



- Among women age 40 and older in the USA, 70% have had mammograms during the last 2 years, compared with 67% in 1998 and 29% in 1987, as reported in a 2003 study.
- Swedish researchers concluded in 2002 that the impact of organised mammography was responsible for reducing breast cancer deaths by 50%.
- In 2002 the American Cancer Society convened an expert panel to review results of clinical trials and other new evidence related to the screening mammogram, including reports that challenged the value of mammography; the panel concluded that research continues to show a significant mortality reduction due to mammography screening.
- Twenty to 40% of all breast cancers detected at screening today are ductal carcinoma *in situ* (DCIS), which was rarely detected until the advent of mammography.

'Our challenge now is to meet an increasing demand for mammography as the population of women over the age of 40 increases,' Dr Feig said.

Source: <http://www2.rsna.org>

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## PRACTICE MANAGEMENT

### MARKETING YOUR MEDICAL PRACTICE

#### Part IV

#### Identifying and building on the unique competence resources or facilities of every practice

One of the basic truths of marketing is that there has to be a reason why anyone uses a service or buys a product. It may be trivial but it may be significant. Similarly, there has to be a reason why patients attend a particular practice. It could be geographical, related to the range of services and facilities available or the attitude of the health practitioners and staff, ethnic origin and many more. Whatever the reason, once it is identified, it is a strength which can be built on.

The simplest situation is one in which there are not only general skills and resources, but a capacity and a willingness to see a patient without an appointment or advance notice. This would be an advantage over any practice that requires an advance appointment. In fact this ability to meet a requirement instantly is not a 'plus' which can be built on to any extent, since its very existence tends to destroy it. The usual situation is more complex. It can comprise a 'mix' of skills, facilities, resources and the personality of particular practitioners. In terms of skills, a practice might offer – apart from general medical services – health and well-being assessments, physiotherapy, nutritional guidance, midwifery and day

surgery. To these might be added facilities such as an in-house pharmacy, laboratory, radiographic equipment, comfortable waiting areas, children's facilities and parking. The skills/resources listed are not unique, but in combination and offered to meet the needs of specific groups of patients, they will be seen to be unique. Therefore they will attract and retain patients.

#### Integrating the practice development activities

Despite the small scale of a medical practice's development activities in comparison to most businesses, there can nevertheless be a cancelling out unless the various techniques adopted are integrated. The task usually includes developing a strategy and tactics as well as ensuring their efficient implementation. In the context of the marketing, efficiency must embrace timing and integration of the various elements of practice development and other activities of the practice.

#### What do clients and patients really want from a service experience?

Obviously, when customers approach a business to purchase something, they want to receive exactly what they had in mind: the product or service that will meet their needs. But there are also questions that need to be asked about the service quality.

##### • Reliability

Reliability is about the products and services doing what they are supposed to do, but it is also about the company's ability to ensure that all the peripheral, add-on services are reliable too.

##### • Assurance

Assurance is about your ability to communicate your competence to patients. It is different from reliability because it tends to be more about your longer-term partnership with patients and their attitude towards you, rather than something that affects every moment of truth.

##### • Tangibles

##### Premises

Premises have a significant influence on the image of the practice. They can also be used as an important communication and marketing tool. The practice is responsible for ensuring that new patients arrive with the minimum of problems. There must be clear directions, information on parking and facilities for young children and the disabled. If premises are shared, there must be clear directions to reception.

The initial welcome sets the tone of the entire consultation. Patients should be greeted by a smiling receptionist who is not seated behind a glass partition or barrier, or worse, has to be summoned by the ringing of a bell. Patients ought to be treated as guests, welcomed and made to feel comfortable.



New patients should not be burdened with clipboards and should not have to complete long and detailed questionnaires. Only necessary information should be sought prior to the consultation. Other information is more easily and comfortably obtained during or afterwards. Under no circumstances must patients be asked about their medical condition or treatment and payment arrangements unless there is total privacy.

The reception area should not contain peremptory signs. 'We expect payment at the time of treatment' and 'A charge will be made for missed appointments' are not patient-centred and emphasise the profit motive, not concern for patients. If necessary, make neat photocopies of practice arrangement notices, which the patient can study while waiting.

It goes without saying that the reception area must be immaculately clean and orderly. Plants should be well cared for, magazines current, replaced when creased or worn and always be neatly stacked. Furniture must be in good condition and comfortable, individual chairs are usually preferred to couches. It is important to remember that elderly or disabled patients can have difficulties with low chairs. Walls, ceiling, carpets and windows must be clean and attractive. Because people are waiting they have plenty of time to scrutinise the waiting areas, and it is important to constantly monitor the condition thereof.

The reception area can be sensibly utilised for communication purposes. Apart from the practice information booklet and newsletter, information on related services, e.g. hospitals, pharmacies, opticians, physiotherapists and antenatal clinics, can also be displayed. If the room permits, a television set and the use of video material – either for entertainment or educational purposes – could be used.

However, this must not be intrusive on other patients who do not wish to be disturbed by this type of display. In short, the reception area should, as far as possible, have the ambience of a living room, not an institution.

Atmospherics of a waiting room			
VISUAL	TACTILE	OLFACTORY	AURAL
Colour	Softness	Scent	Volume
Brightness	Smoothness	Freshness	Pitch
Size	Temperature	Associations	Clutter
Shapes			

\*Source: Kotler P. *Strategic Marketing*, Prentice Hall, 1995

The same factors apply to consulting rooms, which should not be intimidating or sterile in the everyday sense of the words. Good design helps greatly to put patients at ease and to reduce the stress of a consultation. Pain-associated instruments should not be displayed and unpleasant odours should be

suppressed. Sheets and dressing-gowns should not have a 'worn' look, and should be replaced with clean ones in the course of the day.

### Empathy

Unless totally intimidated, few patients will return to a professional where there is a definite lack of empathy. The ambience of a practice also often has a favourable or unfavourable impact, even before the health practitioner and the patient meet.

However, the choice of practitioners seems to fall into a different category from most other professions. Patients do not visit doctors to appraise or evaluate them. Once in the consulting room it is extremely rare for the consultation not to be completed, although the patient may never return.

Given the daunting nature of many professions and professionals, there is frequently a degree of apprehension in a first meeting.

Atmospherics, referred to above, are an important aspect of ensuring that potential patients are comfortable. They send silent but persuasive messages to visitors. It can be usefully harnessed through the designing of environments in a manner calculated to produce specific cognitive and emotional effects. In the interplay between practitioner and patient, one question is dominating the prospective patient's mind: 'Do I want to attend this practice and be looked after by this person?'

The patient will contract for the service provided the practitioner after he is satisfied that:

- the correct service has been chosen
- the best practice to deal with the problem or need has been selected
- the optimum level of skills and resources will be applied
- the fee level and timing will be acceptable and there is empathy between the two parties — since empathy derives largely from contact between individuals, the skills of communication and social intercourse are paramount.

It is useful to trace the 'find and appoint' process illustrated above since the marketers can ensure that the route is simple, trouble-free and pleasant. The danger for all professionals is to become so obsessed with the problem that they forget about the patient.

Part V will appear in next month's SAMJ.

*Excerpted with permission from the Business Planning Section of the Distance Learning Practice Management Programme of the Foundation for Professional Development of SAMA. For information on the FPD courses contact Annaline Maasdorp, tel (012) 481-2034; e-mail: [annalinem@samedical.org](mailto:annalinem@samedical.org)*