EXPANSION

# Read the city before you fly in

A new city's digital footprint shows behaviour, not bed ratios. Six weeks of desk work that sharpens the site visit.

Swipe →

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THE GAP



# What a feasibility report misses

| | |
|---|---|
| REPORT SHOWS | Population, income bands, bed capacity, competitor profiles |
| DESCRIBES | Supply and demographics, not behaviour |
| FOOTPRINT SHOWS | What people search, whom they trust, which specialties leave the city |
| COMPETITORS | As brands people praise or criticise, not bed counts |

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OWN DATA FIRST



# Who already travels to you from that city

- Pull registrations and enquiries by home district for two years
- Which specialties they come for shows unmet local demand
- Past patients carry your name home; you may not be arriving cold
- Referring doctors there are your most valuable relationships

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SEARCH



# How to read search demand there

- Pattern over volume: specialties by name, or only hospital near me?
- Metro hospital brands in local searches mean people already look outward
- Steady interest plus thin local results is a signal
- Ask AI assistants what a local family would; see whom they name
- Regional-language content is thin; an entrant can own it

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MAPS AND REVIEWS



# Competitors as patients see them

| | |
|---|---|
| READ | In bulk, not star ratings: doctors, nursing, billing, waiting, emergency |
| BILLING ANGER | Transparent pricing becomes a positioning opportunity |
| ED COMPLAINTS | Where trust is weakest and reputation is made fastest |
| LISTING QUALITY | Unclaimed or inaccurate listings often mean weaker operators |

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DOCTORS AND PAYERS



# Who patients follow, who pays

- A few doctors carry enormous local trust; they shape where patients go
- Some are potential partners or hires; medical leadership leads those talks
- Map insurers, TPAs, government schemes and corporate tie-ups
- Flag specialties where demand and payer coverage disagree

Use public professional information only. This is market understanding, not dossiers.

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LIMITS



# What the footprint cannot tell you

- Quality of clinical talent beyond reputation
- How hard nurses will be to recruit and keep
- Land, approvals, promoter dynamics, local politics
- Older, poorer, less connected patients who search less

Reviews can be manufactured and interest can be curiosity. Test every signal on the ground.

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SIX WEEKS



# Six outputs before the first site visit

1. Patients already travelling to you, by specialty and referrer
2. Search and AI assistant review, including regional language
3. Review analysis of the leading local hospitals
4. Doctors with strong public followings
5. A payer map, plus hypotheses for the visit to test

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# None of this needs expensive tools. It needs someone who can read behaviour in data and will present uncomfortable findings.

The same findings become the entry plan and the investment case.

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READ THE FULL GUIDE



# Tier-2 city expansion, in full

- Reading your own patient data by home city
- Search, reviews, doctors and the payer map
- Turning findings into an entry plan
- gauravphogat.com/tier-2-city-expansion-digital-footprint

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