HOSPITAL MARKETING

A hospital marketing strategy is four choices

Pick the demand, the specialties, the front door and the brand promise. The channels then mostly choose themselves.

Swipe →

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THE PROBLEM

A channel list is not a strategy

- Search, social, a brand film, print, a winter health camp
- Budget split by channel before anyone chose the patients
- Nobody agreed which specialties had room
- Nobody agreed who would call them back

Get the four choices wrong and no agency rescues the year.

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CHOICE ONE

Four demand pools, pick one or two

CATCHMENT	Won on map listing, doctor page, a phone that answers
REFERRAL	Won through relationships and reputation, rarely ads
INSURANCE	Won on empanelment data, cashless clarity, account management
TRAVELLING	Won over weeks: second opinions, estimates, a coordinator who replies

Name the pool before you name the channel.

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CHOICE TWO

Push only what you can serve

- A full calendar with an eleven-day wait is not a growth opportunity
- Pick the overlap of demand, margin and capacity
- Three or four specialties per unit, agreed with the medical director
- Everything else gets hygiene, not spend
- Revisit quarterly as capacity opens or fills

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CHOICE THREE

Who carries which part of the decision

DOCTOR	Clinical trust: this person has seen my condition
BRAND	Safety, billing honesty, insurance, the family at 2am
RISK	Doctor leaves, demand leaves with them
FIX	Host the best doctor pages, route every profile to your booking

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CHOICE FOUR

The front door is where digital lives

- One accurate map listing per unit, with hours and number
- That number rings somewhere that answers
- Every doctor page shows OPD days and lets you book
- A Sunday-evening WhatsApp gets a reply before Monday
- Aggregator fees and timings match your own site

Fix these and every rupee of media afterwards works harder.

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THE ONE NUMBER

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If one number runs the strategy, it is the enquiry-to-appointment rate by unit and specialty, every week.

Most loss sits outside marketing: enquiries never called back, calls tried once, TPA questions unanswered.

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THE PLAN

One page per unit, five blocks

1. Objectives by specialty, in appointments not leads
2. Demand pool behind each objective, with an owner
3. Named front-door fixes, each with an owner and date
4. Budget split in proportions, with a rule for moving money
5. Weekly measures, reviewed monthly with the unit head

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WHAT WORKS

The ideas that work are specific and dull

- Monthly map-listing hygiene, every review answered
- Doctor-led community talks run as a measured funnel
- Complete doctor pages with OPD days and languages
- Accurate insurance information and fast callbacks
- Recall programmes for follow-up care, consent under DPDP

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READ THE FULL GUIDE

Hospital marketing strategy, in full

- How strategy shifts for a single unit, group or Tier 2 launch
- 25 hospital marketing ideas checked against NMC 2026
- Conversion, follow-up and recall on one CRM
- gauravphogat.com/hospital-marketing-strategy

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