HOSPITAL REVENUE

Grow hospital revenue without discounting the brand

Finance reaches for tariffs. Marketing reaches for offers. The levers that actually move are mix, conversion and retention.

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THE FOUR LEVERS

Revenue is four things multiplied

VOLUME	Most crowded; each bought patient costs more than the last
MIX	Where growth has most influence and uses it least
REALISATION	Mostly finance and payer contracting; growth touches the edges
RETENTION	Almost entirely unowned; lives in the CRM if anywhere

Ranked by what growth can change in a year: mix and conversion, retention, volume, realisation last.

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THE ONE-PAGE TABLE

Service lines against five columns

- Catchment search demand and our share of enquiries
- Enquiry-to-appointment conversion
- Slot and theatre availability
- Contribution per case, from finance
  The column marketing usually lacks

Push the strong, under-indexed lines. Hold the full ones. Stop growing negative-contribution volume.

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LEAKAGE

The cheapest revenue already arrived and was lost

1. Enquiries that never became appointments: contact centre discipline
2. Advised a procedure, never booked: the largest recoverable pool
3. Second-opinion seekers answered days late by whoever sees the inbox
4. All three need consent captured properly
   A follow-up the patient did not agree to is a complaint, not a conversion

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ADVISED, NOT CONVERTED

"

The advised-but-not-converted list is, in every group I have looked at, the largest pool of recoverable revenue, and nobody's name is on it.

Needs a flag in the HIS, a consented CRM journey and counsellors measured on it.

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FRONT DOOR

Payer mix is lost before the enquiry

- Keep empanelment accurate per unit, published and searchable
- Agents answer the cashless question on the first call
- Pre-admission journey: documents needed, likely out-of-pocket
- Travelling patients: a product with an owner, CRM record, named coordinator
- Make scheme-volume trade-offs visible, unit by unit

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COMPOUNDING

Retention and referrals, cheap to run, slow to show

- Reminders, annual recall, clear route back to the same consultant
- Chronic, post-procedure and paediatric patients are years of relationship
- Referrers want to know what happened: acknowledge, send summary back
- A referral that goes into a black hole is the last one

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AVOID

What looks like growth and erodes revenue

- Blanket discounting: trains the market to wait for the offer
- Packages that cannibalise full-price demand
- Chasing volume where contribution is negative
- Marketing past capacity: longer waits, lost enquiries, angry reviews

Sometimes the honest ask is another consultant or protected new-patient slots, not more budget.

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READ THE FULL GUIDE

Increasing hospital revenue, in full

- Building the service-line mix table
- Recovering the three leakage pools
- Day care, pricing and what growth can shape
- gauravphogat.com/how-to-increase-hospital-revenue

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