NAME

PROFESSOR

COURSE

DATE

Chapter 4

7. The US decline of the middle class poses an extreme challenge for the US Public Health System, as more and more patients in need will be requiring the System’s services, draining the system’s already dwindling financial and provider resources. The impact on organizations such as Scripps is a decline in research funding, as there are fewer patients able to pay into the healthcare system directly. This also leads to a detrimental effect on patient care and treatment protocols.

Chapter 6

1. Targeting this demographic would mean appealing to needs and values of this group. With both spouses working outside the home, there would be no need to focus on issues such as insurance and not much emphasis would need to be placed on cost, since one or both spouses likely provides insurance for the family through work. Instead, the focus might be on quality of life and, especially, on health maintenance and disease prevention as the demographic ages.
2. This group might target women who are in their child-rearing years and have or intend to start a family. For this base, the focus might be on pre-natal and post-natal care, as well as on specialty services, such as fertility services. Another segmentation base might be women who are middle age and peri or postmenopausal, those who already have their children or wish to remain childless. For these patients, the focus needs to be on health maintenance and disease prevention, such as breast and cervical cancer screening, as well as cardiovascular care oriented around the unique needs of female patients and the specific cardiac care female patients require. A third segmentation base might by low income women whose children receive government funded medical care but who themselves are uninsured or underinsured. These women would best be served by not only attending to their care in a means that is financially manageable to them but also in providing health and nutrition education, child healthcare information, and access to essential resources to support these women in ensuring the medical well being of themselves and their families.

4.My first task in this situation would be to research to whom these PCP were referring their patients. I would seek to understand the physicians and the facilities receiving the referrals, along with the nature of the relationship between the PCPs and the specialists. If an assessment reveals that our facilities and practitioners are on objectively equivalent to those receiving the referrals, then I would pursue relationships with the PCPs and bolster marketing strategies to this target group. If the referring facilities or specialists are in some way superior to the services we provide, then I would implement measures to correct that imbalance within my organization.

Chapter 7

1. By no longer viewing referrals as an individual transaction, a group will begin to see the entire referring physician or group’s patient roster as potential/target clientele. This would necessitate an analysis of this patient base, an alignment of services to that base’s needs, and the marketing of those services to the referring group to promote on-going referrals. The relationship would need to be one where referrals to our group were the standard procedure, not an exception.
2. One of the most significant reasons for this correlation is that satisfaction may lead to a diminishment of need for future services. Demand generation requires a certain level of dissatisfaction in order to ensure that clients continue to seek the services that may quell that dissatisfaction. Of course, too high a dissatisfaction level can lead to the severing of the relationship and loss of the client.
3. Here, the group is trying to work on the variable of patient wait times, reducing patient dissatisfaction with long and what patients may perceive to be as unnecessary waiting. This suggests efficiency and patient care, a respect for the patient’s time.
4. In this case, the group is seeking to use the expertise of the referring physicians to drive customer interest and demand and to enhance the profile, name recognition, and brand of the group. Further, this enhances customer confidence by promoting transparency in the referral process: customers understand that referrals are based on quality of care, not cronyism.

Chapter 10

1. These actions reflect a change in distribution intensity to align with changing patient demographics and organization service capacity. The shift from domestic satellite facilities to international ones in Mexico and Abu Dhabi reflect the organization’s belief that patient concentrations and demographics in these satellite areas are such that services can be provided while maintaining acceptable profit margins.
2. Vertical integration within an academic medical center will see the affiliation and ownership of clinical practices, tertiary in-patient and outpatient treatment centers, and potentially the ownership of product and service providers all by that single university system, which largely controls the operational and financial protocols of the system. This group is at the top of the vertical integration chain and all other entities are below it. Vertical integration by a five personal general surgery group may lead to the group’s acquisition by a larger entity, such as a hospital or university system, which will determine the group’s financial and operational destiny. It is at the bottom of the chain, with operating systems above it. Vertical integration by a medical supply manufacturer may entail the group’s acquisition by a larger entity and a contractual obligation to supply only those designated by the system owners. The manufacturer occupies an intermediary position.

Chapter 11

1. Brock may be confused by the distinctions within the PPO between primary care providers and specialists. There may also be a distinction between child and dependent care within the system. In addition, the nature of the visit (preventive versus acute care, for example) or protocols regarding deductibles and copays may also be at play. More depth and transparency in the process of presenting employees with insurance options are needed.

4.In the case of a busy emergency room, I would recommend promotional strategies that would advance our organization’s services as an alternative to emergency room care, such as the availability of 24/7 care with minimal wait times and very low cost for all non-emergency services at one of our urgent care or walk-in clinic facilities. For the promotion of the executive fitness program, I would offer on-campus health education and screening at the workplace, with discounts for follow-up services and screenings for those who participate during the on-campus initial engagement at the workplace. For the occupational medicine program, I would implement protocols whereby practitioners and service providers visit these companies at least several times a month, providing occupational medicine services on-site, possibly at a reduced rate during a promotional period.

5. This is where relationship building prior to the initial contact is needed. The wishes of the practice and the physicians should be respected in order to build the relationship, but the rep may reach out to the office manager or other qualified personnel, by phone or email, to discuss the services and products offered and to arrange a visit. The rep may also provide informational material without requesting an in-person interview at that point in order to initiate contact with the physicians and staff.

Chapter 12

1. Awareness Objective: New Hope Center is a first-of-its kind treatment center in our community that centers exclusively on the treatment of chemical dependency in adolescents. New Hope specializes in the treatment of youth in the criminal justice system or at risk for entering the system due to chemical dependency issues.

Trial Level: New Hope Center provides target services for adolescents battling chemical dependency that are unmatched in our community or region. Clients will experience an unsurpassed level of care due to the Center’s expertise in the unique challenges of adolescent addiction. Clients of New Hope experience lower relapse and recidivism rates (the trial level here is designed to encourage stakeholders not only to recognize the name but to shift, at least on a trial basis, to this center for patient referrals).

1. My response would depend upon 1) the nature of the current program, its advertising effectiveness, and the short-term and long-range goals of the program; 2) the effectiveness of St. Mary’s program and 3) the accuracy of the administrator’s research. I would spend those two days in intensive research and would present a formal proposal in response, including providing financial comps related to the institution, its competitors, and the current market.
2. As an undergraduate English major, the tone and content of the materials may have been pitched to a different level than the target group needed or desired. I would anticipate that the materials needed to be revised for conciseness and relevance, ensuring that the materials spoke only to the concerns of the cardiologists. The materials also need to be built around the criteria, which can be identified through research, that inform the physicians’ choices in making referrals.
3. The director should consider the general readership of the paper. Will this readership be likely to need, pay attention to, or understand the information provided by a cardiac rehabilitation center? The director might also consider research to show how patients typically choose cardiac rehabilitation services: is it through advertising or some other way? If advertising does influence their choices, then is print advertising the most effective medium, or are other media more effective?