



PRACTICE MANAGEMENT

MARKETING YOUR PRACTICE

Part V
Techniques for marketing

What should the health practitioner do to improve the following:

- quality of communication with patients, potential patients and the community within which they practise?
- knowledge and conviction that the practice will deliver clearly recognisable benefits to patients?

The number of possible techniques, while not comparable with the vast range of options available to goods manufacturers, is nevertheless still wide.

Many professionals see advertising and marketing as synonymous. Therefore, when marketing techniques are discussed the tendency is to concentrate on whether advertising, i.e. media advertising, is appropriate. Advertising is neither good nor bad in itself, but has the power to be either. In terms of conveying important health messages to the community it can be invaluable and cost-effective. The advertising of immunisation, health diets and AIDS prevention messages have all proved their worth. When it comes to advertising the individual practice, the benefits are less clear.

However, doctors can take advantage of general campaigns by linking their own services to them and communicating to their patients and potential patients how these support the national, regional or local campaigns. Thus, the immunisation services of an individual practice can 'ride' on the national campaign; this would strengthen both messages.

Media advertising is notably absent from the suitable, usually low-cost techniques considered here. With the exception of medical directories/yellow pages – except in the USA where deregulation is almost total and the ethos differs from that of most other countries – media advertising has proved to be of little real use to virtually all the professions.

Detailed analysis of advertising expenditure by professional service organisations in the UK has shown it to be negligible. At best it can be said that the benefit of press, radio, TV and other electronic media advertising is as yet unproven.

Advertising is ineffective unless it is continual. One-off or occasional advertisements are totally wasteful with the *possible* exception of supplements devoted to a particular subject or field of practice. Some practitioners report reasonable results, while others find supplements as ineffective as any other medium.

Until more experience has been gained and more research has been done, medical practices should consider the many



other more reliable and tested techniques open to them. Several of these are considered below.

Personal contact

Patients do not distinguish a health practitioner's attitude and actions in a clinical situation from that of any other contact. Just how practitioners treat their patients has a direct impact on the patient's decision to return to the practice; as important is what they convey to potential patients. The same applies to other staff who work with patients in the practice. Overwhelmingly, personal contact is the most pervasive of communication tools. Good interpersonal skills can compensate for many other deficiencies. However excellent communication tools, they will not change negative perceptions left by poor personal contact, techniques and lack of chemistry between doctor and patient.

A practitioner's behaviour towards the patient will be as much a contribution to the practice message as any specific references to the practice's advantage in other types of communication. 'Bedside manner' has not ceased to be important. Every patient wants to be treated with courtesy, dignity and respect, especially with regard to their religious

and cultural beliefs. If this is not done, no promotional effort will eradicate a negative view. It may therefore help to consider the components of a consultation, so that it has both a clinical and a marketing benefit. There are three stages in all personal contact:

Listening: The patient tells the practitioner about the problem that prompted the visit.

Questioning: The practitioner takes a more active role by asking for more details, clarifying ambiguities and filling gaps. It is at this stage that a physical examination may be done.

Advising: The practitioner makes the diagnosis and advises on the next stages, i.e. treatment or further investigations.

From the patient's perspective, this is the best place to start in a patient-centred practice. The three stages can be broken down into a task framework (see box on p. 887).

It is obvious that interviewing is important, both as a crucial fact-finding exercise and because it forms the basis for the relationship between the practitioner and patient. Practitioners should consider as objectively as possible whether their attitude to patients is conducive to developing confidence and loyalties. The practitioner's responsibility in patient relationships goes beyond the duty of care. It includes



shaping expectations realistically, providing effective communication and presenting benefits in terms of the patient's satisfaction levels, not just those of the providers. These issues are of major concern to patients, and none of them are contrary to the norms of professionalism or in any way unethical.

No marketing tool can deliver these messages as effectively as personal contact, and it is therefore important for health practitioners to be sensitive to this.

The next and final article in this series will appear in the SAMJ in December 2004.

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

Interview: The thirteen tasks by stages	
Listening	<ul style="list-style-type: none"> Greet, seat and introduce. Elicit reason or visit with opening question, etc. Listen carefully to symptom description and history from patient's own uninterrupted description. Question on facts for gaps, depth, background, ambiguities and relevance.
Questioning	<ul style="list-style-type: none"> Sum up and recount doctor's view of facts and check for patient's agreement or amendment. Take notes. State advice and/or plan of action, and deal with the question of fees. Repeat advice/plan of action and check for patient's agreement or amendment.
Advising	<ul style="list-style-type: none"> Recount actions to be taken by patient. Recount follow-up work to be done by doctor. State next contact between doctor and patient. Ask if there are 'any other problems' and deal with them. Terminate consultation, help out and say goodbye.

Source: Byrne P, Long B. *Doctors Talking to Patients*. London: HMSO, 1976. Scheer A. *Client Interviewing*. London: Sweet and Maxwell, 1986.

IN BRIEF

Echinacea purpurea in the treatment of the common cold

A growing number of people have turned to alternative forms of health care, one of which is the use of herbal medicines. One of the most prevalent acute illnesses in the USA is the common cold, accounting for 40% of all time lost from employment and 30% of time lost from education.

Echinacea purpurea is a known immunostimulant and is promoted to reduce symptom severity and duration of upper respiratory tract infections.

A recent report in the *Archives of Internal Medicine* (2004; **164**: 1237-1241) described a randomised double-blind placebo-controlled trial of *E. purpurea* in treating the common cold in 128 patients.

Subjects received either 100 mg of *E. purpurea* or a lactose placebo 3 times daily until cold symptoms resolved or for 14 days, whichever occurred first. Subjects commenced treatment within 24 hours of the onset of cold symptoms.

The results showed that there was no significant difference between the treatment groups for either total symptom scores, or mean individual symptom scores.

The investigators concluded that while some studies have concluded that *Echinacea* is effective in reducing the symptoms and duration of the common cold, they were unable to replicate such findings. Further studies using different preparations and dosages of *E. purpurea* are necessary to validate previous claims.