and acquisition strategies. Based on our view of the industry and the feedback from CMOs, these still hold an opportunity for broadening the CMO’s span of influence, if not control, and thus a broadening of the value of the role.

How do you broaden your span of control?

Three quick tips:

1. **It starts before you have the job.** The best time to ensure a broad sphere of leadership is to negotiate it when taking a job.
2. **See opportunity one — become the voice of the market.** By truly understanding and leading your organization’s perception of the market and the culture, you’ll be able to spotlight those areas that have a significant impact, such as the experience or pricing, and grow your influence in those area.
3. **Ask to participate as an observer.** When it comes to areas like strategic planning or payor/provider relations, if you’re not included automatically in the upfront planning and decision-making, volunteer to attend these meetings as an observer. At a minimum, hearing these discussions will help you with your market strategies. But if you’re in the room, you’ll have a chance to ask questions, provide observations, and, in all likelihood, show the value of having you participate in the planning and decision-making process moving forward.



Camp Two — Less is more

While most CMOs we talked with believe an expanded span of control was a key to a secure future, there is a downside to that strategy: CMOs spreading themselves so thin they felt they couldn't have meaningful impact anywhere. Here's a quote from a CMO we interviewed that sums up this dilemma:

"We're getting pulled into all these worlds like patient experience and brand experience and scheduling and call centers. I think I'm a smart guy, but I don't think I'm that smart. I shouldn't be running a call center, though it impacts how I market. So how does marketing figure out how to uniquely fit into that area without ending up being responsible for it? A cycle starts where we get involved in a bunch of things, even take on that responsibility and those teams, and then put ourselves in a place where we may not be able to do it well. And then that begins to diminish the role of marketing overall."

Even in areas that naturally fall within the marketing realm dispersion of responsibility can lead to issues. One CMO who oversees a complex digital and data-driven marketing function shared that just within that one area, the many competing priorities prevented the marketing function from keeping up with all the advances in data and technology. The result, she said, is they are still not leveraging the tech stack to its fullest ability. Which brings us back to the Joe Public Retreat, where communications was cited as a way to help solidify the CMO's value. And at the same time, attendees acknowledged it as a huge drain on the team's time and focus. Several CMOs at the event admitted struggling with recently having communications added to their role, with one lamenting that the constant fires from internal and external communications issues had nearly eliminated her ability to focus on marketing strategically.

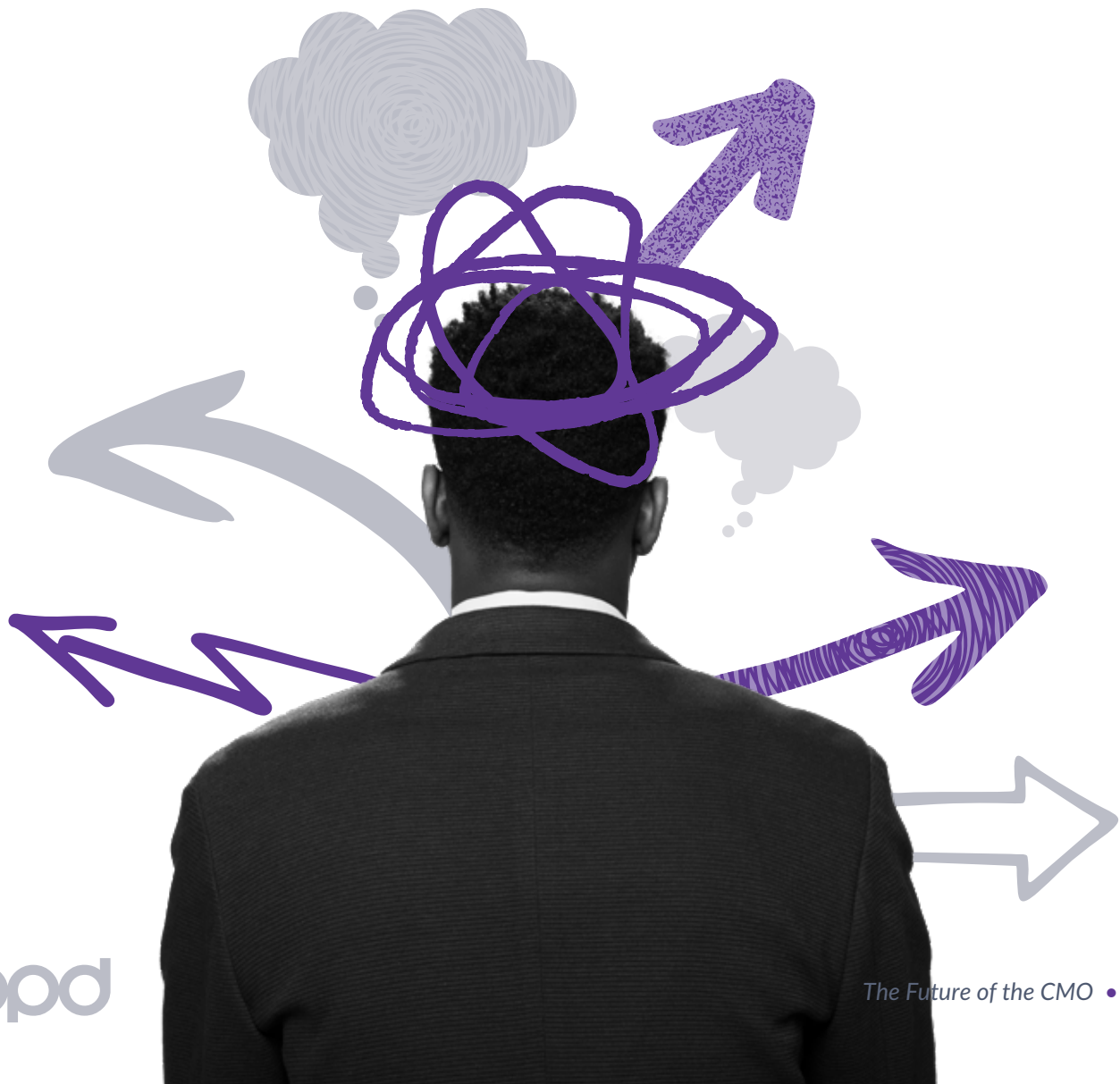
And of course, marketing leaders are inundated with 1,001 requests for everything under the sun. As one CMO I talked to a few years ago put it, "The organization is like a tapeworm — it doesn't matter how much you feed it, it will always eat more." But if you can make the right argument to your boss that less is more, you might be able to free up time, money and energy to have that material impact.

There's a saying in Alcoholics Anonymous: "Half measures avail us of nothing." Not only does a broad span of control risk driving lesser impact across the board, but it also almost assures the inability to have an outsized impact in any one area. At the Joe Public Retreat, Paul Keckley lamented that healthcare overall suffers from "radical incrementalism." Just one example of this might be virtual care, which thanks to the Covid-19 pandemic, saw implementation expand in one year that exceeded all years prior. But that turned out to be an anomaly, for as soon as the pandemic started to abate, systems drew back on virtual care and returned to their slower pace of innovation. The same "radical incrementalism" affects many marketing departments as well.

This is a soapbox industry leader Paul Matsen, CMCO at the Cleveland Clinic, has been on for a while. As he said at the April 2024 salon dinner: "If you can't have a material impact on the organization with a strategy, why pursue it?" As one radical example of this approach, a CMO at a major academic health system shared at the 2020 Joe Public Retreat that one year into the job, he voluntarily cut his staff from 54 to 18, using the financial savings from that and other re-prioritization efforts to outsource the bulk of the more than 200 projects his department had been handling each month. His goal was to use a sharper, smaller team to focus on just three key priorities, and moving the rest to outsourcing. That included asking the CEO to move communications out of his function.

Expand or focus?

The pros and cons of expanding your span of control or focusing it seem apparent enough. And the truth is, the right path depends on your situation, your expertise, and your vision for the future. For example, while most attendees at the Joe Public Retreat bemoaned their overflowing plates, when asked what they would give up if they could — leading the experience, comms, internal comms, etc. — no one was comfortable giving up anything. But one thing is certain — you must pick a path. Either broaden your accountability to expand your value or focus it to drive meaningful impact in a few areas. As the old saying goes, you can walk down the left side of the road or the right — it's the people who walk down the middle who are run over.



Opportunity Three:

Everything old is new again — Reshaping your organization's experience

No one in a healthcare organization is likely to be better educated or more experienced in understanding consumer audiences than the marketing leader. Essentially, building a positive patient experience is a branding issue and branding is the territory of the marketer. Understanding consumer psychology, research methodology, strategic planning and the power of design and creativity are all essential to developing a lasting experience: Is there anyone more qualified in your organization in these areas of expertise?

Leading the Charge: How Marketing Can Help Shape the Patient Experience. BPD, 2005

Marketers are increasingly leading the way with all four of the traditional marketing P's — promotion, price, place and product. At a minimum, marketers moving away from handling promotion only is a sure sign of the end of "hospital marketing" in the pejorative sense. In terms of truly evolving how consumers encounter healthcare, perhaps no P is more important than product, which for our organizations is the experience we deliver.

Joe Public III: The End of Hospital Marketing. BPD, 2018

What's the hottest trend in healthcare marketing — maybe even all of the provider side of healthcare? Enhancing the consumer experience.

The Gospel of Growth. BPD, 2019

So here we are once again talking about the importance of improving the consumer experience, and how CMOs should help drive that effort. Yes, we've been talking about this for the last two decades. Yes, there have been approximately 1,432 keynotes, conference breakout sessions and webinars on this topic over that time. Yes, we all understand that building a brand is far more about what you do (the experience) than what you say (promotion). But yes, it's still relevant. So what's different this time?

Well, what's not different is that the care experience across the industry by and large still stinks. According to a [2024 report](#) from the Commonwealth Fund, the U.S. ranks last out of the top 10 peer countries in overall health care system performance, which includes measures on access to care, the care process, administrative efficiency, equity and health outcomes. According to a [2022 survey](#) from The Beryl Institute and Ipsos, 60% of respondents reported having a negative healthcare experience in the prior three months.

So, the provider industry still has work to do on improving the experience in the traditional care setting. But as we outlined in our "Copernican Consumer" prediction in "Joe Public 2030," what constitutes the healthcare experience is dramatically changing. Here's how we defined that prediction:

Consumers will become the center of their own health universe more than ever before, enabled by sensors, AI, and other technology, as well as services geared toward empowering them, leading to profound implications for both consumers and healthcare organizations. Potential results could include a dramatic reduction in the need for

OPPORTUNITY IS KNOCKING (CONT.)

primary care clinicians, an entirely new sector devoted to personal health management, true precision medicine combined with health management, and more.

This new world reflects the idea of care dispersion, explained best in Clayton Christensen's 2011 book, "The Innovator's Prescription":

"Disruption in health care entails moving the simplest procedures now performed in expensive hospitals to outpatient clinics, retail clinics, and patients' homes."

Today that includes everything from virtual care, retail care and AI supported care to hospital-in-home care and home health care. Combine the growing world of care outside of the health system's walls with the continuing need to improve inpatient and outpatient experiences, and the challenge today is as big as it has ever been. And if our conversations with CMOs over the past two years are any indication, they are up for the challenge. For starters, many CMOs see the experience as the only true way to differentiate their brands. A number of those we talked to cited the difficulty in distinguishing their brand from other systems based on services delivered or the quality of care. Experience is seen as a way through.

"100% of the health systems in the United States are doing 90% of the same things, 95% of the same things. We basically all do what everybody else does, right?"

"We all look the same. We're all saying the same things. Trying to create differentiation is incredibly difficult right now, as our services are mostly commoditized. So from a marketing perspective, the real opportunity is in the experience, or it's in the ease of access, all those things are actually going to create differentiation."

"When people find that you focus on providing a really amazing experience, I think it'll end up helping with retention and the long-term financial success of the organization."

Of course, easier said than done. Perhaps one of the biggest obstacles to driving a better consumer experience is that experience leadership is fragmented across organizations. Not only does this divide resources and focus, but it also almost ensures a disparate approach to the overall experience. What's good for physicians is not always good for nurses or for patients, or vice versa. Marketing may own the consumer experience, or the digital experience, or share the digital experience with IT. IT may own the digital experience, or the financial experience, or MyChart. The head of "patient experience" is typically only focused on inpatient or clinical settings, not what happens before or after someone encounters your organization. Who owns the call center? Social media? The experience for internal teams? For physicians, both employed or referring? The result of this byzantine approach should not be surprising.

"The consumer experience today at our organization is very siloed," said one CMO interviewee. "We have different departments, clinical and non-clinical, that are working on projects that impact the consumer experience. I am trying to consolidate that, because the more silos we have, we are literally creating more hoops for the patient, our customer, to jump through. And there are different heights, and some of the hoops are on fire."

It would seem that consolidating leadership under one person would help solve many of these issues. But again, even among the CMOs we talked to, there isn't alignment on whether the CMO can, or even should, own the experience. As one attendee at the Joe Public Retreat noted, marketers, especially if they don't come from outside the industry, tend to be reticent about putting their fingers into the experience pie. When it was suggested that there was an opportunity for CMOs to increase their value by owning the experience, one Joe Public Retreat attendee nearly jumped out of her seat, exclaiming "Hell no! That's the last thing we should be focused on."

OPPORTUNITY IS KNOCKING (CONT.)

That said, while there were concerns about span of control related to CMOs leading the work to improve their organization's experience, the vast majority of CMOs already play that role or seek to play it. CMOs should not expect to drive the experience by themselves — even those who “own” the consumer experience today explain they can only make progress through partnership with clinical leaders. Additionally, CMOs must have a better understanding of the financial workings of their organization, as well as operations. As one interviewee put it, improving the experience is most difficult when it comes to operations:

“I'm deep in operations, and that's because I've been part of three mergers. So I know people processes, technology and culture. I know how revenue cycle works. I know how you know our Qualtrics survey works. I know the inner workings. I have to.”

We can also learn from other industries on how to manage the experience from a marketing perspective. In our 2018 book “Joe Public III: The End of Hospital Marketing,” Rob Birgfeld, then chief digital marketing officer at Inova Health, offered this perspective:

“I've worked in lots of different industries — retail, media — and in those industries, and most others, it's all about customer growth. And in that pursuit of growth, it's not so complicated. There's no separation between growth and experience — they are one in the same. Many times, you would invest in better experiences and watch that immediately manifest itself in word of mouth and growth. So in many ways, the infusion of these elements has now come to healthcare. They used to be cordoned off — ‘you worry about patient acquisition, and we'll worry about the experience.’ That's going away.”

True enough, as since that time, more marketers have taken on responsibility for consumer experience. Again, semantics matter, and the rise of the “Chief Consumer Officers” as a replacement for CMOs at health systems is a positive trend, so long as you are a CMO that can take on the role of experience leader.



Opportunity Four:

Master the magic — Make AI your friend

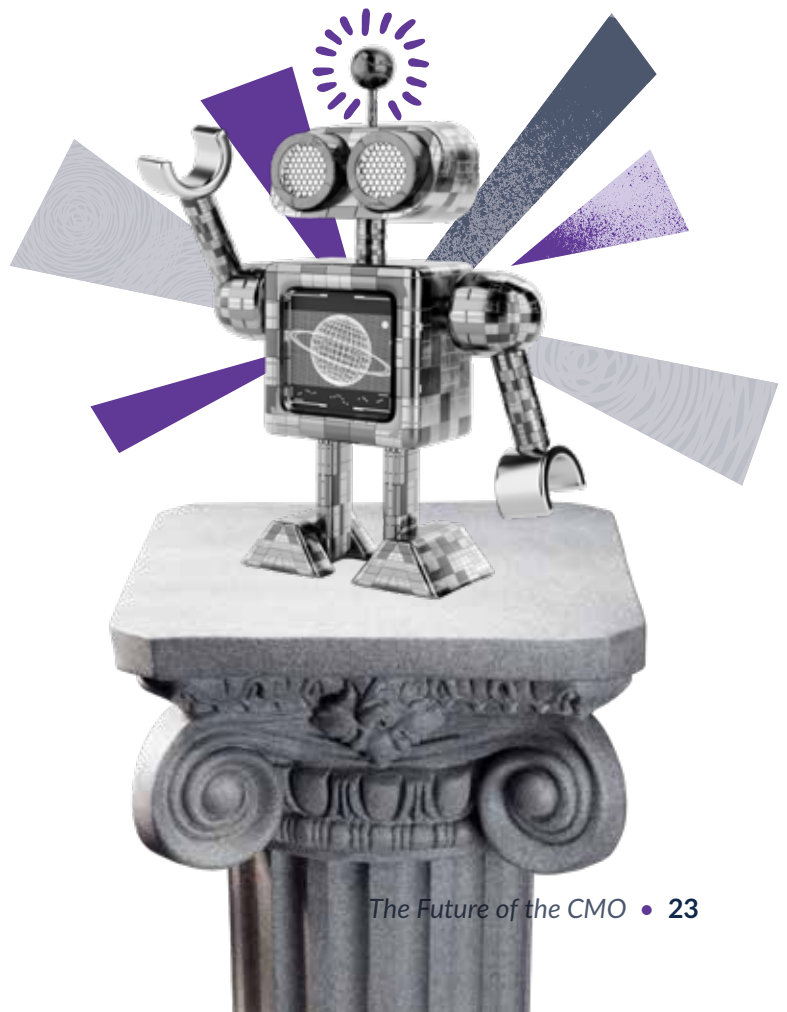
The focus on AI has been accelerating since OpenAI released ChatGPT back in early 2022 and brought AI into the mainstream. In just two short years, the conversation around AI and its impact on marketing has gone from how AI could support marketing here and there, to how AI will completely upend the discipline of marketing in just one or two years. True to form, if the discussion on span of control was the most spirited at the Joe Public Retreat, the panel on AI had the most electricity. AI marketing expert and founder of the Marketing AI Institute Paul Roetzer held the attendees rapt for more two hours, in what one attendee said was a conversation that “broke his brain.”

We’ve already touched on the threat AI poses to marketers in the first. But if ever a trend was a double-edged sword, it’s the application of AI to marketing. CMOs should not see AI as a threat. Instead, it’s the CMO’s greatest secret weapon. Again, AI isn’t here to replace marketers—it’s here to amplify our strengths. But only if we’re willing to embrace it. From automating repetitive tasks to delivering hyper-personalized campaigns, AI offers CMOs a toolkit to get more done. After all isn’t that what CMOs dream about?

While the benefits and dangers of AI were tossed around during the discussion at the Joe Public Retreat, there was one clear takeaway: CMOs cannot wait to fully embrace the power of this new technology. While many health systems are applying sophisticated technology and data strategies to drive marketing, we were far behind other industries in adopting martech, and the industry as a whole is still behind. We can’t afford to fall behind in the same way with AI.

The good news is, despite what we may hear in the news and at conferences, Roetzer says that organizations are at varying levels of AI adoption, with most still in the piloting phase. There are many reasons for this, he says, including a lack of understanding of the power of AI, a lack of education and training, resistance from legal and procurement departments, and industry regulations that impact companies differently.

“Organizations are extremely early in AI literacy, with most companies just trying to get permission to build their first GPTs,” Roetzer said. “Probably the most important hurdle to overcome is showing people in their daily lives how AI can assist them, not replace them.”



OPPORTUNITY IS KNOCKING (CONT.)

If you're still ramping up your AI adoption, start with education and small, pilot projects. Make sure to document the gains in efficiencies or effectiveness of your marketing efforts from AI. Ensure you have a policy that is approved by legal or compliance and make friends with IT and procurement to secure the best AI platform for your team. Roetzer said that most organizations he works with have IT leading AI, but that to him that's a mistake.

"AI adoption is not a technology problem, it's a business problem," he said. "We see the opportunity for marketing to lead AI growing in the coming year or two."

When it comes to AI adoption, health systems for once do not seem to be demonstrably behind other sectors in the adoption of a new marketing dynamic. But we

see the same bifurcation of adoption of AI in health systems marketing departments that we've seen in the past with such trends as digital marketing, social media marketing and performance marketing: the usual suspects are out ahead of the pack. Indeed, anecdotally speaking, the CMOs we had talked to over the past two years rarely mentioned the potentially disruptive nature of AI. That seemed to change at the Joe Public Retreat, however. The session on AI was the last of the three-day event, and attendees seemed to be in a frenzy following the discussion. One expressed with passion as she left the facility:

"We must move on AI, now. Or more like yesterday. This will be our number one priority in 2025 — more than brand, more than service line marketing, more than anything. We have to make it the top priority for our team. And we must do it now."



Opportunity Five:

Money matters — Continue to pursue financial impact

While most of the other opportunities cited in this report likely represent a potential new path for health system CMOs, striving to drive financial impact for your organization doesn't. Or at least, it shouldn't. Sadly, many CMOs and marketing functions in the health system space still fall far short of supporting their system's growth goals, whether that be by driving new patients, growing service line volumes, showing true marketing ROI, or measuring the impact on the bottom line. Most health system marketing leaders we talk to struggle to measure any of the above. In our survey of marketing CMOs in the fall, every respondent answered "material" or "moderate" to the question "To what degree do you believe the marketing function contributes to key financial objectives of your health system?" Yet of those same respondents, zero said yes when asked "Does your organization consider marketing's impact when building financial forecasts?" Perhaps some of the comments related to that question are even more telling:

"No, they see us as a cost center."

"We're a multi-billion organization in terms of revenue, so a campaign to bring in more heart surgery patients, these are more like rounding errors."

"That's the plan, to measure a return on marketing investment. But today it's about brand health metrics — brand awareness, media impressions. I can't stand it."

"I wish!"

And while none of the CMOs we spoke to believe that they have an issue understanding the business drivers of the organization, many believe the discipline as a whole doesn't. Time and time again, marketers lamented what they saw and heard from peers in the health system space. One said that while most marketing leaders can show good work, many struggle with the language of business, or business acumen, such as being able to read a profit and loss statement or a balance sheet. This, of course, is exactly the language CEOs speak, making it imperative for health system marketers to show a business mindset. One went as far as to say:

"Is Rome burning, is there a demise of the CMO role? No, it's the demise of the people who shouldn't be in the role to begin with."

Yet despite all the challenges — organizational leadership that doesn't understand or value marketing, a lack of technology or systems that prevents the tracking of financial impact, the lack of team resources to track properly — most CMOs still believe driving growth is critical to showing marketing's value to leadership. Many articles and books have been written about this need — including our own "Gospel of Growth" in 2019, the "Marketing as a business driver" trend cited in "Joe Public III," or all the way back to the book "Joe Public Doesn't Care About Your Hospital" from 2011, where the fifth and final call for change was titled "Measure, measure, measure." Health system CMOs know why this is important, and they know how to impact the financial growth of the organization. What's different today are the financial pressures facing health systems. Staying on the

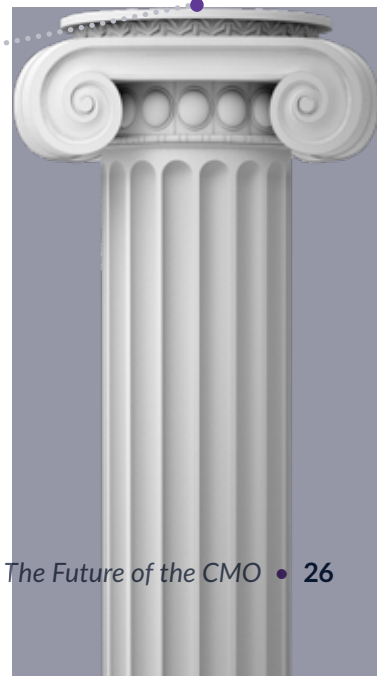
OPPORTUNITY IS KNOCKING (CONT.)

positive side of the ledger will be more and more difficult given the economic and political environment ahead. On the positive side, technology has advanced significantly, and there is access to more data than ever before. The point here is that to succeed in the future, driving growth will only become more critical to your success. A few important suggestions:

- **Remember, it's go big or go home.** If you're trying to show financial results, it's critical to find strategies, such as data-driven precision marketing, that can show material impact all the way down to the contribution margin, and at a level that is meaningful.
- **Reimagine marketing strategies to focus on driving long-term patient loyalty rather than short-term service line volume alone.** That of course includes developing a measure of the lifetime value of your patients in a way that is accepted by finance.
- **Consider other ways to demonstrate the financial impact of your role, such as creating a brand valuation that measures the impact of your brand on the balance sheet.** This is easier done with a public company, or in the face of a merger or acquisition. But for most brands both inside and outside of healthcare, their brand value is the largest item on their balance sheet.

One CMO said it best at the salon dinner in April 2024:

"Yes, Rome is burning. It's real. The financial challenges are real. The supply/demand pressures are leading to the question 'why invest in marketing?' But no matter what else we do, we must demonstrate ROI and other financial impact on the organization."





THE BOSS IS IN

The CEO's View

As part of our research into the future of the CMO at health systems, we spoke to ten CEOs for their perspectives. While not a scientific survey, we learned enough to provide some important insights for CMOs to consider.

The CEOs represented systems of all sizes, from the smallest to the largest, from academic to community-based, secular and faith-based. Here are some takeaways for CMOs to consider as they think about their future role:

THE BOSS IS IN (CONT.)

A Potpourri of Perspectives

Maybe not surprisingly, the CEOs we spoke with had wildly different perspectives on marketing and the role of the CMO going forward.

Maybe the best example of that was how they defined marketing, with answers ranging from appropriate and strategic...

"I define marketing as the approaches we use to be increasingly relevant to and chosen by our customers."

"It's the four P's — product, price, place, and promotion."

...to the inappropriate and degrading:

"Marketing is advertising."

"Marketing is selling."

"Marketing is legalized lying."

"I never define it well. It's in a sort of bubble of things that need to be done."

The variances in perspectives weren't limited to the definition of marketing — they covered everything from the financial impact of marketing to what the span of control should be to the value of AI.



Key takeaway:

The role of the CMO moving forward will be shaped more by the CEO of a given organization than the overall dynamics shaping the industry. A CMO could try to pursue all the opportunities outlined in this report, but if their CEO doesn't value marketing in the same way, or has a different view of the CMO role, none of it will work. Choose your career path and your boss wisely.

THE BOSS IS IN (CONT.)

Obvious Opportunities

Given the feedback from this group of CEOs, it seems there are real opportunities for CMOs to move more into financial impact and the consumer experience. On one hand, most of the CEOs we spoke to both acknowledged that there was very little to no demonstrable measurement of marketing's impact on financial growth, and also that they would like to see that in the future.

"I wouldn't put us in the advanced area on that."

"We haven't really tracked this well."

"The direct connection between marketing and financial performance is not fully defined. It's a journey for us."

"Marketing now has the tools to prove their impact on growth, things that didn't exist just a few years ago."

On the other, only one of the CEOs discussed how marketing should be driving the consumer experience.

"Make it so they never want to leave... acquisition to retention. Marketing could do more to help the company's performance and build the overall brand in the process."



Key takeaway:

Listen for two kinds of opportunities for your role: the explicit expression of a need, such as better evidence of financial impact, or the implicit lack of vision for what marketing could do, such as the lack of feedback on marketing's value when it comes to driving a better consumer experience. Each of these situations demands different tactics and mindsets for the CMO to grow their role, but both provide an opportunity to drive deeper value in the coming years.

THE BOSS IS IN (CONT.)

The AI Opening

Like on most of the other topics related to the future of the CMO role, CEOs covered the gamut when it came to the impact they believe AI could have in marketing. While some clearly saw the potential for disruption we've highlighted throughout this report, most seemed to have a lower level of expectation for AI's role in marketing, and some seemed more than a little skeptical:

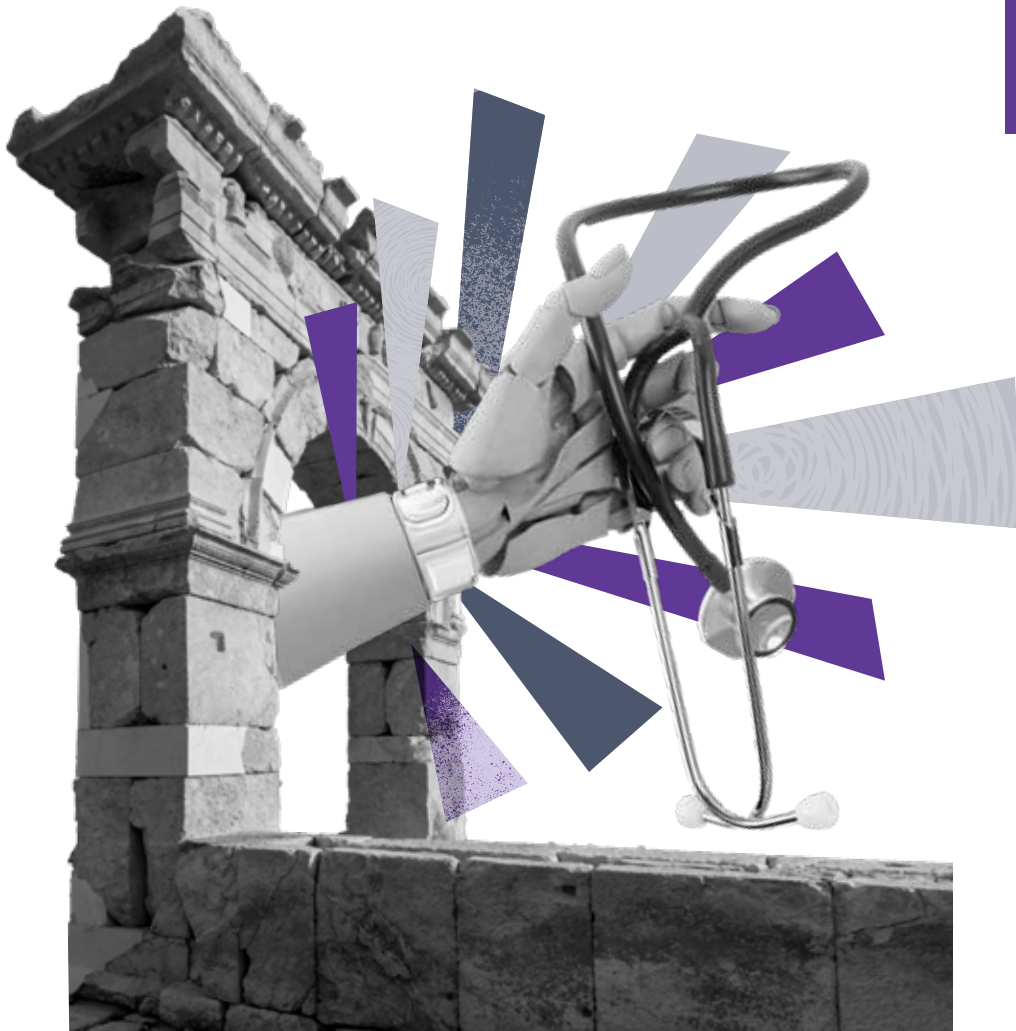
"I'm not really a big believer in an AI revolution. AI can be useful, but I don't buy that it's going to upend all work or is the best invention of all time."

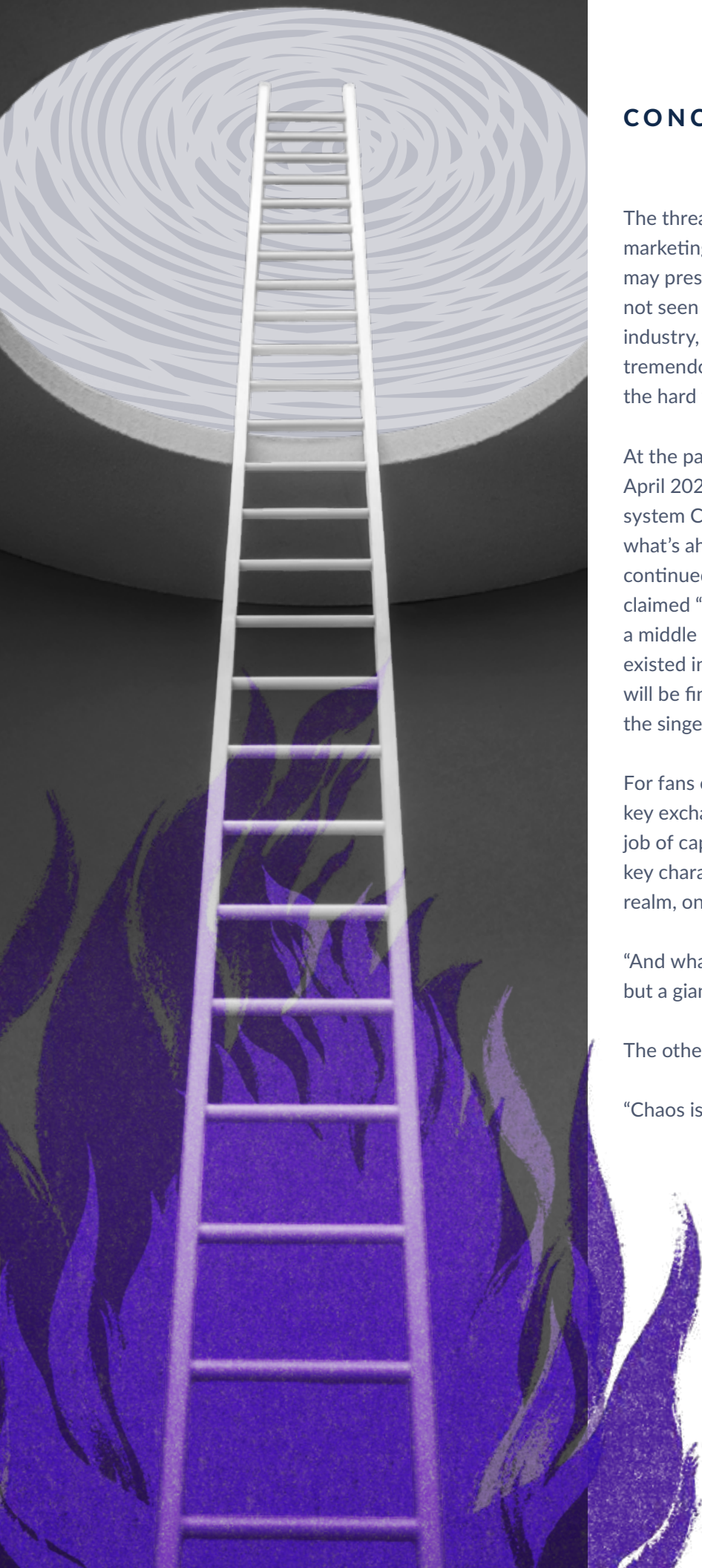
"There's promise in AI, sure, but I want to be sure we're just not chasing shiny objects."

"Trust is critical, and I worry that AI will further confuse consumers and erode trust. I worry about information overload and marketing's ability to pierce the noise as it worsens over time."

Key takeaway:

Do you hear that? That's the door of opportunity swinging wide for many CMOs. If your organization is slow to adopt AI, that's your chance to jump in and play a leadership role. And the opportunity isn't just by leading the way through marketing, it's applying AI in marketing in a way that lets you take a role in leading the whole organization forward.





CONCLUSION

The threats to the future of the CMO role and marketing itself in the health system space are real and may present a level of challenge to marketing leaders not seen before. But as we heard from CMOs in the industry, and as we believe ourselves, there is tremendous opportunity ahead for those willing to do the hard work of pursuing it.

At the panel discussion on Rome Is Burning at the April 2024 HMPS conference, three respected health system CMOs showed three potential views on the what's ahead. One, who had her position cut after continued financial struggles at her health system, claimed "my Rome burned to the ground." Another saw a middle ground, where both threats and opportunities existed in kind. The third told everyone "everything will be fine," but then closed her comments quoting the singer Usher: "If you don't evolve, you dissolve."

For fans of the hit cable show "Game of Thrones," a key exchange from season three perhaps does the best job of capturing the future of the CMO role. As two key characters discuss the potential unraveling of the realm, one character says:

"And what do we have then? Chaos. And what is chaos but a giant pit waiting to swallow us all."

The other character stares back and states:

"Chaos isn't a pit. Chaos is a ladder."

WORKS CITED

Becker's Hospital Review. "Hospitals Faced Worst Operating Year Ever in 2022: Fitch." Becker's Hospital Review, Feb. 15, 2023.

<https://www.beckershospitalreview.com/finance/hospitals-faced-worst-operating-year-ever-in-2022-fitch.html>

Commonwealth Fund. Mirror, Mirror 2024: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care. Sept. 2024.

<https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024>

Fierce Healthcare. "2025 Outlook: Hospital Finance Shows Signs of Stability, but Rising Costs Will Be a Headwind." Fierce Healthcare, Oct. 2024.

<https://www.fiercehealthcare.com/hospitals/2025-outlook-hospital-finance-show-signs-stability-rising-costs-will-be-headwind>

Forbes. Gordon, Deborah. "60% of Americans Have Had a Recent Bad Healthcare Experience, New Survey Shows." Forbes, Nov. 28, 2022.

<https://www.forbes.com/sites/debgordon/2022/11/28/60-of-americans-have-had-a-recent-bad-healthcare-experience-new-survey-shows/>

Forbes. Menger, Richard. "How Will Trump's Tariffs Impact Healthcare? The Key Things to Know." Forbes, Mar. 5, 2025.

<https://www.forbes.com/sites/richardmenger/2025/03/05/how-will-trumps-tariffs-impact-healthcare-the-key-things-to-know/>

Keckley, Paul. The Keckley Report. Quoted extensively from Joe Public Retreat, Dec. 2024.

<https://www.paulkeckley.com>

KFF (Kaiser Family Foundation). "Rural Hospitals Face Renewed Financial Challenges, Especially in States That Have Not Expanded Medicaid." KFF, Dec. 2023.

<https://www.kff.org/health-costs/issue-brief/rural-hospitals-face-renewed-financial-challenges-especially-in-states-that-have-not-expanded-medicaid/>

MarketWatch. LaPointe, Joe. "As Baby Boomers Turn 80, There Aren't Enough Doctors to Treat Emergency Levels of Dementia Patients." MarketWatch, Oct. 2024.

<https://www.marketwatch.com/story/as-baby-boomers-turn-80-there-arent-enough-doctors-to-treat-emergency-levels-of-dementia-patients-93a8aaf2>

Modern Healthcare. "Hospital Layoffs Surge Amid Post-Pandemic Pressure." Modern Healthcare, Feb. 2025.

<https://www.modernhealthcare.com/labor/hospital-layoffs-staffing-shortage>

STAT News. "Solving Academic Medical Centers' Existential Crisis." STAT News, Apr. 26, 2024.

<https://www.statnews.com/2024/04/26/solving-academic-medical-centers-existential-crisis/>

WCPO Cincinnati. "UC Health Racked Up \$256M in Losses; Now It's Eyeing a \$279M Payday from Medicaid." WCPO, Sept. 2024.

<https://www.wcpo.com/news/local-news/i-team/uc-health-racked-up-256m-in-losses-now-its-eyeing-a-279m-payday-from-medicaid-to-make-up-for-it>

Axios. Reed, Tina. "Healthcare Worker Shortages in the U.S. Are Reaching Crisis Levels." Axios, June 7, 2024.

<https://www.axios.com/2024/06/07/health-care-worker-shortages-us-crisis>

SurveyMonkey. "AI and Marketing: 2024 Survey." Internal data cited from conference presentation.

Marketing AI Institute. "Sam Altman: AI, AGI, and the Future of Marketing." Marketing AI Institute, 2024.

<https://www.marketingaiinstitute.com/blog/sam-altman-ai-agi-marketing>

Birgfeld, Rob. Joe Public III: The End of Hospital Marketing. BPD, 2018.

Christensen, Clayton. The Innovator's Prescription: A Disruptive Solution for Health Care. McGraw-Hill, 2011.

Keckley, Paul. Remarks at Joe Public Retreat, Dec. 2024. Referenced in "The Keckley Report."

Matsen, Paul. Quoted remarks, Joe Public Salon Dinner, Apr. 2024.

Roetzer, Paul, and Mike Kaput. Marketing Artificial Intelligence: AI, Marketing, and the Future of Business. Marketing AI Institute, 2022.

Starr, Chris, and Bevolo, Chris. Joe Public Doesn't Care About Your Hospital. BPD, 2011.

Starr, Chris, and Bevolo, Chris. Joe Public 2030. BPD, 2021.

Starr, Chris, and Bevolo, Chris. The Gospel of Growth. BPD, 2019.

Starr, Chris, and Bevolo, Chris. Leading the Charge: How Marketing Can Help Shape the Patient Experience. BPD, 2005.

The Future of the CMO Report was developed by BPD, a marketing services firm that is delivering the future to healthcare's leading brands. We provide fully integrated solutions — branding, marketing, communications and business consulting — which are technology-enabled, AI-infused, and supported by our proprietary data platform. All to ignite greatness in our clients and bring better health to more people.

For more information on BPD, visit
www.bpdhealthcare.com



Special thanks to NRC Health, whose research and outreach to CMOs and CEOs contributed to this report.

© BPD 2025