



PRACTICE MANAGEMENT

MARKETING YOUR MEDICAL PRACTICE

Part III

Beginning the process

The critical aspect of communication, given the need to avoid wasting very limited resources – time, money, skill – is to set out the action proposed and the justification for this in a coherent, comprehensive and consistent activity plan. If such a framework is adopted and applied in a disciplined way the chances of successful accomplishment of the objectives are enormously enhanced.

This is achieved by:

- **Deciding what sort of practice it is to be (the mission statement)**

In Johnsonian terms, it concentrates the mind wonderfully for partners to agree precisely on what the practice wants to be and should be. The practice should consciously contemplate, debate and articulate this.

A practice mission statement is based on the principals' agreement regarding:

Who	the people who provide the service the population targeted to receive the service (see 1.2)
What	the kinds of services to be offered
When	the sense of timing the practice brings to delivery of its services
Where	the geographical area in which the practice focuses its activity
How	the quality of the services offered the partners financial goals and aspirations

Mission statement example:

'Our mission is to provide an effective family medical service that treats our patients with dignity and courtesy and provides easily accessible high-quality health care at commensurate fees.'

- **Identifying the types of patients to be attracted (and retained)**

The demand for medical services is complex and diverse. Which parts of the market the practice can best serve to the mutual benefit of the patients and the practice need to be decided early.

Type	Description of segment	Action
Negative	Individuals who avoid using particular medical services if they can	Identify blockages and devise messages and methods of communication to overcome them. Emphasise benefits of use and dangers of non-use
Unrealised	Individuals who require medical services which are not currently provided but which should be added to the existing service range	Develop expertise in the required areas and communicate the fact that services are available
Latent	Individuals who are unaware of the benefits a particular medical service would yield	Promote the service concept and then the practice
Inert	Individuals who have medical service requirements but require stimulation to use them	Locate potential patients and demonstrate the benefits to be obtained in using the appropriate service
Fluctuating	Seasonal, day, week, or month and time-peaks	Devise incentives to encourage patients to attend at less congested/popular times
Declining	Sectors of society and individuals whose requirements for medical services are declining	Establish reasons and offer services suitable to the circumstances or withdraw from sector
Lost	Individuals not returning to the practice	Research reasons where feasible. Correct or compensate for any precious sources of dissatisfaction, restructure, offer to meet requirements

Adapted from Wilson A. *Emancipating the Professions – Opportunities for Deregulation*. Published by John Wiley and Sons.



• **Choosing acceptable and permissible methods of communication with patients**

Among those within the resources of the majority of practices are the following (see box below), but some are subject to health practitioner regulations. If in doubt their use should be checked with the relevant professional associations. Although the nomenclatures might imply heavy expenditures, it is possible to adopt any of them without large ongoing investment. The more important of these are discussed in some detail later.

Brochures	Special directories/ Yellow Pages
Articles (in consumer media)	Telephone contacts
Interpersonal network (referrals)	Educational campaigns
Direct response	Fees
Meetings, seminars	
Sponsorship	Personal contact
Audio-visual presentations	Public relations
Newsletters	Signage
Radio/TV appearances	Co-operative promotions
Give aways	Waiting area displays
Posters	Premises
Community involvement	

• **Obtaining an understanding of patients' real needs and their behaviour as well as designing, building and maintaining a patient database**

It is a very low-cost exercise to conduct inquiries about patients' needs and wants and the extent to which the practice satisfies them. It can be done by interview, but self-completed questionnaires are both effective and cheap, and can be adapted to the needs of the individual practice. A questionnaire can be used as an ongoing inquiry and monitoring instrument to identify, quickly and accurately, those aspects of the practice and its people which patients approve of or find unsatisfactory, as well as needs which are not being met; it can also provide early warning of problems. The value of these questionnaires is out of all proportion to their cost.

Another valuable tool is the database. Health practitioners gather a great deal of highly personal information and, without being intrusive, can use this to demonstrate that their interest in the patient goes beyond the disease. One doctor has developed the very simple technique of taking one or two social points from a discussion, and attaching a note to the patient's record file. At the next visit from that patient he is able to ask how the holiday in (naming the place) was, how the

new job is going, or if the patient and their family have settled into their new home. This sort of detail is very impressive to the patient and is indicative of the practitioner's personal interest. Information gathering is addictive and can get out of hand. The rule must be 'need to know' not 'want to know'. Confidentiality must also be firmly maintained.

The following test questions can be applied:

- What information do we already hold in a formal system?
- How is the information gathered? Can it be systematised?
- Who uses it? If no one uses it, it is not worth the effort of gathering.
- Who ought to use it - can the utilisation of patient data be 'sold' internally?
- How often is it used? Is it sufficiently frequent to justify its collection, monitoring and updating?
- How is updating carried out and how frequently?

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