CHANNEL DESIGN

Facilitator, direct or hybrid: choose it

Not a moral question. A channel decision that differs by market, specialty and stage of the programme.

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THREE ROUTES

How international demand reaches you

FACILITATED	Intermediary finds, assembles, presents options; you pay for a packaged case
DIRECT	Family finds you via search, video or a returning patient; relationship is yours
REFERRED	A doctor, employer or sponsor points to you without commercial intermediation
REALITY	Most groups have all three and manage only one deliberately

Many cannot tell which route an arrival came through. That gap makes the argument unresolvable.

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THE TRADE

Time versus control

FACILITATOR BUYS	Reach, speed, case assembly, local knowledge you do not have
DIRECT BUYS	The relationship, the data, the price story, a view of your market
SPEED	Facilitated is faster and less controllable; direct compounds
HORIZON	Volume this year and a position in three years are different choices

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UNDERRATED

What a good facilitator actually does

- ✔ Meets families in person in the source market
- ✔ Collects and translates records a consultant can read
- ✔ Manages the gap between opinion and money raised
- ✔ Carries the risk of cases that never travel
- ✔ Judge partners on case quality, not volume alone

Negotiate on price alone and the good partners walk; what remains competes on discount.

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WHAT YOU GIVE UP

The costs are mostly informational

- No idea who the patient is until they are nearly here
- Cannot see who considered you and chose elsewhere
- Lose the price story: the family blames you, not the intermediary
- Follow-up and the second case belong to someone else
- Concentration risk: two partners move and the quarter disappears

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GOING DIRECT

It takes longer than anyone budgets

- Content in the right languages, presence in search and video
- A desk that answers well, referring doctors who know your consultants
- None of it arrives in a quarter; it compounds
  Teams declare failure just before it starts working
- Build in markets where you already have arrivals
  Direct still means a human, one who works for you

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DESIGNED HYBRID

Rules that make the mix work

1. One estimate format across every channel
2. One service standard, partner-referred or direct
3. Attribution rules agreed in advance
4. A written statement of which markets are which, reviewed annually
5. Contracts cover commercials, service obligations, and data consent under DPDP

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SCORE EACH MARKET

Four questions decide the channel

1. Do you already receive direct enquiries from there
2. Can you answer in that market's language, today
3. Do you have returning patients or a referring doctor
4. Can content and search reach them, or is it decided in person

Strong on the first three: direct, with partners as supplement. Weak on all four: partner market, without pretence.

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Do not settle it with opinions. Classify every arrival from the last year by route. Most groups cannot do this at all, and finding that out is itself the finding.

Then invest properly in one direct-candidate market for a quarter and leave partner markets alone.

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READ THE FULL GUIDE

Facilitator, direct or hybrid, in full

- What your own international desk buys
- Contracting, consent and the data question
- Why estimate discipline must travel with the case
- gauravphogat.com/facilitator-direct-or-hybrid-medical-travel

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