

Consumerism in “Charge Free“ Environment

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Market Orientation

PATIENT

- Has choice
- Considers risks
- Chooses insurance or additional insurance
- Has direct influence on drawing of care
- Has interest in economical usage of means from his/her healthcare account

Market Orientation

HEALTHCARE CENTRES

- Determine their “market place” on the basis of selected strategy
- Choose market segments
- Create “made-to-measure“ product for chosen segment on the basis of segmentation
- Adjust their market address to their chosen market strategy and orientation

“Charge Free” Health Service

PATIENT

- Patient is kept in belief that he/she has claim to receive the best care
- Everyone has right to everything
- Patient does not have the choice of additional insurance
- Patient does not have occasion nor interest to influence drawing of care

“Charge Free” Health Service

HEALTHCARE CENTRES

- They are obliged to provide the same care for everyone

DILEMMA

- There is not enough of means

RESULT

- Decision concerning provided care depends on physicians

Position of Non-State Healthcare Centres

- Interest in sufficient amount of patients

X

- Limited settlements of healthcare services made by insurance companies (regulation of performances and number of patients)

Position of Non-State Healthcare Centres

- Interest in sufficient amount of patients

X

- Nonexistent objective data concerning quality of provided care

Position of Non-State Healthcare Centres

- Interest in sufficient amount of patients

X

- Ban on direct advertisements of healthcare centres

Management of Care Providing

Arrangement in order to have:

- Sufficient number of patients
- Maximally satisfied patients loyal to our trademark
- Provide care effectively in order to be able to operate and develop in future

Healthcare Service as a Product

- Product = Service
 - IMMATERIAL CHARACTER
 - Much more demanding on people
 - Patients entrust us the most valuable object they have
 - Perception of standard is considered individually
- Patients are not able to evaluate professional level of service**

Core Values of the EUROMEDNET Company

- Patient`s benefit
- Economy and profitability
- Image of hospital
- Self-realization of individual

Patient`s Benefit we define as

- professionally correct methods
- friendly approach towards patient
- we emphasise patient`s perceived value during treatment
- well informed patient and his/her family

Key to Success – Satisfied Patients

We need satisfied patients even not always they could receive the most modern and expensive treatment

- What do users want?
- What should we do in order to fulfill their wishes?
- **MONITORING OF PATIENTS' SATISFACTION**

What does determine patient`s satisfaction?

1. Dimension – professional competency – objectively measured performances
2. Patient`s personal experience – impressions and subjective feelings

Satisfaction or Quality?

- More important is to know what do people think about given matter than what is the objective experience
- People make decisions according to their opinion
- People make decisions more often according to experience than objective indicators

Definition of Satisfaction

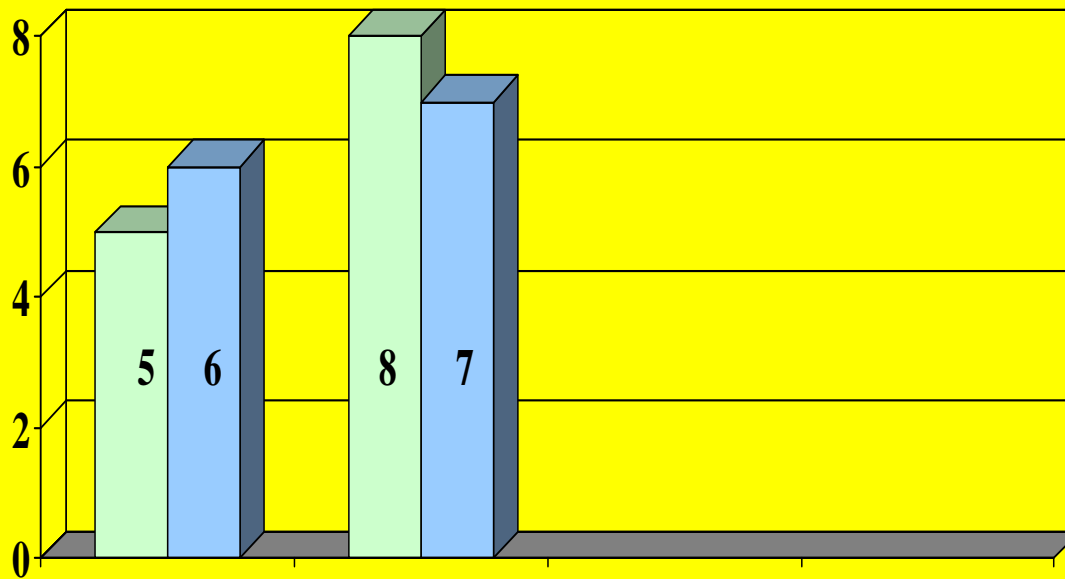
SATISFACTION

=

PERCEIVED VALUE – EXPECTATION

Expectation X Satisfatcion

If the expectation is bigger then the probability of dissatisfaction is higher



Expectation X Satisfaction

What has influence on expectation increase?

- Trademark, image
- Good experience of patients
- Well guided PR and advertisements

Constant need for improvement of care level

How to decrease expectations?

- Well informed patients
- Not to create unreal expectations

Value \neq Price \neq Costs

Perceived value for patient

- It is not influenced by price amount paid for his/her treatment by insurance company
- It is not created by hospital equipment nor the most modern appliances
- It is set by patient`s perception of hospital and provided services
- It depends on approach of the whole personnel

Value \neq Price \neq Costs

Perceived value is not proportional to costs

- Costs increase does not have to correspond to increase of perceived value.
- Purchase of expensive appliances does not have to have any value for patient.

Value \neq Price \neq Costs

Improvement of communication with patient **does not have to require scarcely any costs and could bring crucial value increase.**

Patient is not able to evaluate professional quality level.

High quality level is a **NECESSARY** condition but it is not sufficient condition.

Patients in the CR

- They are conservative
- Older patients still have in their mind experience from socialistic healthcare (for us it is mostly a chance)

BUT

- They become aware of the fact that they paid or are still paying for their healthcare
- Physician is authority for them

What do patients want?

1. Enough time devoted to them by physician
2. Feeling that they are the most important patient for their physician during treatment time and that their physician will do maximum to restore them back to health
3. Frankness and informedness from hospital
4. Opportunity to express patient`s view to his/her treatment

What do patients want?

5. Fair dealing towards patients by physicians,
RESPECT

to overcome the first barriers – coyness, fear,
listening to problems, patient has time to express
something, comfort apprehension

6. Frank approach from personnel

7. Observation of Code of Rights

Aim of Relation Towards Patients

Provide patient with treatment

- which will be effective (for us economically advantageous and at the same time it will meet patient`s expectations and will offer him/her sufficient value)
- also create conditions that in case of need patient will come back to our centre
- and to satisfy patient so he/she will spread positive opinion

Physicians Sending Patients – Instrument for Market Affecting

- They have dominant influence on patients' decisions concerning choice of healthcare centres
- It is important to establish profitable relationship where physician sending patients will prefer our healthcare centre from other hospitals

Consumerism in “Charge Free” Environment

Necessity to provide “equal” care

emphasis on perceived value and client
approach

Impossibility of direct demand management

cooperation with patient sending physicians

Ban on advertisements

creation of positive awareness