HOME HEALTHCARE

Marketing care at home: make trust visible

Who really buys home nursing, physio and elder care, and what persuades them to let you into a parent's bedroom.

Swipe →

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THE DEMAND

20%

of India's population projected to be older people by 2050, per the UNFPA India Ageing Report

Smaller families, children abroad, parents who want to recover at home. Demand is structural.

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WHO BUYS

The patient is rarely the buyer

ADULT CHILD	Fears a no-show or untrained attendant; wants fast start, clear price
NRI FAMILY	Wants a named care manager, daily updates, verification process
SPOUSE, PATIENT	Short, specific services; doctor-led, price-conscious
DISCHARGE TEAM	Clinical competence, response time, reporting back
INSURER	Protocols, reporting, cost control; slow to build

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TRUST SIGNALS

Buyers ignore trained and verified staff

- Verification: ID, address, police check, State Nursing Council registration
- Training: a short honest list, refreshed how often
- Supervision: who checks on the caregiver, and how fast replacement happens
- Escalation: whom the caregiver calls, which hospital, how the family hears

Share the caregiver's profile with the family before the first shift.

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DISCHARGE PARTNERSHIPS

Hospitals are the largest source of skilled care

1. Start with discharge coordinators, nursing superintendents, neuro, ortho, onco
2. One phone and WhatsApp number, a simple form, a promised call-back
3. Home assessment before discharge where possible
4. Report back to the referring doctor, with consent
5. No commissions or per-patient payments to individuals

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SERVICE PAGES

Buyers search for the service, not home healthcare

HOME NURSING	What a nurse can and cannot do; 12 or 24 hour shifts
HOME ICU	Equipment, staff ratio, doctor oversight, who decides on readmission
HOME PHYSIO	Session length, qualification, same therapist each time
ELDER CARE	Duties, live-in or day shift, cover when the attendant takes leave

Every page ends with a WhatsApp button, an answered phone number and a short form.

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PRICING

Show prices, at least as ranges

- Starting-from prices per shift, visit or session, and what is included
- What changes the price: shift length, nurse vs attendant, equipment, distance
- Extras listed: consumables, equipment rental, doctor visits
- Packages for predictable needs; hourly for injections and dressings

Families comparing options at night will not wait until morning for a call-back.

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WHATSAPP-FIRST

Response time is what the buyer judges

1. Reply within minutes by day; evening and night roster for urgent discharges
2. Ask for the discharge summary so a nurse coordinator assesses the need
3. Send a written proposal: staff type, shift, start date, price
4. Introduce the caregiver with a profile before the first shift
5. Daily or weekly updates once care starts, with consent

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READ THE FULL GUIDE

Home healthcare marketing in India, in full

- Local SEO by service area, without fake addresses
- Packages vs hourly: suits, angles and risks
- Measuring enquiry-to-start and retention months
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