7 Managing the Healthcare Product

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7.1 INTRODUCTION

The marketing concept has long been accepted in the pharmaceutical and medical technology devices industries which is hardly surprising as the initial emphasis of marketing theory and practice was focused on physical goods and the four P's of marketing – product, price, place and promotion (Nadowska, 2013). The acceptance of marketing and business management practices in the provision of professional healthcare services was resisted for a long time by medical practitioners who still remain skeptical of the ability of non-physicians to contribute to healthcare (Porter & Teisburg, 2006). Coviello, Brodie, Danaher and Johnston (2002) observed that the initial skepticism towards marketing by professional services was linked to the transactional approach to marketing that was the norm for most of the twentieth century.

Although the concept of relationship marketing has been a long-standing part of business practice, it only gained prominence in marketing theory and practice in the last three decades, driven largely by the growth in services as western economies shifted from being manufacturing based to service based. The growth of relationship marketing has contributed to the increased acceptance and use of marketing by professional services (McColl-Kennedy, Sweeney, Soutar & Amonani, 2008). The significant role played by the private sector in healthcare has also contributed to the growth of healthcare marketing and its effectiveness (Keskinocak & Savva, 2019).

Even though the United States healthcare system is largely market based, there has been a recognition that the system is not working properly. In a normal market, competition usually drives improvements in quality and cost. As the best competitors prosper and grow, the market should expand as prices fall and value improves. This is indeed the norm in industries such as banking and mobile communication, but this does not seem to be the case in healthcare (Porter & Teisburg, 2006).

The private sector plays a key role in the delivery of health services in many developing countries. For instance, in sub-Saharan Africa private healthcare providers account for almost 50 percent of total expenditure, with some countries such as Ghana and Uganda having private sector uptake of over 60 percent (World Bank, 2008). Based on trends in other developing countries in Asia and Latin America, private investment in the African healthcare sector is expected to grow significantly as incomes rise. In Africa, the African Union Model Law, which regulates medical products, has helped standardise the development of health technologies within the region, resulting in accessible and affordable medicine (World Health Organization [WHO], 2017). This chapter delves into the healthcare product and customers and the latest healthcare innovations and design, among other things.

7.2 THE HEALTHCARE PRODUCT

The healthcare product market is divided into two broad categories. The first involves the marketing of pharmaceutical products as well as medical technology devices to doctors and hospitals, while the second involves the marketing of healthcare services by hospitals and healthcare providers to their stakeholders, including patients, medical insurance providers and visiting consultant doctors, among others. The healthcare product is an unsought good or service (Kotler & Keller, 2009). It is described as the service rendered in the health sector (Ahmadi, Pishvaee & Heydari, 2019). One visits a hospital for treatment usually out of necessity and not because one enjoys it. Often it is an emotionally draining experience for both the patient and their family. In this respect, the marketing of healthcare services provides unique challenges as consumers do not look forward to needing medical attention. The role of the healthcare marketer should therefore be not to create demand for treatment procedures, but to encourage patients to choose their clinic or medical facility over other alternatives available.

The dissonance between customer expectations and actual experience is a major problem for hospitals and health insurance providers (Coddington, Fischer & Moore, 2001). Hospitals can advertise a caring environment, yet if no one answers when the patient pushes the nurse call button, that patient will assess the hospital as being negligent and uncaring. Nearly everyone has experienced the long waiting times at doctors' offices and clinics, particularly in Africa, where the doctor–patient ratio is extremely low (Gerein, Green & Pearson, 2006). Supporting this fact, the World Health Organization (WHO, 2010) reported that the ratio of doctors/nurses to patient in Africa was 1 : 1,000 and Nwaopara (2015) affirm that the ratio has increased to one doctor/nurse per 8,000 patients. The satisfaction level with healthcare insurance acquisition is also very poor in most African markets because the insurance cover is considered poor quality and overpriced, resulting in low penetration levels of insurance on the continent (Mburu, 2017). All these realities have affected the Africa healthcare product and formed a wrong perception of the healthcare service among the masses. The healthcare product market will find it challenging to actualise the goal of preserving, promoting and providing a sound healthcare service delivery if the marketing of health products and services is not improved upon. Importantly, the service rendered in healthcare centers creates a product image in the minds of the masses/customers within a particular society. Through conscious marketing of the healthcare product, which must involve solving the above-mentioned problems and re-orienting the masses about the improved state of healthcare marketing in Africa, the status quo might remain the same. The healthcare product, at present, is not considered attractive and marketable.

The traditional view of healthcare has, for a long time, placed emphasis on disease management rather than overall health. The patient is seen as a passive consumer (McDermott & Pedersen, 2016). However, consumers of healthcare are increasingly informed and assertive, and this has started the shift to a customer relationship building and satisfaction approach to healthcare delivery. In the US, hospitals that have built a customer-oriented marketing culture are outperforming those that see themselves selling visits, tests, and services (Kotler, Shalowitz & Stevens, 2008). Healthcare services, like all services, present the marketer with the challenges of designing offerings that address the challenges of intangibility, inseparability, variability and perishability (Parasuraman, Zeithaml & Berry, 1988).

7.2.1 Intangibility

Bratucu et al. (2014) note that due to lack of physical evidence, health service attributes cannot be perceived through human senses. To overcome the challenge of intangibility, patients will look for symbols or physical evidence of quality (Bebko, 2000). For instance, nurses' uniforms, the doctor's stethoscopes and well-laid out reception areas have been used for several years as symbols of reassurance, but healthcare services have begun taking a more creative approach to achieve

differentiation in a more competitive market place. A neonatal hospital based in Pittsburgh in the US, The Transitional Infant Care Hospital, is so confident of its investment in look, feel and welcoming staff that it invites parents to tour the hospital first before making a decision to transfer their babies there for special care (Gittell & Michelle, 1997).

7.2.2 Inseparability

Since services are produced and consumed simultaneously, services are inherently inseparable. Traditionally, the interaction between the service provider and consumer is one on one and in a customer's mind, a service is essentially indistinguishable from the person providing it. Bratucu et al. (2014) observed that because of inseparability, patients can get intimate with the service provider. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a patient satisfaction survey required by CMS (the Centers for Medicare and Medicaid Services) for all hospitals in the United States for adult inpatients (HCAHPS, 2017). In the HCAHPS survey, a consistent finding is that patient satisfaction with a hospital is most powerfully influenced by how well those patients feel their doctors have communicated with them (HCAHPS, 2017). Healthcare marketers should be mindful that patients are often in an emotionally highly strung mindset due to the discomfort of their illness. Continuous training of care givers on the need to engage in a pleasant, professional and respectful manner should be part of the strategy for success in healthcare delivery.

7.2.3 Variability

Service marketers try to address the challenge of quality variability by standardising their products and processes. Service variability in healthcare can lead to serious medical errors such as filling in the wrong prescription or injecting the wrong medication. In May 2018 there was a nationwide uproar in Kenya when surgeons at the main National Hospital performed a brain operation on the wrong patient (Merab, 2018). Hospitals often try to overcome this challenge through continuous training and developing rigorous quality policies and procedures, as well as measuring and monitoring customer satisfaction (Kotler, Shalowitz & Stevens, 2008). Unfortunately, some service delivery errors are conveniently not reported. To mitigate against this some hospitals have taken the bold step of adopting a less punitive approach to mistakes such as drug errors. The emphasis is on encouraging reporting of service failures so that the organisation can learn from these to improve on quality delivery (Nesreen & Amira, 2016).

7.2.4 Perishability

Perlman and Levner (2014) observed that medical products are highly perishable and deteriorate fast, necessitating strict adherence to proper storage conditions. Similarly, stock-outs are a threat to human life and the reputation of the health facility, resulting in stock piles, for which at times the cost outweighs the benefit (Sakhaii, 2017). On the patient side, the perishability challenge, in healthcare as in other services, has to do with balancing demand and supply. Since a service cannot be stored, hospitals and clinicians sometimes have challenges coping with high demand peaks. In service sectors where the service providers do not need to be highly skilled, provider organisations can easily hire more workers to manage during peak periods. Doctors, nurses and other medical professionals are almost always in short supply, so extra hands may not always be available at short notice. Some of the other tactics often employed in other sectors, such as setting strict targets on the number of clients served per shift, cannot be easily transferred to healthcare for ethical reasons (Sasser, 1976).

7.3 THE HEALTHCARE CUSTOMER

The main customers that marketers of health services must address, that seemingly fall under healthcare value systems, include patients, consultant doctors and medical insurance providers. According to Kotler, Shalowitz and Stevens (2008), a care receiver or patient extends to close associates, a situation typical in Africa that includes immediate family members, extended family members, guardians, friends and neighbors, as well as institutions catering for disadvantaged persons, such as a home for the elderly. Patients use services provided by clinics and hospitals; doctors are customers because they refer their patients to hospitals and medical investigation facilities; and medical insurance providers are customers because they can influence their clients towards specific hospitals and doctors on their approved list of providers (Celluchi, Wiggins & Farnsworth, 2014).

7.3.1 The Patient as a Customer

Caregivers in healthcare still prefer to use the word patient over customer. This is due to their reluctance to view healthcare as a business. The problem with this view is that a patient is considered passive while in the business world a customer is considered active (McDermott & Pedersen, 2016). The change from patient to customer implies that those receiving care want to be more actively involved in their treatment options than was the case in the past (Celluchi, Wiggins & Farnsworth, 2014; Keskinocak & Savva, 2019).

In the past patients had limited knowledge of the treatment options available to them so they depended on referrals from trusted sources such as a family doctor or friends in deciding where to seek medical attention. However, recent trends show that younger consumers of medical services in their thirties are actively searching for health information to prepare for a visit to a doctor or hospital (AlGhamdi & Moussa, 2012). A recent trend in several developing countries with robust private healthcare sectors has been the decision to site hospital clinics in locations convenient to the target population. The Aga Khan University (AKU) Hospital (Pakistan), of which the main hospital is located in Karachi, recently adopted this business model and now has 37 medical centers located in the main cities of Pakistan and a further 170 laboratory testing locations through the country (AKU, 2018). AKU Hospital in Nairobi has adopted a similar expansion strategy, and this has influenced other private hospital brands in Kenya to follow suit.

While patients might consider this development positive due to the attendant convenience, there is a risk that the emergence of large private hospital chains may not lead to lower costs in Africa. The US has had large hospital groups for a long time, yet competition does not seem to have benefited the customer. Africa has a much weaker regulatory environment, and countries like South Africa now have large hospital groups like Netcare, Mediclinic and Life Healthcare. Of the 92,000 hospital beds in South Africa, 37 percent are in private hospitals, yet 53 percent of annual healthcare spending is in the private sector that caters for just 14 percent of the population (Indiana Health Industry Forum, 2017).

7.3.2 The Doctor as a Customer

Consultant doctors need to have access to hospitals to treat seriously ill patients or perform procedures that cannot be done in their offices. Doctors will often have admitting privileges at more than one hospital, and hospital executives are well aware that doctors who are not pleased with one hospital will choose to admit their patients in a different hospital. Hospitals, therefore, need to make significant efforts marketing to doctors in order to encourage them to admit an optimum number of patients (Celluchi, Wiggins & Farnsworth, 2014; Ahmadi, Pishvaee & Heydari, 2019). Besides hospitals, pharmaceutical companies also spend significant resources on marketing to doctors. In both cases, it is advisable to adopt a relationship marketing approach. Relationship marketing seeks to develop a mutually beneficial long-term relationship between the marketing organisation and its

customer (Berkowitz, 2011). One strategy that is likely to prove useful is to provide opportunities for the doctors to learn of new developments in their respective fields. Doctors need to keep abreast of new knowledge, and, since they are very busy, they will give preferential treatment to organisations that do a great job of assisting them to learn on the go. Conferences, working sessions with visiting renowned physicians and modern comfortable doctors' lounges are among some of the options appreciated by consultant doctors.

7.3.3 The Payer as a Customer

There are three main types of payers for healthcare services in Africa. These include consumer payers, where the recipient of the services is responsible for settling the bill, the government and private insurance companies. The pricing strategy for healthcare products is heavily influenced by the buyer's decision process depending on who is responsible for making payment (Kotler, Shalowitz & Stevens, 2008; Ahmadi, Pishvaee & Heydari, 2019). Owing to the low penetration of both private and public healthcare insurance in Africa, the consumer is, in most cases, responsible for settling the bill on their own. Since most consumers have low disposable incomes, they are price sensitive and often shop around for affordable healthcare providers. The tendency to shop around is also easily understandable as the individual has limited negotiating power with a doctor and probably less with a hospital. He or she is, therefore, a price taker once the choice of a healthcare provider has been made. In many cases consumers will self-medicate to avoid doctors and hospital charges. The weak regulatory environment in Africa also promotes the habit of self-medication. For example, in Nigeria self-medication is tacitly encouraged because pharmaceutical drugs are freely displayed for sale in unauthorised places such as markets, roadside stalls and other public places not duly licensed to sell them (Ayanwale, Okafor & Odukoya, 2017).

When the government or private insurance company is responsible for settling the bill, then buyer power becomes a key factor (Kotler, Shalowitz & Stevens, 2008). Governments will often set the price they can afford based on the limited financing of healthcare in Africa and hospitals will often have no room for negotiation. Private insurance companies have some leeway in recommending a list of preferred doctors or hospitals, so the providers of healthcare must have good marketing and relationship management strategies in order to remain in the good books of health insurance companies. In the recent past, there has been a demand for predictable pricing by insurance cover providers. Hospitals have responded by adopting fixed aggregate or "package" prices for frequent and relatively routine medical or surgical procedures.

7.4 HEALTH SERVICE INNOVATION AND DESIGN

To better understand the healthcare service roadmap, it is imperative to delve into the three dimensions of healthcare service as enumerated by Kotler, Shalowitz and Stevens (2008), namely: the level of service provided, the nature of medical technology used, and the location of the healthcare service, albeit with minimal delineation. The level of healthcare service may vary from simple to intensive care or from short to prolonged treatment. The medical technology used could be simple to multiple types and, finally, the location of site may be inpatient or outpatient, or a combination of both (Kotler, Shalowitz & Stevens, 2008).

In most developing countries, the majority of the population still lives in rural areas. Most doctors prefer to work in the major cities, so the doctor to patient ratio is even worse in the countryside. In India, for example, 68 percent of the population lives in the rural areas, and over 60 percent of specialist doctor positions in rural and smaller urban center hospitals are vacant (Mathur, Srivastava, Lalchandani & Mehta, 2017). In Africa, the average ratio is 26 doctors per 100,000 persons (Scott & Mars, 2015), but this can be a misleading statistic because some countries such as South Africa, Egypt and Morocco have much higher ratios. In South Africa, 43 percent of patients live in rural areas where the doctor–patient ratio is 13 doctors per 100,000 people, and in some

parts of rural Zambia, some provinces operate at a doctor-to-population ratio of 1 : 69,000 (Chanda & Shaw, 2010). The World Health Organization recommends a doctor–patient ratio of 20 : 100,000; in the Organisation for Economic Co-operation and Development (OECD) countries this ratio is 320 to every 100,000 people. Two health service innovations that have been used successfully to improve accessibility to healthcare in Africa are telemedicine and mobile health (m-health).

7.5 MARKETING IN HEALTHCARE: TELEMEDICINE AND MOBILE HEALTH (M-HEALTH)

One of the strategies to deal with this challenge is to promote the use of telemedicine: the remote diagnosis of patients by means of telecommunications technology (World Bank, 2008; Urazimbetoya, 2011). Through a video link, doctors with specialised training assist clinical officers, nurses or junior doctors to diagnose ailments, recommend treatment and perform surgical procedures (World Bank, 2008). Telemedicine has been used to address the shortage and skewed distribution of specialist doctors in developed countries, with documented success. In the United States, more than half the states have passed telemedicine parity laws mandating that commercial insurers reimburse telemedicine visits after studies showed that, among other benefits, its use improved the post-operative management of stroke and heart condition patients while lowering treatment costs (Mehrotra et al., 2016).

The private sector has identified the potential business opportunity of telemedicine in developing countries. In India, the Apollo Hospitals Group has partnered with the Indian government ISRO (Indian Space Research Organisation) to set up over 125 VSAT (very small aperture terminal) enabled peripheral medical centers in the rural areas (Ganapathy & Ravindra, 2009). Nigeria is Africa's largest market for healthcare, and the government has actively encouraged the use of telemedicine to enhance the delivery of healthcare. Recently Shell Nigeria partnered with VSee, a telehealth app and video conferencing Software Company, to enable virtual doctor consultation visits for its employees working in remote offshore drilling sites (Ekanoye et al., 2017).

The high penetration of broadband and smart phones in some African countries such as South Africa and Kenya has contributed to the growth of telemedicine in the recent past. Safaricom, the leading internet and mobile communication company in Kenya, recently partnered with Huawei and the government of Kenya to set up a project that will provide video-based health consultation services to over 200,000 residents in the remote county of Lamu from the main hospital at the Kenyan coast, the Mombasa General Hospital (Safaricom, 2018). Safaricom has a long-term strategy to grow its data and mobile apps businesses by promoting telemedicine and low-cost health insurance products that will ride on its m-pesa (a mobile phone wallet) infrastructure (Safaricom, 2018). Safaricom has been a pioneer in using mobile communication technology to bring financial inclusivity to the bottom of the pyramid (BOP). As of June 2017, m-pesa had 23 million subscribers (Kivuva, 2018) which means that over three out of four adult Kenyans have m-pesa accounts. In 2012, Safaricom partnered with a major Kenyan bank, CBA, to enable vetted m-pesa account holders to access short term micro-credit facilities through its m-shwari mobile app platform.

By 2017, 55 percent of Kenyan adults with registered mobile phones were beneficiaries of micro-credit loans through m-shwari and similar mobile phone/commercial bank products in Kenya. Safaricom has also partnered with a Kenyan solar energy company, M-KOPA, to enable over 100,000 Kenyan homes that are not connected to the national electricity grid to acquire a solar energy domestic lighting solution, for which the customers pay monthly over the m-pesa platform (M-KOPA, 2018), enabling them to use their phones to access information. In 2016, Safaricom, in conjunction with a mobile app developer CarePay, and a not-for-profit group, PharmAccess, launched the m-tiba product (m stands for mobile and tiba means "care" in Swahili). This product enables customers who cannot afford traditional private health insurance to access it as they save money monthly to be used for medical treatment when the need arises. To add value to m-tiba, Safaricom and PharmAccess have partnered with donors who contribute to treatment for certain

conditions through the m-tiba platform, largely due to the ease of efficient administration and accountability. Within a year, m-tiba had 230,000 users who have been able to access treatment in 311 accredited healthcare centers (Mumo, 2017). Safaricom and its partners are confident that m-tiba will achieve similar success to its other mobile money initiatives and open up healthcare access options to the bottom of the pyramid.

With improved internet connectivity within the region, it is expected that the internet of things (IoT) will make significant inroads in the health sector. Karahoca, Karahoca and Aksöz (2018) note that IoT will greatly shape the healthcare sector due to its ability to map and capture vital health information. For instance, a smart shirt uses GPS down to the exact location to communicate a patient's health complications to the nearest health providers in case of an emergency, and it also tracks the patient's heartbeats and provides an electrocardiogram. This means that lots of patient information will be available at varied internet sites that can be mined to better understand health matters. Morgan (2018) notes that embracing IT to enhance healthcare customer experience through augmented reality (pop up treatment options that appear on-screen as a doctor checks a patient's condition), big data analysis, patient personalisation and use of wearable devices is changing the human face of the sector.

7.6 HEALTHCARE SERVICE BLUEPRINTING

Technological changes in the global environment, with which the organisation must also align in order to remain relevant, require that healthcare providers must have a planning tool or a map that shows how the service is provided, taking into consideration environmental factors. The service blueprint entails aligning the organisation's structure with technology and the need of the markets (Bitner, Ostrom & Morgan, 2008). The healthcare blueprint is a structure of operation that reflects the interaction of the organisation with other stakeholders towards achieving the right customer experience. A healthcare blueprint shows the structure of service delivery, how it would be rendered, and those involved. It allows for comparison between the operational process and the experience gained by customers in their contact with the service organisation.

The service blueprint entails service interactions, identifying gaps in the internal process that might affect an impactful customer's experience. The service blueprint is also used to examine the quality of experience patients have with services rendered by the healthcare service provider. In a technology-driven world, it serves as an asset for marketing healthcare services.

7.7 HEALTHCARE DIGITAL CONTENT MARKETING

Content marketing is the process of creating and sharing original content to generate awareness and interest in a business online without explicitly selling any products or services. The buying decision process for a patient seeking treatment is a high involvement situation. Consequently, healthcare marketers should adopt an educational approach over a promotional one (Berkowitz, 2011). Content marketing's strength lies in building brand recognition and reputation; in a recent study conducted in the United States, hospital reputation was found to be a much bigger determinant of patients' selection of hospitals than recommendations from family or friends (GLC Delivers, 2017).

Since consumers increasingly search for information online before making buying decisions, health service providers who offer invaluable information that educates the public and engenders trust are likely to achieve a competitive advantage over their peers who do not.

The Mayo Clinic is a leading American Hospital brand based in Rochester, Minnesota (Mayo Clinic, 2018). The hospital website has a page on disease symptoms and their possible causes. It also has a page where it shares real patient stories to offer hope and inspiration to potential patients (Mayo Clinic, 2018). The organisation shares the posts widely on social media, too. In addition, Mayo Clinic addresses specific health topics, such as living with cancer and managing chronic conditions. Some of this medical information is available on YouTube video to optimise customer

engagement. Some hospitals in Africa have also realised the brand building power of content marketing. The Netcare group of hospitals in South Africa has a web page dedicated to educating visitors on various health conditions (Netcare, 2018) and how best to avoid behavior and/or situations that might aggravate ailments. This information is also available in audio form to make it more engaging and easier to comprehend.

7.8 NEW SERVICE DEVELOPMENT

Rebranding of the healthcare service in Africa will require the development of new services to match the current need of the market and the changing dynamics on which their performance depends. The new service development system must be customer centered and customer driven. To have an effective and efficient new service delivery system, the development process must capture three main frameworks which are: development of the service concept, development of the service system, and the development of the service process (Edvardsson & Olsson, 1996; Lusch & Nambisan, 2015). The main focus of new service development is to ensure there is an efficient customer service delivery process because under this system, the patient is now seen as a customer. Contemporary service delivery systems in the health sector must be aligned with the logic of the customer and create value.

Further Edvardsson and Olsson (1996) and Lusch and Nambisan (2015) stressed that the new service delivery system in the health sector should be geared towards ensuring that a product of the right quality is rendered in the right manner, because the product quality governs the customer's perception and his/her report of the business image in the market. The health sector must see customers as key actors in the long and short run future performance of their health organisation. The service system must be developed in such a way that the service is appropriate to customer's need, which also adds to the organisation's value. Also, the service system should possess the necessary resources needed to have a successful service delivery process. The new service development must coordinate and provide a pathway for a new direction in the organisation's work process. The new service delivery, which is customer oriented, takes the form of a strategic plan which reflects the vision of the organisation. If the organisation's service delivery outcome does not change, it means the new service development system is ineffective and did not capture the service concept, service system and service process put in place

7.9 CONCLUSION

It is evident that marketing over the last couple of decades has made unprecedented inroads in the healthcare sector, which is predominantly service based, driven mainly by the private sector, especially in Africa. The healthcare market consists of marketing of pharmaceutical products, medical technology devices and healthcare services by the providers. Generally, human beings dread going to healthcare centers, so medical goods and services are unsought goods (Kotler & Keller, 2009). This is worsened by the fact that healthcare services are intangible, inseparable, heterogamous and highly perishable, which calls for concerted effort to make them tangible and offer patients a memorable experience.

Today, consumers of healthcare are more active and seek effective and affordable treatment from a wide variety of information communication technologies, compared to yesteryear's customers who were hugely passive. It is imperative to broadly understand that healthcare customer refers to the patient, doctors and clinical officers, as well as the payer (patient, parents, friends, institutions, government and private insurance companies). Recent developments in health technologies in Africa and the rest of world such as telemedicine, m-health and smart technologies have ushered in a new dawn in Africa by closing the physical geographical distance in the provision of healthcare, easing the quest for health for all. Africa's public and private healthcare service providers must ensure that marketing practices are inculcated into their healthcare service delivery systems.

They must begin to see the patients as customers in order to render quality service to them, which will influence their intention to continue with that provider.

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