Using marketing principles for healthcare development

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In this paper I examine the scope for using marketing principles in health service development, which, for the purposes of this paper, is putting knowledge into action – new technologies, new services, or new organisational arrangements. At the moment both central government and those working in the NHS research and development system recommend clinical guidelines as a prime means of moving knowledge into practice.^{1 2} Therefore, I will use the case of clinical guidelines to bring the ideas of marketing to life, using examples from the royal college's development programme in the health care of elderly people. However, the principles described could be used for any other approach to health service development. I will first consider the marketing concept as the basis for the principles of marketing and then introduce the idea that knowledge can be made into products. I will then review the central challenge of moving towards science based practice and discuss six principle marketing activities, ending with the existing opportunities for practical use of the marketing concept.

The marketing concept

Modern marketing is based on the marketing concept, which is, in essence, succeeding by finding out the needs of target markets and satisfying them.³ Using this concept requires a market focus and orientation towards the consumer. Neither of these are of prime concern to organisations which base their activities on the concepts of production, product, and selling. These concentrate respectively on having the best production system, making the best products, and aggressive selling. Although these approaches have been used in the past, most forward thinking firms now use the marketing concept to reap success, marketing being increasingly viewed as a core business function. However, in this paper I am not suggesting that health care should be run as a business but rather that valuable theory and experience from the business world could be adapted for health services development. Recent commentators have suggested that one aspect of marketing – the theory of the diffusion of innovations – could be used.^{2 4} This partial approach has, however, been tried and had only limited success.^{5 6} One attraction of using the marketing concept and principal activities is that it provides a framework for a comprehensive approach.

"Knowledge products"

Good marketing begins with a need rather than with a preconceived specification for a product. Knowledge can be regarded as a raw material comprising published research output, systematic overviews (such as those to be produced by the Cochrane Collaboration), and perhaps handed down clinical wisdom (fig 1). From this raw material "knowledge products" can be produced according to the needs of consumers in relation to developing clinical practice. These needs can be considered as a hierarchy of increasing specificity (table 1), springing from the core need for up to date knowledge. These needs may prove to be complex – for example, a recent survey showed that general practitioners have individual needs in relation to clinical guidelines for the management of asthma.⁸ This is not surprising, and the same can be expected of different stakeholders in clinical practice. It implies a need to balance the advantages of mass production with a need for customisation (see below). In discussing knowledge products for developing clinical practice the ultimate purpose to which such products will be put must be borne in mind – for example, one key purpose is enhancing clinical decision making.

The challenge

The central challenge in health service development is basing practice on knowledge. At the moment this tends to be conceptualised in a top down fashion – what would be called product push in industry. It is expressed in phrases such as "moving knowledge into practice." There is ample evidence either that this does not happen or that it happens slowly. Although the publication of some clinical trials has resulted in measurable changes in medical practice,⁹ others have had no effect.¹⁰ There is ample evidence of delayed uptake in relation to premature labour,¹¹ use of anticoagulants,¹² and treatment of asthma.¹³ An often quoted example is the use of thrombolysis for myocardial infarction. Persuasive evidence that this is an effective intervention has existed for many years,¹⁴ but despite large trials¹⁵ and broad acceptance,¹⁶ this proved intervention is still not used¹⁷ and inappropriate agism in its use exists.¹⁸ Improving the situation is one of the central planks of the new NHS research and development strategy.¹⁹ Researchers have been encouraged to give some thought to implementing their findings,² and those applying for NHS grants must now indicate how their findings might be implemented. The

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Accepted for publication
21 November 1994

Fig 1 Clinical practice development by satisfying knowledge needs with knowledge products

consumers of knowledge products, however, seem to have been little consulted.

Currently, clinical guidelines form the central thrust for implementation along with publications such as the *Effective Health Care* bulletins.²⁰ Yet, there has been considerable doubt and cynicism about the role of guidelines²¹; some experiences have been positive²² but others have been less encouraging.²³ A recent systematic overview suggested that in general clinical guidelines work with provisos,²⁴ but it has been asserted that many more sets of guidelines have been drawn up than have been implemented.²⁵ Surprisingly, despite fears of cookbook medicine, control of medical practice, and medicolegal worries, physicians seem to have a generally favourable view of clinical guidelines.²⁶ Although there have been major changes in the way that clinical guidelines are produced, the general view seems to be that such knowledge products should be defined by their producers. For example, a recent article described what seems to be a primarily top down approach for implementing research findings,² suggesting a product focus. The

marketing concept maintains that greater success would be achieved with a customer focus. Recent experiences seem to show the vast superiority of the marketing efforts of the pharmaceutical industry over circulation of an *Effective Health Care* bulletin in influencing prescribing of a new class of antidepressants.²⁷ This reinforces the idea that the marketing approach has major advantages. Certainly, success has accrued to organisations which have a strong marketing orientation such as Marks and Spencer and British Airways. As discussed below, such a comprehensive approach recognises that there are many ingredients to successful change. A multi-pronged approach has been shown to work in reducing inappropriate laboratory requests.²⁸ A further advantage is that the marketing approach assists in the management of the process.

Principal marketing activities

Six main marketing activities are used to implement the marketing concept; I will discuss each in relation to clinical guidelines.

ANALYSING OPPORTUNITIES

Before embarking on production, the producer should analyse the chances of success. This requires an information system that gathers together information from previous ventures, intelligence, and formal market research. Any of a variety of models may be used to evaluate the situation according to the environment faced, the potential markets, buyer behaviour, and the activities of competitors. A simple SWOT (strengths, weaknesses, opportunities, threats) analysis for clinical guidelines is shown in figure 2.

SELECTING TARGET MARKETS

Mass marketing has now been replaced by selective marketing. This is done by assessing the likely demand and segmenting the market. Segmentation is the process of dividing up the population of potential consumers on the basis of common characteristics so that one group of consumers with a common identity can be targeted with a tailored approach. Different segments may be more or less attractive in the first instance; some may represent higher demands; some may be more accessible; some may be easier to identify. With respect to clinical guidelines, segmentation might be carried out by user group (purchaser, provider, consumer), specialty, or discipline or by using a focus such as the clinical director or purchasing lead. An obvious approach is to work closely with a specialty, members of which are fairly identifiable.

DEVisING MARKETING STRATEGIES

A marketing strategy defines the broad approaches to the selected market segments. Three aspects of the strategy are of particular importance: positioning the product, developing the product, and managing the product life cycle.

Positioning – Products are positioned so that they occupy a distinctive and valued place in

Table 1 Hierarchy of knowledge needs

Hierarchy level	Description	Example
Need family	Core need	Up to date knowledge for clinical practice development
Product family	All the product classes that can satisfy a core need	Knowledge products
Product class	A group of products within the product family with functional coherence	Expert practice support materials
Product line	A group of products within a product class with similar characteristics	Clinical guidelines
Product type	Items within a product line that share one of several forms of the product	For the care of asthma
Brand	Name associated with one or more items in the product line	British Thoracic Society
Item	A distinct unit within a brand or product line	Guidelines for the management of asthma: a summary ⁷

Strengths Supported by NHS Executive Congruent with NHS Research and Development initiative Link with drive to clinical audit Demand high Worldwide activity Can distill knowledge Professionally driven Possible role in cost containment Flexible formats possible	Weaknesses Uncertain effectiveness Uncertain acceptability threaten clinical freedom Unfocused market Patchy uptake Controversy about national or local production Time consuming to produce Need for updating May increase healthcare costs
Opportunities Purchasing Cochrane collaboration New distribution channels (national reviews and dissemination centre) Improving communications (Internet etc) Development of electronic patient record Consumerism in health care Growth of private medicine	Threats Consumer cynicism Purchasing Non-professional service specifications Further changes in NHS organisation Lack of time for clinicians to participate Information overload

Fig 2 SWOT (strengths, weaknesses, opportunities, threats) analysis for producing clinical guidelines

the target customers' minds. This can be achieved in four main ways. Firstly, the product can be changed – for example, clinical guidelines could have different features, formats, and designs. Secondly, associated services such as audit, training, and consulting advice, could be constructed; all of these are relevant to clinical guidelines. At the Royal College of Physicians we previously accompanied clinical guidelines with congruent clinical audit packs,^{29–32} an approach which has been recommended by others.³³ We are also in the process of setting up a clinical guidelines library service. Comparative audit is another possibility. Thirdly, the producers' staff may play a key part by being competent, courteous, reliable, and responsive. For clinical guidelines, this would mean having an up to date catalogue, knowledgeable staff, and excellent communications systems. Finally, the image of the producer and product is vital. This image may present a singular message distinctively, using the emotional power of symbols, atmosphere, and events. A well known organisation, such as a royal medical college, has a strong image which could be used effectively to position clinical guidelines in the minds of consumers. The very phrase clinical guidelines is beginning to have a negative ring to it (medical cookbooks) and so

a new description such as expert practice support may be more effective.

Product development – Decisions must be made about liaison with consumers in the phase of product development. This has now become common practice in many industries. Boeing involved its customers heavily in the development of its latest aircraft. We now seek to do this with clinical guidelines development; a range of different consumers – patients, purchasers, providers, and policy makers. We also seek the participation of all the care disciplines, both experts and grass roots clinicians, and in the different parts of the United Kingdom. Some are involved in making the product and often they are keen to participate in pilot testing and researching the effectiveness of the recommended clinical guidelines.¹⁷ In effect, they may become product champions, whose word of mouth recommendation has immeasurable worth.

Managing the product life cycle – An approach to managing the product through its life cycle must be devised because everything becomes out of date. One approach is to produce new formats. For example, clinical guidelines that started life as reports could be produced as software,³⁴ as videos, or on CD ROM. They may also be adapted over time for different market segments or new markets.

PLANNING MARKETING PROGRAMMES

Planning a marketing programme is deciding on the “nuts and bolts,” or the implementation-dissemination phase in figure 1. This comprises the design of a “marketing mix,” or the recipe for how the four main marketing tools – product, price, place, and promotion (table 2) – will be used. Apart from an action plan, this also provides a framework for allocating resources, responsibilities, and communication.

Price may not be a prime consideration for clinical guidelines, but guidelines are often sold. A strategy is needed. Should the members of a producer organisation get free copies? Will those who pay a price attach more value to what they have bought?

Place refers to distribution. The importance of the distribution of clinical guidelines has been emphasised in a study of guidelines for the management of head injury.³⁵ Although new channels of distribution are now opening up such as the information superhighway,³⁶ distribution through existing systems is patchy and uncertain.

Promotion – There are many opportunities for promotion in the health sector such as journals, books, conferences, etc. In addition, direct communication is possible through membership organisations. We have established a National Research and Development Network in Geriatric Medicine to facilitate such activities. There is a newsletter entitled *Linker* and a growing group of local link people, who are consultant geriatricians with an interest in service development. In due course, the network will expand to cover the other disciplines and sectors of care. For many organisations, the sales force provides the key

Table 2 Components of the marketing mix

Product	Price	Promotion	Place
Brand name	Payment	Advertising	Channels
Packaging	Discounts	Sales promotion	Locations
Service	Subscriptions	PR and publicity	Delivery
Features	Bundles	Selling	Stocks
Quality	Cost-benefit in use	Direct marketing	Speed of order

Fig 3 Using marketing approaches for developing clinical practice

element of personal promotion. An analogy in the health service is the role of facilitators in service development.³⁷ Figure 3 shows the role of the marketing mix in clinical practice development and identifies the target segment as the “right people” to remind us that we must communicate with consumers who will use the product.

ORGANISING, IMPLEMENTING, AND CONTROLLING

The marketing effort must be properly organised so that it can be implemented accurately. In industry this can be organised by function (having a marketing department), according to product grouping, by consumer groups, or by geography. As far as clinical guidelines are concerned, it would probably be best to begin by instilling the marketing concept throughout the producer organisation. During the implementation stage, control is required and the information for this may also be used as a marketing information system as I mentioned in the first part of this paper. Control is needed to measure results and effectiveness and remind the organisation of its aims.

WORKING WITHIN A STRATEGIC FRAMEWORK

As can be seen, the use of the marketing concept is an activity based on strategic principles. Thus, effective working also needs a strategic framework. In the commercial world a key influence on the successful marketing function would be a close fit with overall corporate objectives and strategy. Indeed, in firms which closely espouse the marketing concept, marketing considerations are often central to corporate strategy and may shape the corporate mission. This would apply to clinical guidelines, and we have found it extremely

useful for developing a programme of work on the health care of elderly people.

Pathways to using marketing principle

Several opportunities exist for using the marketing concept to achieve health service development. Firstly, there seems to be a need for a model for helping knowledge uptake into practice; several have been proposed, but the marketing model seems to be more fully embracing than others.³⁸ Secondly, adopting the marketing model means that the health service can learn from the world of business. Thirdly, the use of a business concept is broadly compatible with the apparent political imperative for running the health service along business lines. As the management of the health service is strengthened, the use of the marketing concept is an idea that new generations of managers will have come across. Fourthly, the use of the marketing concept is congruent with the growing consumerisation of the health service.³⁹ Finally, there is clearly a growing interest in science based care, and this is being fostered through the NHS research and development initiative¹⁹ and the establishment of the NHS reviews and dissemination centre. This will foster much greater demand for knowledge products. In our work in health care of elderly people, we have found that surveys of consumers and local visits to services have been an excellent way of introducing customer focus in clinical guidelines development. In Anglia and Oxford region this type of approach has resulted in the GRIPP (getting research into practice and purchasing) initiative, which echoes several aspects of the marketing approach.⁴⁰

Conclusion

The marketing concept and the associated principal activities seem a powerful tool for devising effective approaches to developing the health service within a unifying framework. I have concentrated on the implementation of clinical guidelines, but these ideas would also be applicable to other aspects of health service development such as evidence based education programmes, computerised decision support systems, or an electronic patient record. Although the very word marketing, with its inaccurate connotations of selling, may put off health professionals, use of the marketing concept has gains for them. For example, it puts them in a central position in developing clinical practice rather than making them targets for exhortation and control. What is suggested will require focused use of resources, but this is likely to be repaid in streamlining and speeding up clinical practice development, with resultant savings in inappropriate care and the delivery of higher quality care.

The Research Unit of the Royal College of Physicians is supported by grants from the Wolfson and Welton Foundations, by other charitable donations, and by a grant from the Department of Health. The programme of research and development in the health care of elderly people is additionally supported by Private Patients Plan Medical Trust.

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