HEALTHCARE MARKETING

What the strongest healthcare marketers do differently

Most good marketing habits travel. These are the ones that do not: claims rules, doctors, capacity and a frightened patient's trust.

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Gaurav Phogat
gauravphogat.com



THE RIGHT NUMBER

Honoured appointments, not leads

WEAK	Cost per lead falls monthly; the OPD sees nothing change
STRONG	Separate appointment booked from appointment honoured
THE GAP	Slot eleven days out, no reminder in their language, cashless unanswered
LEAKS	Contact centre, callback delays, slot availability

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gauravphogat.com



NMC AND ASCI

Know the rules before legal explains them

- A written claims standard: no cures, guarantees or superlatives
- A clinical review path with a named reviewer and date
- Agency obligations written into the contract
- Patient stories: written consent, no implied outcome, current rules checked

Still write the way patients ask: regional languages, cost, cashless, recovery time.

Gaurav Phogat
gauravphogat.com



DOCTORS

Earn trust before you use a name

- Treat consultants as partners in a brand bigger than any one of them
- Sit in the department meeting; bring search and enquiry data
- Ask each doctor to confirm their own page
- Never rank or compare doctors in public

Nothing else works in a hospital where the doctors are quietly against you.

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CAPACITY

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A rupee spent sending patients to a consultant with a full calendar is lost twice: in media, and in the patient who waited, gave up and told someone.

Keep a weekly view of next available slots, theatre time and occupancy, built with operations.

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gauravphogat.com



LAUNCHES AND TRUST

Start early, protect the frightened patient

- Begin launch work months before opening: listings, referrers, scripts
- Advertise nothing before equipment and people are in place
- No retargeting that reveals a condition; sensitive conditions off audience lists
- Emergency enquiries go to people, never a next-morning form
- Give straight answers on cost, cashless and TPA

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CEO QUESTIONS

How to spot a strong hospital marketing head

1. Trace last month's enquiry from click to consultation
2. Show me a claim you refused to run
3. A consultant's next slot is three weeks out. What now?
4. How did you win over a sceptical department head?
5. What would you centralise, and what stays with units?

Put the medical director on the panel. Weak candidates hope the doctor stays quiet.

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gauravphogat.com



RED FLAGS

What should worry a hiring panel

- A portfolio full of superlatives and before-and-after imagery
- Blames doctors or the contact centre for every problem
- Calls themselves an expert, has never sat with a TPA desk
- Promises growth before checking slot availability

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READ THE FULL GUIDE

The strongest healthcare marketers, in full

- Turning NMC and ASCI rules into a working system
- Planning demand around capacity, not the media calendar
- How to become one: the steps in order
- gauravphogat.com/best-healthcare-marketers-india

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