



PRACTICE MANAGEMENT

MARKETING YOUR MEDICAL PRACTICE

Part II

Medicine is different

Medicine is not directly comparable to other professions. It occupies a unique position among professional disciplines because nothing is more important to mankind than life itself. Whether or not the ability to heal and mastery over death are real, at times of distress everyone perceives and invokes them.

While the clients of many professions may lack knowledge of the skills involved therein, none of them suffer the disadvantage of the sick, especially the young or geriatric patient. They may well be either incapable or in an inappropriate emotional state to make clear judgements about both the service and the practitioner.

In many cases, services are paid for either by the government or by insurance. There is therefore no financial incentive to question doctors or other professionals about the accuracy, quality or complexity of investigations and treatment. Because patients may not be paying directly for the treatment there is among certain groups of patients a distinct feeling that questioning is either inappropriate or ungracious.

The fact that financial and commercial considerations may not apply in many circumstances does not remove the need for health practitioners to communicate more effectively with patients about their skills, services and resources. In other words, there is a need for marketing.

Marketing – Who benefits?

It is perfectly reasonable for health practitioners to ask about the benefits of marketing their practices. It can be said with

absolute certainty that effective marketing will benefit everyone – doctors, other health care practitioners, support staff, patients and thus society as a whole.

Achieving a balance of skills, resources and any specialisation will yield:

- greater work satisfaction
- improved quality of life
- better service to and relationships with patients
- increased profitability.

It is perhaps the last benefit which causes unease, since one definition of a professional is a person who puts the patient's (or client's) interests above his/her own. Seeking a reasonable return on work and capital is wholly compatible with professionalism. The very simplest of economics shows that unless revenue exceeds expenditure, the activity cannot continue or patients must be subsidised.

There is nothing wrong with profitability. It is the just reward for long training, continuing professional development, adherence to a disciplinary code, investment of time, money and dedication. Health practitioners must not be afraid to talk of profitability. Both for patients and for themselves, the practice must be run on profitable lines, something to which marketing makes a critical contribution.

A successful practice depends on three primary skills:

- providing clinical services
- managing the practice
- marketing the practice.

The clinical expertise can safely be assumed. Management is a separate issue outside the boundaries of this module, which is concerned with the skills of marketing the medical practice and doing so professionally and within cultural, statutory and other constraints.

However, marketing is not just a new activity but, more importantly, requires a change in attitude (see Table below).

ATTITUDES	
Traditional	Patient-orientated
Complacent	Involved
Narrow professional focus	Understanding of patients' wider needs and problems
Resistance to change	Responsive to changing patient requirement, knowledge and expectations
Working as an individual	Part of a team
Professional mystique	A skill vital to the success of the practice
Conveying only information the doctor thinks a patient needs or would understand	Clear and comprehensible information volunteered
Prescribing only on clinical criteria	Aware of possible cost constraints on patients and medical schemes
Professional aspects are paramount	How can we improve our patients' quality of life?



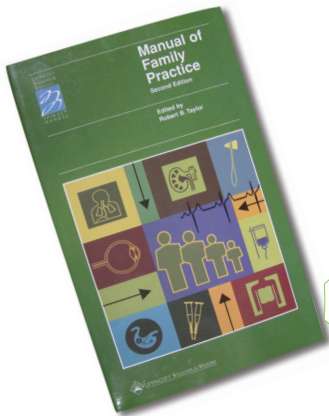
The traditional attitudes are not unsupported generalisations that apply to all professions in all countries. Many of those listed were certainly reflected in SAMA's own surveys. Whether they are an accurate reflection of the South African health professions or not, they nevertheless represent a perception. One of the basic tenets of marketing is that perception is the reality.

Marketing was never an issue in the health professions so long as practice rules forbade anything that might be interpreted as *touting* (the word is always used). This pejorative has itself done infinite harm to the process of making marketing acceptable to the profession.

Ironically, however muted these may have been, recommendations, directories, signs and, more recently, booklets are all marketing tools and have been used mostly in a subdued and non-proactive way. For the health care profession to be able to deliver the benefits it is capable of delivering, the time is right for a proactive approach to communication.

Part III will appear in next month's *SAMJ*.

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