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STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

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MARKETING STRATEGIES IN HEALTHCARE

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ABSTRACT

Owing to increase in health awareness among the public, the demand for quality care, value and service at an affordable cost has posed a challenge to those involved in delivering health care. To survive, hospitals tend to compete more than ever in terms of quality, service and price. Almost all health care organizations have taken up establishing marketing departments which would help in developing better communication with their customers. This paper throws light on marketing strategies adopted by a tertiary level teaching hospital, in order to overcome competition from nearby healthcare institutions/facilities while continuing to maintain high standards in providing quality healthcare to all patients. The study was carried out with the following objectives: to study the marketing strategies & initiatives adopted along with its outcome measurement by a tertiary level teaching hospital and to study and understand the marketing strategies and initiatives adopted and outcome measure by the marketing team in helping the hospital achieve excellence. Study was conducted by visiting the marketing department and having informal discussion with the marketing manager and interacting with his team of marketing executives. The results and outcome of the marketing activities was compiled and analyzed after going through the records and statistical data for a three year period in retrospect. The index considered for measuring the outcome are standard hospital indices, i.e. Outpatient attendance, new and repeat visits, diagnostic and lab investigations, bed occupancy and PSI (Patient Satisfaction Index) score. The results showed an overall increase in the out patient traffic (OP- attendance) by an average of 2000 patients accounting to about 9%. The inpatient admissions showed an average monthly of 3800 cases amounting to increase in admission rate by 12%. Bed occupancy increased by 8%. OT utilization increased by 11%. The PSI scores for out patient attendance increased from 3.7 to 4.1 and for inpatient it increased from 2.6 to 2.8. It is concluded that in the era of competition driven market especially in healthcare sector it is essential that hospitals are assured of having its own database of patients/customers as also identifying potential catchment areas for the future. The case study also shows the importance of internal marketing which is vital not only in satisfying the patients/customers during the visit but also in bringing in repeat visits. The strategies adopted and highlighted in this study can serve as an effective tool in marketing healthcare industry.

KEYWORDS

Healthcare; internal marketing; external marketing; strategies.

INTRODUCTION

Owing to increase in health awareness among the public, the demand for quality care, value and service at an affordable cost has posed a challenge to those involved in delivering health care. Strategizing a customer relationship management process helps a marketer in being proactive and design marketing programs that will be successful while implementing.

A **marketing strategy** serves as the foundation of a marketing plan. It contains a list of specific actions required to successfully implement a specific marketing strategy¹. An organization's strategy must be appropriate for its resources, environmental circumstances, and core objectives.²

A Strategy formulation involves:²

1. Doing a situation analysis: internal and external; micro-environmental and macro-environmental.
2. Concurrent with this assessment, objectives to be set. This involves crafting vision statements (long term view of a possible future), mission statements (the role that the organization gives itself in society), overall corporate objectives (both financial and strategic), strategic business unit objectives (both financial and strategic), and tactical objectives.
3. These objectives should, in the light of the situation analysis, suggest a strategic plan. The plan provides the details of how to achieve these objectives.

This move is starting to take shape through introduction of consumer-driven plans and associated health savings accounts. The tradeoff for higher out-of-pocket costs is a lower premium. Health savings accounts are a means to put money aside to pay for those higher out-of-pocket costs. This reality gives employees an incentive to avoid unnecessary care, to stay healthy, to participate in disease management programs and to shop, not just on quality, value and service, but on price. The insurer is providing tools and people to assist the consumer in making cost effective, quality healthcare decisions.³

REACHING OUT TO THE PATIENT-BASE

The real money is in delivering high-end services. However, the real relationship-building will be driven by wellness offerings. Helping patients stay well leads to a relationship built over time. When they need acute care, patients will have trust to turn to the hospital.³

New primary care physicians need to know which specialists to send their patients to. They will gain confidence in consultants' ability to treat their patients from a personal and a clinical point of view upon opening the lines of communication and strengthening the relationship. Younger specialists need to know as much as they can about the primary care physicians that serve the community, especially those that have been in practice for an extended period of time.⁴

It is very effective to tap into the media. Contact the health and medicine editor of the local newspaper. Inquire about a possible by-line and invite the editors to call for an interview whenever a hot health care topic is ready to hit the news.⁴

The hospital studied, is a tertiary care teaching hospital catering to the needs of the population in and around the district. With mushrooming of several healthcare delivery centers around the hospital premises, the need to have a marketing strategy led by a dynamic team in place was felt. Hence the marketing department was established in the year 2003.

AIM

To study the marketing strategies & initiatives adopted along with its outcome measurement by a tertiary level teaching hospital.

OBJECTIVES

To study and understand the marketing strategies and initiatives adopted by the marketing team along with its outcome measure in driving the hospital ahead.

METHODOLOGY

1. The study was conducted by visiting the marketing department and having informal discussion with the marketing manager and interacting with his team of marketing executives.
2. The results and outcome of the marketing activities was compiled and analyzed after going through the records and statistical data for a period over three years in retrospect.

3. The index considered for measuring the outcome are standard hospital indices viz. Outpatient attendance, new and repeat visits, diagnostic and lab investigations, bed occupancy and PSI (Patient Satisfaction Index) score.

OBSERVATIONS

The marketing methods adopted by the hospital can be broadly classified into internal marketing and external marketing.

A. EXTERNAL METHODS ADOPTED WERE:

1. Group family health insurance scheme: This health insurance scheme was targeted at making quality healthcare at affordable costs for economically weaker section of the society residing in the neighborhoods. The uniqueness of this plan is that it covered both outpatient and inpatient medical benefits to those enrolled in the scheme. Even those with preexisting disease, maternity and accident victims could avail the benefits. With a nominal premium, the benefits could be availed by individuals & their complete family. The renewal/issue of cards is done once in a year with in a notified time frame. The benefits of this insurance scheme were made use by nearly 400 below poverty line (BPL) families covering approximately 1500 individuals.

2. Extension of the family health insurance scheme: The family health insurance scheme along with general health insurance companies was extended to families availing health facilities at the rural maternal child welfare homes. The population in these areas all belonged to BPL group. Maternal and child welfare homes were targeted, covering approximately 50,000 individuals. This tie-up ensured that members got good and quality medical care. This scheme also benefited to network hospitals in generating referrals out of these centers.

3. Cashless medical benefit facility: The hospital management also decided in extending cashless medical benefit facility to its patient clientele. In this regard the marketing department of the hospital took initiatives to tie-up with few insurance companies and third-party administrators (TPA's). It was agreed to have the TPA's establish an office room with in the hospital for their functioning. This helped in establishing good communication among patients (healthcare beneficiaries), hospital (healthcare providers) and the third party administrators (TPA's).

4. Corporate empanelment: It was also planned to increase the patient traffic. The agreements with existing companies on the list of empanelment were reviewed. Companies with which agreements due to be renewed were done promptly with the assurance of delivering quality health care to all its employees. The possibility of adding more companies on to the list was explored and acted upon. During the tie-up the terms and conditions agreed upon included facilities available to, type of facilities, concession limits, inclusion and exclusion criteria and validity period of agreement. Nearly 50 companies had been empanelled.

5. CME's and Camps: This initiative was taken up by the marketing department. Continuing Medical Education (CME's) was conducted after interacting with the local medical associations. The venue for conducting CME was decided taking the local association in confidence. The specialty in which the CME would be conducted was decided upon by the hospital authorities. The decision was need based, based on market analysis, location etc. On receiving a request by the administrative offices for a CME from the local organizations, the marketing department swings into action in making preparations for organizing the event. Some of these events include identifying the doctors for participation (consultants willing to participate were identified), call for press meet etc. The topic to be deliberated upon was decided by the consultant in association with the local medical organizations.

The CME's helped the local general practitioners (GP) or junior doctors in getting updated with the current trends in medical knowledge. It also gave an insight to the availability of facilities and state of art technology. At the end of the deliberation there was an interactive session which helped build good rapport between the hospital consultant and the junior doctors. This interaction also gave the general practitioners confidence in their consultants. The CME's usually associated with tea/lunch/dinner, giving ample opportunity for the junior doctors and consultants to share their medical knowledge on a more personal note. Approximately 2-3 CME's every month was the target.

6. Camps: Apart from organizing routine camps, the hospital also undertook the activity of organizing free health check camps in association with the local organizations and NGO's. The camps were mainly targeted at providing health awareness, screening for non-communicable disease etc. These camps which were conducted in the vicinity were attended to by doctors and paramedics from the hospital. Portable medical equipments were carried to the camp site. The hospital conducts around 120 camps annually.

7. Health events: Initiative of holding events based on health calendar was started. The main purpose of this was to create health awareness among the general public and to promote health. Few camps were also held in this regard, the camps were disease based; equipment based; organ based. During these events, free checks, screening and special health packages were devised and made available to the population as a whole.

8. Media and Press coverage: In organizing the health events active participation from the public was encouraged. Wide publicity via hospital website, media and press coverage was undertaken during the pre and post health events session. News letters, news magazine and health talk on television and radio was also undertaken.

Apart from external marketing initiatives the hospital management also strengthened its internal activities which was taken up as a continuous ongoing process in improving the image of the hospital are

B. INTERNAL MARKETING COVERED THE FOLLOWING:

1. Scheduling training programs: The Human Resource Department (HR-dept) developed a skill matrix for all its employees working in the hospital. Several training modules were developed in soft skills and training programs was conducted. This training delivered was from both internal and external sources. Training calendars was developed and classes were conducted as per the schedule.

2. Identifying bottlenecks and streamlining: The operations executives were actively involved in identifying and eliminating hospital bottlenecks as and when they came across, either by visualizing a potential bottleneck or through customer feed-back responses. The various process flows was re-looked into and streamlined.

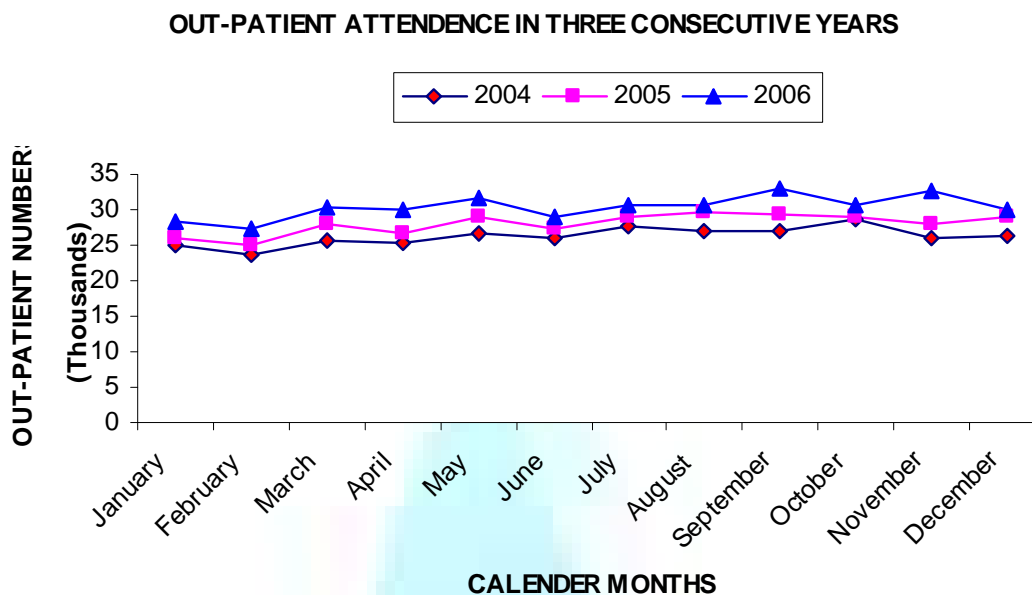
3. Establishing good customer relationship: Some of the activities undertaken in building good relations with customers was, providing good ambience at the front office; maintaining proper signage in the hospital; appointing patient relation executives who are actively involved in accompanying and directing the patients and their relatives with in the hospital. Making prompt payments and clarifying the terms of payment and delivery of goods (materials), helped in maintaining a healthy relationship with vendors and suppliers.

4. Creation of new facilities: Corporate help desk/MAY I HELP YOU counters/HELP LINE facility was started at the front office. This gave walk in patients and corporate clients proper orientation of the hospital.

RESULTS

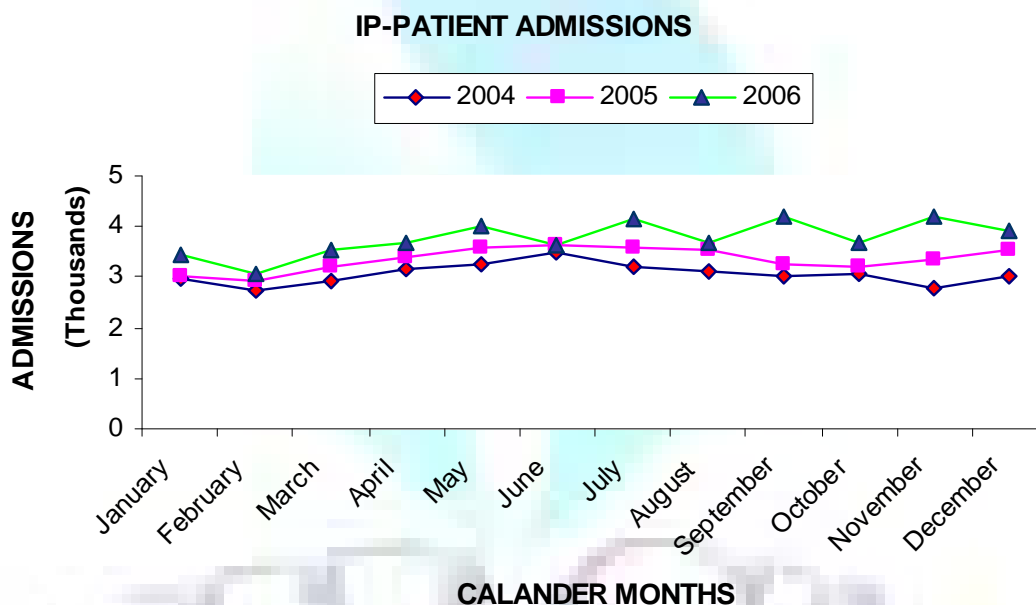
After having adopted newer strategies and initiatives in marketing the hospital, the outcome of these activities was measured using standard hospital indices. The statistics showed an overall increase in the outpatient traffic (OP- attendance) by an average of 2000 patients accounting to about 9%. **(Chart-1).**

CHART – 1: SHOWS OP TRAFFIC IN THREE YEARS



Likewise inpatient attendance (admissions) showed an average monthly of 3800 cases amounting to increase in admission rate by 12%. Bed occupancy increased by 8%. (Chart-2).

CHART -2 SHOWS IP ADMISSIONS IN THREE YEARS



Operation Theater utilization increased by 11 %, lab and diagnostic services increased by 20 %.(Chart-3 & Chart-4). The PSI scores for out patient attendance increased from 3.7 to 4.1 and for in-patient it increased from 2.6 to 2.8 with the maximum achievable score being 5.

CHART -3 SHOWS NUMBER OF OPERATIONS DONE MONTHLY

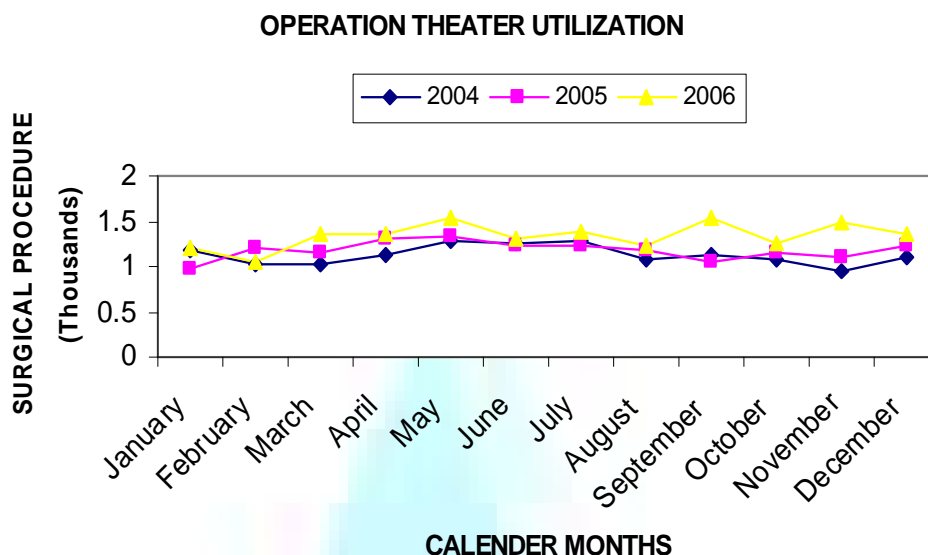
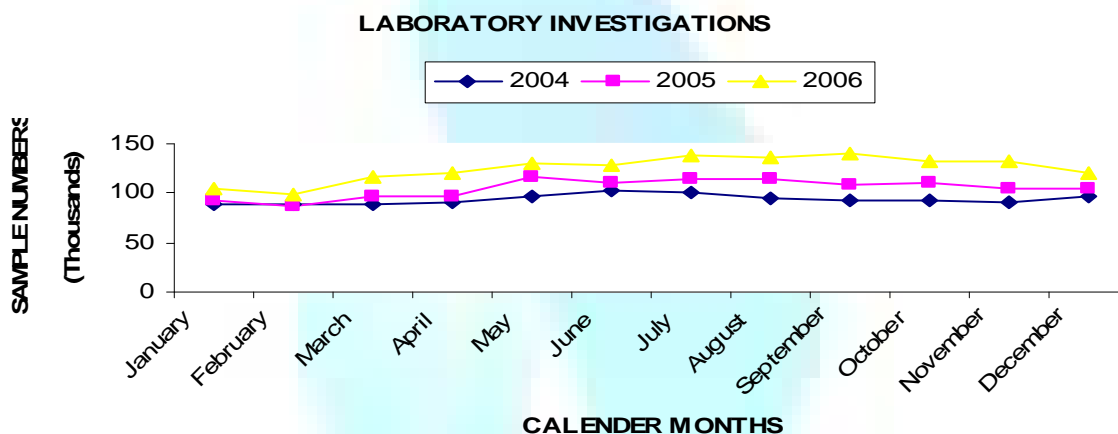


CHART -4 SHOWS NUMBER OF LABORATORY INVESTIGATIONS DONE MONTHLY



DISCUSSION

The tertiary level hospital under study is a multi-specialty teaching hospital catering to the needs of the entire district with a population of approximately 12 lakhs and also to the surrounding districts and states in the vicinity for the last 55 years. The analysis in the trends of the parameters like Outpatient attendance; Inpatient attendance; PSI scores and utilization of laboratory and OT services have been constant (status-co) over the years. In the year 2004 the hospital which was committed to rendering quality in patient care services felt the need to better its services to the society and overcome competition from the surrounding healthcare facilities established the marketing department and chalked out marketing strategies in realizing its goal. The hospital did not undertake any new initiatives in adding additional services/facilities into the existing setup other than resorting to extensive marketing activities within and outside the district during 2004-07. The increase in outpatient numbers and Inpatient attendance can be attributed to the CME's and camps conducted in the neighboring districts. The improvement seen in the PSI scores is due to the internal marketing done taking the entire operations team into confidence. Further the utilization of the OT (11%) and laboratory services (20%) is a fall out of increased volumes recorded during 2005 and 2006.

CONCLUSION

From the observations & discussions it can be concluded that the increase in OP traffic can be attributed to external marketing like corporate tie-up, insurance scheme and tie-up with TPA's. The increase in number of admissions can be associated with a lot number of CME's and camps conducted in association with the local medical organizations and the NGO's. Increase in PSI scores reflect on the effectiveness of internal marketing like identifying and addressing bottle necks, conducting training programs etc. as the hospital did not undertake any major initiatives in setting up any new facilities or services. In conclusion framing policies and laying down appropriate marketing strategies is essential for the success of any enterprise function irrespective of the type of organization.

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