

IT'S ALL ABOUT THEM:

**Today's health services
marketing.**

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Executive Summary

Can ... subtle ... promotional efforts increase revenues? Can they do so without alienating existing or other patients? Can animosity with other members of provincial associations be avoided with the deployment of competitive tactics in their backyards?

Clinic outcomes normally achieved through marketing may be achieved through the use of other methods.

Effective marketing methods are available which would not be considered overly-commercial.

Consumption of health services tends to require an economic incentive, or ability to pay, in addition to want and need, and tends to be enabled by the availability of providers and facilities.

If the clinic operations have been properly configured, then in the absence of repeated treatment or process failures, respectable or leading-edge promotional efforts should yield results.

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Canadian health service providers are beginning to consider themselves businesses.

Newly regulated professions are realizing intuitively that patients aren't going to walk through the door by themselves.

Providers must walk a fine line between being clinical and being commercial.

Introduction

Canadian dentists and chiropractors have long been aware that their operations are those of a business as well as a clinic. This would be largely due to their supply exceeding their demand, a history of their services being uninsured, and a reluctance of patients to consume their services – be it due to a perception that pain will be forthcoming or that the service will not be effective.

The removal of underwriting by Canadian provincial ministries of health for community physiotherapy services and reducing payer availability to workers' compensation boards and private insurance carriers – either for motor vehicle accident, disability or group employee benefits – has left providers of physiotherapy services facing reduced demand and attempting promotion in an effort to compete for the patient's private dollar. In addition, the selective removal of the requirement for physician referral for those services has increased consumer choice.

And newly regulated professions in some provinces – such as massage therapy and kinesiology – are realizing intuitively that patients – or "clients" – aren't going to walk through the door by themselves.

Observations of marketing attempts by Canadian health service providers place them at least 20-years behind those of the business community at large. The exception are those of vision correction surgeons. The fact that insurance is unavailable for their services left them with no choice but to consider themselves businesses, and conduct themselves accordingly, or fail.

In addition, providers of health services to private patients must walk a fine line between being clinical and commercial. The Canadian public demands it, as may indeed, the regulatory colleges of those service providers.

So what to do? Can ... subtle ... promotional efforts increase revenues? Can they do so without alienating existing or other patients? Can animosity with other

Attracting and retaining patients requires knowledge of them – and not just of their pathologies.

In 1992 Richard K. Thomas wrote the ground-breaking book entitled *Health Care Consumers in the 1990's*.

members of provincial associations be avoided with the deployment of competitive tactics in their backyards?

The answer is that attracting and retaining patients – and maintaining, or actually improving, clinic image – is not simply a matter of promotion. Marketing is an entire art and science, and it begins with – very simply – knowledge of the patient.

And that means more than their pathologies.

Early seminal work

In 1992 Richard K. Thomas, PhD, published a book entitled *Health Care Consumers in the 1990's* (1). It was a ground-breaking collection of observations, conclusions, and derivations from years of research into health care marketing.

The following were the salient points conveyed by Professor Thomas at the time:

- The demand for health care is considered "insatiable" and projected to increase,
- Advances in diagnostic and curative technologies have allowed an increasing proportion of services to be delivered in community-level, outpatient and non-hospital facilities,
- As the population ages, there is an increasing demand for health services for chronic degenerative diseases. This increase is beyond the increase in the past few decades due to higher efficacy of treatments for infectious diseases and the lack of a "cure" for degenerative ones. The services for chronic degenerative diseases are elective, continuous and outpatient in nature resulting in a demand which is segmented, elastic, constant, and community-based,
- Older age cohorts of the population distribution become increasingly female. Women consume more health services than men and consume different types of health services as well. As the population ages it will become even more female-

- dominated, increasing the demand for both services in general and female-oriented ones,
- Most consumption decisions which may be made by consumers are made by women,
 - Some of the decision-making power of physicians has shifted to consumers and other providers. Physicians are increasingly making exclusively *medical* decisions while consumers and other providers are increasingly making *health* ones,
 - The industry contains several "quirks" regarding buying behaviour. Most consumption decisions are not made by consumers themselves but by [providers] or third-party payers. A weak link exists between consumer wants, needs, and demands. Consumption seems less correlated with these elements than the availability of facilities and ability of third parties to pay. The decision to consume, when it may be made, is highly effected by referent groups to the extent that the catalyst to seek services is often when social [or vocational] role, or interpersonal relations, are effected,
 - Consumers with relatively high socio-economic status as well as members of a family or household unit require fewer health services but consume more than their lower socio-economic status, single, and live-alone counterparts,
 - A rift in the market exists; the division is between consumers presently [i.e. in 1992] at about the age of 45:
 - The older segment retains traditional values and roles. They prefer to play a passive role in their health care and delegate treatment decisions to their family physician. They perceive more efficacy in treatments based on technology and are more concerned with the outcome than the process. They simply "don't want to know" and want to be told what to do. They value the "highest quality" methods.
 - The younger segment wants to play a more active role in the management of their health. They want more information and to make more decisions. They perceive more efficacy in "natural," non-invasive, non-

intrusive treatments in which they can participate. They value the "best" method which may be a combination of quality, service, convenience, and other factors.

- The younger segment in the rift, when they are able to make consumption decisions, may be, and should be, further segmented on the basis of their various "hot buttons:" level of service, convenience, amenities (parking, waiting room), location, level of control, etc. It is important to understand that consumers are not in a position to judge the level of quality and so become more concerned with level of service and outcomes. Furthermore, the old marketing principle of "quarter-inch holes, not quarter-inch drills" applies: in the absence of an ability to effectively diagnose, consumers want solutions, not procedures.

The term "elastic" – and properly referred to as "price elasticity of demand" – means that the demand for the service in question can, and will, be influenced by its price.

"Segmented" means that the market for the service in question can be broken down into groups demonstrating single or multiple commonalities of a variety of natures (e.g. location, age, socio-economic status, relationship or family status, gender, etc.)

Contemporary knowledge

Thomas' conclusions may be updated with the knowledge that the younger "rift" in the market he described now applies to most Canadians, whether due to simply time having passed or they having become disillusioned with the health care system. As well, the shift of delivery from acute care institutions to community level clinics and consumers' homes has largely occurred – with the exception of the current demand for long-term care placement exceeding the supply and subsequently causing candidates for such to remain situated acutely.

What Canadian health care consumers want, what bothers them, and what they think, is available in a report on this

Canadian health care consumers today are outcome- and control-oriented, cost-sensitive, self-reliant, innovation-valuing, alternative therapy-experimenting, less trusting, informed, and influential.

Several accompanying and complimentary reports are available on this site.

site entitled "Hurry up and wait: The state of Canadian health care in 2011" (<http://www.dmbizserv.ca/report-state-of-cdn-health-care-2011-print.pdf>). An analysis of rehabilitation in Ontario in 2011, detailing opportunities and threats for regulated professionals, a review of recent regulatory changes, and whether the industry is attractive for entry, is similarly available and entitled "Physical rehabilitation in Ontario: Industry analysis" (<https://www.dmbizserv.ca/secure/store/report-rehab.php>).

Dr. Thomas updated his work in 2007 with the following declarations, among others (2):

- For the most part, today's consumer is much more knowledgeable about the healthcare system, much more open to innovative approaches, and much more intent on playing an active role in the diagnostic, therapeutic and health maintenance processes,
- These new attitudes are concentrated among the under-50 population and among certain demographically distinct groups. The movement toward gaining control of one's health has been spearheaded by the baby boom cohort that is now beginning to face the chronic conditions associated with "middle age" ... This is the group that has been influential in limiting the discretion and control of physicians and hospitals. This cohort has also provided the impetus for the rise of "alternative therapy" as a competitor for mainstream allopathic medicine,
- The approach to healthcare favored by the baby boomer population is more patient centered than the traditional approach and is more likely to emphasize the nonmedical aspects of healthcare. In general, baby boomers are less trusting of professionals and institutions and are control oriented to the point of stubbornness,
- This group is more self-reliant than previous post-WWII generations and places greater value on self-care and home care. It is both outcomes oriented and cost sensitive. It is a generation that prides itself in getting results and extracting value for its

expenditures. While this cohort began influencing the healthcare system by "voting with its feet" during the 1980s, its members are increasingly in the positions of power that allow them to influence the healthcare landscape,

- Customers (as opposed to patients) expect to receive adequate information, participate in decisions that directly affect them, and receive the best possible care. Customers want to receive their health care close to their homes, [and] with minimal interruption to their family life and work schedules. They also want to maximize the value that they receive for their particular expenditures,
- Just as health professionals had possessed limited knowledge about their market, they've often possessed even less about their customers. In the past, knowing a lot about their customers wasn't all that important. They knew there were plenty of them and reimbursement was essentially guaranteed. The healthcare world has changed and any providers who don't know their customers well are going to be at a serious disadvantage. It's to the point where it's not good enough to know something about the customer, but we need to know everything.

Respondents to a European survey base decisions concerning their health more on information found on websites than from information provided by their doctor.

A survey conducted by PricewaterhouseCoopers in Europe in 2010 revealed: (3)

Repondents also believe that provider compensation should be based on patient satisfaction and treatment outcomes.

- The sobering fact that more people base decisions concerning their health on information found on websites than on information provided by their doctor,
- Most respondents believe that patients should be responsible for electronic health records although 57 per cent of doctors want to retain control of them,
- Seventy- to seventy-five percent of respondents believe that:
 - Payment for care should be based on patient satisfaction,
 - Reduced costs should be charged, and
 - Reduction in the number of medical errors should play a role,

Several features of the health care industry distinguish it with respect to marketing.

- Eighty-four percent want pay to be based on quality of outcomes (i.e. the principle of pay-for-performance), and
- The evaluation of health care systems is dependent on age and gender:
 - People aged over 50 give top priority to quality and personal attention, whereas
 - People under 30 value low cost and education,
 - Women feel cost and access are important, while
 - Men rank quality and personal attention as the most valued attributes.

And finally, the following features of the health care industry distinguish it with respect to marketing:

- Consumption decisions tend to be made by providers or payers, and not consumers themselves,
- Consumers tend to not understand the attributes of the service,
- Consumers tend to be unaware of the cost of the service,
- Consumers may have limited choice of providers or even of the service prescribed,
- Consumers have limited recourse in the event of unfavourable outcomes,
- Industry data for the purposes of business or marketing analyses are either unavailable or only available in aggregate, and the disclosure of personal health information is restricted by law,
- Customer acquisition in the industry is dominated by referral, or at least has been historically, causing promotional messages to consumers to be largely ineffective,
- Service delivery does not occur in isolation but in bundles related to the whole treatment pathway or care map; correspondingly, consumption may ultimately cross providers, locations, payers, and facilities,
- The services are highly personal and typically involve an emotional component, which, at times, can ultimately mean life or death,

- Consumers may have difficulty comparing one provider to another in the absence of knowledge of price or attributes of services delivered,
- Consumption tends to be ongoing rather than for discrete packages of service delivery,
- Promotion is educational in addition to being persuasive,
- The consumption of services which are non-elective cannot be influenced by marketing efforts; only the choice of providers can, and efforts to this end may be most effectively directed towards sources of referral, and
- The consumption of elective services *can* be influenced by marketing efforts and those efforts tend to follow the rules for services, and even products, in general; indeed, demand for elective services may be increased, or even created, with the introduction of new ones.

Obtaining satisfaction: The name of the game.

Patient retention is a function of obtaining their satisfaction.

Satisfaction is a function of expectations being met, quality, and having a positive experience.

Expectations may be set beforehand through communications.

Research investigating health care consumer satisfaction began in the early 1990's. Its replicated conclusions are:

- That consumer satisfaction effects subsequent buying behaviour and intention to re-use the provider (4,5),
- That consumer satisfaction is a function of:
 - Expectations being fulfilled or needs being met (6),
 - That expectations
 - May be set beforehand with communications (9),
 - Are influenced by a number of factors, including their previous experiences, their presenting condition, social background, personality (10), and
 - Are a function of needs combined with the experience (8),
 - Their perception of quality / quality of care (4),
 - Provider performance (9), reassurance, and a

Health care consumers are unable to assess the technical quality or inner workings of services and, therefore, tend to assess them based on the process and outcome of their delivery.

Health service operations and marketing overlap.

- caring image (10),
- Physical sensation (4), and
- The components of structure, process, and outcome. (7)

Consumer needs may be segmented into ones of:

- Sickness, and
- Personhood

with satisfying each becoming a clinical goal.

One study of satisfaction among physiotherapy patients concluded that (7):

A patient who feels better and believes that [they] are healthier may consider this to be due to the treatment received and attach less importance to any deficiencies in the process of care. Conversely, bad experiences with process issues, such as waiting times or multiple clinic visits, can also colour a patient's judgment of the treatment.

When patients had been given specific expectations or when their expectations had been elicited, these could alter their perceptions and be used as the standard against which to judge the extent to which their expectations had been met ... advising patients of late running appointments could serve to reduce dissatisfaction

The study's authors went on to state that familiarity with a product / situation ... may explain the high levels of satisfaction found in health care studies in which patients attend for regular clinic appointments ... and are, therefore, familiar with the routines.

Acquisition and retention: Where the rubber meets the road.

Implicit to obtaining patient satisfaction is understanding that health service OPERATIONS AND MARKETING OVERLAP. The services of the clinic are marketed at the

Clinic outcomes normally achieved through marketing may be achieved through optimizing operations to ensure a positive patient experience and obtain their satisfaction.

same time as they are delivered. The most effective, lowest cost, and, indeed, easiest method of achieving outcomes normally obtained by marketing is to simply modify the operations of the clinic in order to ensure a positive patient experience and, subsequently, obtain their satisfaction.

Optimizing operations includes, among other things, eliminating the following:

- Any employee of the clinic saying "I don't know" to a patient or referring them to someone else, a telephone number, or a website,
- Patients approaching the clinic – in person, over the phone, or over the e-mail – and being made wait more than two or three minutes,
- Patients being made wait in person for a staff member while other staff – professional or support – simply stand around,
- Patients being given convoluted descriptions of the services offered – or worse, an intimation that they're too technical for patients to understand – instead of a user-friendly description of the outcomes they tend to achieve for patients or how they may benefit from them, and
- The patient being told that what they want is not available.

The clinic should decide what services it does and does not deliver, to what patients, under what circumstances, and communicate this to prospective patients beforehand in order to set their expectations.

In order to ensure that whatever service, or feature of, the patient desires may, indeed, be available, the clinic will determine beforehand:

- What services it does, and does not, deliver,
- To what patients, and
- Under what circumstances (e.g. referral or payment arrangements)

and *communicate* this to prospective patients beforehand in order to *set their expectations* (re-read above).

A state-of-the-art practice management system – whose level of complexity does not render it troublesome operationally; easily-understood invoicing; insurance submission guidance; tasteful interior design, fixtures, and

furnishings; friendly but efficient administrative staff; and a visually-impressive, informative, and functional website will all inform the patient experience and contribute to their satisfaction. Again, instituting such features will increase patient acquisition and retention in the absence of any marketing or promotional efforts.

Indeed, if the patient experience is optimized through proper configuration of clinic operations, human resources, and administration it will be worth its weight in marketing gold: the Mayo Clinic's director of marketing was quoted in one study as claiming "one word of mouth recommendation is worth 600-media impressions (11)."

Details regarding how to configure service operations in order to have them oriented towards – though not dictated by – marketing are available in an eBook on this site entitled "The Honourary MBA in Entrepreneurship" (<https://www.dmbizserv.ca/secure/store/mba-in-entrepreneurship-ebook.php>). It also includes descriptions of the elements of marketing itself as well as the special considerations in the marketing of services.

If the clinic is unable – or unwilling, for reasons such as cost, obstinance, or other – to (re)configure operations in the interest of optimizing the patient experience and obtaining their satisfaction, then any and all efforts at marketing *per se* will likely fail.

Strategy and promotion: Rolling it out.

Strategy is formulated through an examination of organizational resources and the industry environment and is influenced by organizational desires and values. It is implemented through administrative processes, policies and procedures, incentives and controls, and organizational structure.

Detailed information describing strategy formulation and implementation – for business in general – is contained in the eBook (<https://www.dmbizserv.ca/secure/store/mba-in-entrepreneurship-ebook.php>) available on this site.

Marketing strategy declares a goal – generally in terms of desired revenues or unit sales – and then prescribes tactics to achieve it.

Marketing tactics – the "marketing mix" – involve the four "P's:" product, place, price, and promotion.

A selection of varied promotion tactics is available in order to implement the marketing strategy.

Strategy – for marketing in particular – can be of any shape or form as long as it declares a goal, such as:

- Increasing numbers of new patients,
- Increasing patient retention:
 - Reducing numbers of defections, and
 - Increasing consumption by each patient ("upselling" or "penetration"),
- Increasing numbers of particular new patients:
 - By a demographic commonality (e.g. location of residence, gender, age, payment arrangement), or
 - By a pathologic commonality (e.g. sports injuries, work injuries, etc.),
- Increasing referrals:
 - From existing sources (called "penetration"),
 - From new sources (called "development"),
 - From new patients ("self-referral"),
 - From existing patients ("word of mouth"),

and so on, and then prescribes a method to achieve it, typically utilizing any or all of the four "P's" of marketing:

- Product: focusing on unique features and benefits of which competitors cannot match,
- Place: focusing on location, a team approach to care, or seamless delivery across co-providers,
- Price: focusing on elective or discretionary services for which consumers pay, or
- Promotion, including tactics such as:
 - Public relations and communications:
 - Press releases,
 - Guest columns / blog posts / opinion / articles / advice, and
 - Public service announcements (educational, offers of assessments, etc.),
 - Community outreach (event sponsorships, assisting outreach workers),
 - Advertising (spots and displays should be believable, evidence-based, and valuable to the patient),
 - Networking with key community or industry stakeholders,

The clinic should come to be perceived as "the one" prospective patients consider when searching for a provider for the service in question.

- Personal selling (cold calling, trade shows, etc.),
- Sales promotion (direct inducement or incentive through discounted price, extended term of plan or membership, complementary assessments or educational sessions, etc.),
- Direct marketing (direct letter mail, e-mail newsletters to those subscribed), and
- Communicated offers of free consultation, education or other; periodic telephone calls for relationship maintenance or soliciting new wants and needs.

Quoting again from Thomas (2):

Much of what healthcare organizations promote takes the form of ideas or intangible concepts that are intended to convey a perception to the consumer. The organization's image is an idea that is likely to be conveyed through marketing activities. The organization may want to promote the perception of quality care, professionalism, value or some other subjective attribute. The intent, of course, is to establish a mindset that places the organization at the top of the consumer's mind on the assumption that familiarity will breed utilization.

With respect to "place:"

The negative aspects of the encounter impose costs such as lost time, frustration in finding the service site, parking fees, boredom, or other emotional aspects. Positive aspects usually merely avoid such costs

And with respect to "price:"

- Two strategies are typical:
 - Skimming: Launching the service with the highest price the market will bear, and then gradually and systematically reducing the price over time until the entire market is willing and able to purchase, and
 - Penetration: Launching with a low price in

Positioning is how patients perceive the clinic relative to its competitors. Packaging includes all aspects of the clinic which will inform the patient experience apart from strict or technical ones.

Patients evaluate the service delivery experience based on 1) Packaging, promotional messages received, and recommendations / ratings from others, 2) Delivery process and treatment outcomes, and 3) Satisfaction.

Promotional messages include the elements of purpose, content, and format.

order to maximize sales to the entire population.

- The first strategy has been exhibited by vision correction surgeons in Canada, in specific, and by information and communication technology providers, in general, and
- The second was introduced by Henry Ford – "Anyone can own a Model T, in any color, as long as it's black" – and more recently has been aggressively pursued by Wal Mart.

Notwithstanding, a determination of price – for private patients, anyway – should also incorporate service costs and the prices of comparable services offered by competitors.

In addition, there are two other "P's" of marketing: positioning and packaging. The former refers to the perception in the minds of existing and potential customers of the clinic relative to its competitors, and the latter includes all other aspects of the clinic, from interior design and administrative procedure, to the website (see eBook [<https://www.dmbizserv.ca/secure/store/mba-in-entrepreneurship-ebook.php>]).

In the absence of an understanding of the attributes of services – i.e. their technical workings – patients will likely evaluate them pre-consumption based on their packaging, promotional messages received, and increasingly, on recommendations or ratings from others. Post-consumption evaluation will be based on patients' satisfaction, as described above.

It is essential that the expectations patients have upon entering the clinic – and receiving service delivery in earnest – are consistent with their perception of the clinic prior to entering it – its positioning – and that those expectations are met upon service delivery.

What a provider communicates to its patients and other stakeholders will influence their purchasing decisions and should not be left to chance. Steps in message creation include identifying the target audience, determining the response sought, choosing a message, and choosing the

The promotional message should resonate with the target audience.

media.

An effective message follows the "AIDA" model: it should get *attention*, hold *interest*, arouse *desire*, and obtain *action*. It may draw a conclusion or leave it to the audience. The format of the message contains copy and graphics in print or a script for radio and television. And finally, the purpose of the message may be to motivate the audience toward purchase or just get them thinking.

Alternatively on the subject, from Thomas (2):

The message will include the explanation, response options, set of instructions and/or recommendations to be conveyed to the audience. The marketer must determine what information is to be provided, the style and tone in which it is to be presented, and the information that the message must ultimately convey. If the message does not resonate with the target audience, the promotional effort is likely to fail.

At this point it should be clear to the reader that:

- Outcomes normally considered obtainable by marketing may be obtained through (re)configuration of operations, human resources, and administrative processes alone,
- Promotion is only one of the four methods of marketing (the "P's"), or, of what's known as the "marketing mix," and
- Advertising is only one of the many methods of promotion itself available to clinics, tends to be utilized only in specific circumstances, and in the vast toolbox of marketing tactics available, reduces to, arguably, minutiae.

Qualifying strategic choice

In-as-much as the advice above regarding (re)configuring operations in the interest of optimizing the patient experience and obtaining their satisfaction is optimal itself, it can be infeasible under certain circumstances.

The general, or business, strategy of the clinic could be to serve a number of patient populations in one facility; each in a separate facility; or to mass customize service delivery through process analysis, information technology, and service bundling.

A multi-facility structure – corresponding to a strategy of separating patient populations – is more complex and costly.

For example, where payment provided or prices are lower, personal attention is less required or desired, consumption is not elective, demand is inelastic, and volume may be the key to profitability – such as with occupational injuries – establishing a state-of-the art and beautiful clinic may be cost-prohibitive as well as being considered completely unimportant by that patient population.

This introduces the concept of being different things to different patient populations – as determined by pathology, payment arrangement, age, gender etc., in an effort to maximize clinic returns in addition to obtaining patient satisfaction.

Tooling-up – with facility, equipment, supplies, and qualified staff – for various patient populations in a single location can cause confusion or disgruntlement at the least, or be physically impossible at the most.

Alternatively, the clinic can establish different locations for service delivery to different populations, and then both "tool them up" and design the interior, policies and procedures, and everything else to be consistent with both service delivery to that population as well as what is required to satisfy them.

The latter, however, introduces the costs of coordination, control, communication, and compromise inherent to a *diversified* organization operating through a *divisionalized* structure, as well as considerable additional capital. Details regarding such a strategic choice are contained in the eBook (<https://www.dmbizserv.ca/secure/store/mba-in-entrepreneurship-ebook.php>) referred to above, and consideration of such should occur in the context of professional and custom advice.

Notwithstanding, information technology may allow a compromise between the above two discrete strategies in what's known as "mass customization:"

- Data collection, processing, and reporting capabilities exist to describe specific customer segments, target them in promotions, design messages specifically for them, deliver services to

them, and analyze individual results through:

- Identifying the smallest unit at which service delivery may be replicated,
 - Mapping operations and collecting data for each of these in order to identify where learning and experience are occurring,
 - Micromanaging this process,
 - Offering services in discrete packages – "unbundled" – to a wide array of patients with specific needs, or mixing them – "bundled" – similarly, with possible price discounts or other consumption incentives, and
 - Segmenting the population further in order to develop different uses or combinations of these units, and
- Adopting the technology required to perform the above may result in economies beyond utilizing strategies of either targeting specific populations or having "one size fits all."

It should be noted that such a strategy of mass customization – although proven effective in other industries – exists more in theory than in observation with health services.

Short of all this, the clinic can simply do its best to optimize the patient experience in its existing single location, given the strategic choice it has made regarding what patient population to service, what services to provide to them, and under what circumstance (as stated initially in this report).

Social media

Ann Fuller, Director of Communications for the Children's Hospital of Eastern Ontario (CHEO), launched a website called Social Media in Canadian Healthcare (SMiCH.ca) in November, 2010 to curate a hospital social networking list for Canada. As of May 2011, 261 Canadian hospitals are represented in the SMiCH list, with 91 Facebook pages, 57 Twitter accounts, and 48 YouTube channels.

As of May, 2011 there were 261 Canadian hospitals deploying social media tactics with 91 Facebook pages, 57 Twitter accounts, and 48 YouTube channels.

A collaborative project between The Change Foundation and Innovation Cell in 2010 resulted in, among others, the following comments: (12)

- In healthcare, social media is being used in myriad ways: community engagement, peer support, research outreach, education and advocacy, sentiment (or brand) tracking, philanthropy, and citizen feedback,
- Social media democratizes the conversation about how to improve healthcare quality, by expanding the range of people who can be part of it. Social media reflects the reality and values of the web – individuality, equality, openness, meaningful communications, valuable cooperation, continuous learning, mutual understanding and collaboration, solidarity, universal access, ownership and control, multilingualism and the need to change for a better future. In adopting social media, healthcare organizations embrace these values which, in turn, help healthcare organizations re-define every measure of impact currently used to monitor improvement.

The project focused on using social media for quality improvement purposes but did present information which is relevant to health services marketing:

Online health care conversations regularly occur around the world, with Canada having its own "channel"

- Conversations (so-called "tweet chats") about social media in healthcare happen at scheduled times around the world on Twitter,
- An open Google Docs document serves as an archive of topics proposed by the community and all transcripts of past chats are available as well. Their six-month "report card" shows a vibrant community with more than 15,000 tweets with the #hcsmdca hashtag and 1005 unique Twitter users with at least one #hcsmdca tweet,
- According to dedicated "Health 2.0" discussion forums on LinkedIn, healthcare organizations using social media frequently express interest in pooling marketing resources such as polling, identifying potential "influencers" online, and crafting coordinated marketing strategies for research and

"It's very difficult for someone to sit in a boardroom and decide how best to deliver care and services to a population."

A visually-impressive, informative, and functional website can leverage marketing efforts.

new products such as medical devices or mobile health applications, and

- Many of your patients are already online – and the next generations of patients and caregivers will conduct more and more of their daily activities through social media. We are confident that, by joining them there, you can open new doors to patient engagement, particularly by listening to how they define what quality means in their own healthcare experience.

The use of social media as a communications tool – in both directions – in general, as well as a marketing one, in specific, is beyond the scope of this report. It will suffice to say that the tactic is in a developmental phase and health service providers are encouraged to at least experiment with it, if not become knowledgeable of its use.

"The benefit of directly listening to patients and involving a diversity of voices is the opportunity for insight into the lived experience of the people that we're providing service to. It's very difficult for someone to sit in a boardroom and decide how best to deliver care and services to a population," commented Rob Fraser, a graduate nursing student, in a report published by the project.

Optimizing the website of health service providers for the purposes of marketing – and strategy in general – is aptly described in a unpublished graduate manuscript written by Keila Rooney while at the University of Central Florida in 2009. Her paper won the ACHE Richard J. Stull Student Essay Competition in health care management. Highlights of Ms. Rooney's work include (11):

- Many people refuse to envision themselves as users of hospital services and adamantly avoid advertising that declare the statistical chances of their future medical need. Therefore, the traditional practice of targeting products and services to specific audiences and communicating brand images to the community are often ineffective in the healthcare context,
- As consumers have become more sophisticated with

Instituting social media (Web 2.0) communications can achieve outcomes elusive to traditional marketing methods.

their use of the information superhighway, the locus of control in healthcare has shifted from the provider to the consumer. The new focus on customer wants, needs, and expectations has fueled the rise of consumer-driven healthcare marketing. This fresh approach to marketing recognizes the participant's role in the delivery of care and the promotion of health education and wellness (12),

- Recently, consumer-driven healthcare marketing pioneer Mayo Clinic enabled patient communication by developing a Facebook page, among the most popular of the so-called Web 2.0 venues for online social networking. Facebook members use the page to share stories about [the] Mayo Clinic and depict the care they or their friends and family received. The technology-enhanced word-of-mouth advertising creates the impression of peer-determined credibility and achieves an economy of scale that is elusive to traditional marketing,
- Blogs by members of the healthcare team can soften the antiseptic feel common to many corporate websites and the healthcare industry in general, and
- Healthcare organizations could economize the appointment-setting process by using sophisticated software for their websites; the time-saving advantage and convenience of such a system can then be advertised to consumers. In regard to one-stop shopping, healthcare websites could be set up to automatically schedule recurring appointments (but could be changed according to the consumer's preference) ... In addition, the online system could provide maps to office locations, supplemental education material, [and] patient forms ... This kind of web interface can enhance the patient experience.

Conclusion

In the introduction to this report the following questions were posed:

Clinic outcomes normally achieved through marketing may be achieved through the use of other methods.

Effective marketing methods are available which would not be considered overly-commercial.

- Can ... subtle ... promotional efforts increase revenues?
- Can they do so without alienating existing or other patients?
- Can animosity with other members of provincial associations be avoided with the deployment of competitive tactics in their backyards?

Clearly, (re)configuring clinic operations, human resources and administrative processes in the interest of optimizing the patient experience and obtaining their satisfaction will not alienate *any* of them or create animosity with co-members of professional associations.

With respect to clinic image the above efforts will likely only serve to improve it.

Of the available promotional tactics listed above, most would be considered subtle and not overly-commercial, if at all.

And should advertising be considered as a tactic, the tone of spots or displays developed is completely subject to design (and preferably by professionals with expertise in that area).

Clinics would be well-advised, however, to ascertain prior to launching a marketing campaign:

- Their general business strategy, e.g.
 - Cost (vocational injuries / volume),
 - Differentiation (sports injuries / high end / high profile), or
 - Focus (particular pathologies or patient populations), and
- Choice of
 - Who to target with promotional efforts (i.e. sources of referral, existing patients, general public), and
 - Desired patient population.

Such planning and exactitude will result in higher returns than an expeditiously-arranged "spray and pray" approach through mass media with no specific target.

Consumption of health services tends to require an economic incentive, or ability to pay, in addition to want and need, and tends to be enabled by the availability of providers and facilities.

If the clinic operations have been properly configured, then in the absence of repeated treatment or process failures, respectable or leading-edge promotional efforts should yield results.

Furthermore, all indications – not just those of Thomas – are that the want and need for health services will continue to increase, and especially for the senior population.

"Demand," however, is distinct from the above two in that it is what results when they exist with an economic incentive or ability to pay. Clinics would be well-advised to appreciate this distinction.

Finally, the availability of facilities and providers also tends to drive demand, or, more accurately, enable consumption.

Should the operations of the clinic be properly configured – and attention to the technical, or medical / treatment aspects of them has been intentionally omitted here – then in the absence of consistent failures with treatment outcomes or patient processes, any respectable and, certainly, leading-edge promotional efforts will likely increase revenues, especially in the context of the above-described industry conditions.

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