Marketing Health Care Services

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The Aravind Eye Care System was revealed to be the primary provider of eye health services in 2010. On a daily basis, it tackled 6000 outpatients, a maximum of 1000 surgeries, 1500 outreach patients, and moved 300 patients to the operating room (Velayudhan, Sundaram, & Thulasiraj, 2011). The development of the Aravind Eye Care System was extraordinary even though the objectives intended (eradicating blindness) was a tremendous responsibility. This undertaking grew to include total eye care to cater to the extensive occurrence of visual impairment and eye problems in the rural regions of India. Its outreach camps only handled 7% of the people in distant villages with eye related problems (Velayudhan et al., 2011). Consequently, the top hierarchy of management at the eye care center saw the need to extend their help and alleviate a larger part of the afflicted individuals in the rural areas.

The Aravind Eye Care System is comprised of 5 centers that annually perform as many as 275,000 laser surgeries. Moreover, the hospitals in Tamil Nadu assisted the eye centers in Uttar Pradesh, Gujarat, and Kolkata to grow their management capacities and shifted these hospitals to sponsors such as companies, NGOs, trusts, and societies (Velayudhan et al., 2011). Unlike most hospitals and healthcare providers that are small firms (with annual maximum returns of $7 million), Aravind Eye Hospitals include a chain of centers that earn annual revenues of approximately $20 million (Tayenner & Sebelius, 2012). There was the growth of Aravind in the number of eye care services provided and the regions of operation. Aravind incorporated a supply manufacturing plant, eye bank, eye care clinics, medical projects, and community outreach initiatives. The once Aravind eye hospital had developed into the Aravind Eye Care System that handled approximately 1000 patients annually (Velayudhan et al., 2011). This paper employs the 5 I’s of marketing health services (intangibility, interaction,

inseparability, inventory, and inconsistency) to examine health care service in the Aravind Eye Care System.

Intangibility

A significant problem in marketing services that are immaterial is to ensure the physical benefits from their usage (Berkowitz, 2011). Since services are impalpable, client exchanges with the procedures and the people that offer the services are usually the grounds consumers utilize in assessing the service. The Aravind Eye Care System offers satisfying levels of intangibility. The Aravind centers exhibit most intangibility features of healthcare providers like conduct (its dedication to helping poor villagers to regain their eye sight is an advertisement by itself) and position (the fact that the Aravind Eye Care System has successfully performed 275,000 eye surgeries provides positive evaluations of their services by prospective customers) (Velayudhan et al., 2011). The gains that result from Aravind's intangibility include institutional collaboration, transparency in crisis, staff motivation, healthy vision, and revolutionary leadership.

Interaction with Clients

An essential consideration in service marketing is the value of the contact between the service provider and the client. Customer contact review is one of the ways that stresses the interactions between the services offered and the customer (Berkowitz, 2011).

The connection between the Aravind hospitals and the clients is satisfactory when compared to other centers in the world. The respect and care that the service personnel display to customers regardless of their financial capacity is a great boost to its image (Velayudhan et al., 2011). The growth of customer interaction for the hospitals can also be attributed to some of the actions it has taken such as reducing the price of the lenses. What is more, Aravind hospitals'

outpatient coordinators interact well with the patients (helping them with the hospital procedures and eliminating their anxieties) and this is a vital concern in marketing.

Inseparability

The association between the concerns of inconsistency and inseparability highlights the complexity of marketing health care services (Berkowitz, 2011). Aravind's outreach initiatives that provide eye care for communities are dedicated to ensuring that everyone is helped. In March 2016, Aravind set up 2590 camps in different communities, screened 570,761 patients, and performed surgeries on 86325 patients (Velayudhan et al., 2011). It is very difficult to separate the services that are provided in these camps from the personnel that provide them and this shows that the Aravind Eye Care System is aware of the importance of inseparability in marketing health care services.

What is more, their camps provided training to the local communities regarding the importance of eye care. This proves to the community that Aravind is the helper and is committed to ensuring the alleviation of blindness in their communities. To the end of the month, the Aravind Eye Care System planned numerous eye care initiatives in communities that were composed of distinct gender, age, and racial groups. Aurolab, a fundamental part of the Aravind Eye Care System that offers affordable products, ensured worldwide availability. Although Aravind is mostly focused on the ophthalmic industry, Aurolab is developing into the fields of social insurance where the present abilities (disinfectant solutions, cardiovascular sutures, sterilizers, and microsurgical hand sutures) can be applied effectively (Velayudhan et al., 2011). Aurolab has an eye bank center for its patients irrespective of gender, age, or ethnic affiliations.

Inventory

Matters of inventory are frequently overlooked in the analysis of services. In the evaluation of the costs related to product firms, a significant issue is the expenses involved in conducting inventory (Berkowitz, 2010). Aravind plans for anticipated workflow to ensure the availability of resources (this also helps to stabilize the costs of overhead and personnel) (Velayudhan et al., 2011). Aravind hospitals plan on an annual, monthly, and daily basis to arrange for supplies, organize staff, and schedule patients.

Inconsistency

Because people provide health care services, service marketing is more challenging than product marketing. Services that are provided by individuals possess a fundamental inconsistency (Berkowitz, 2010). Service delivery changes depending on the person offering the service and this why training is essential. To that effect, Aravind personnel for the outreach programs received two years of training that emphasized on skill development to satisfy job requirements (Velayudhan et al., 2011). The training was conducted internally and this implied an increase in the retention of medical staff.

Suggested Strategies

The following strategies can help the Aravind Eye Care System market its services to health care clients and develop its operations:

1. The Aravind Eye Care System should carry out detailed investigations through its R&D (research and development) to have a subtle understanding of the psychological mechanisms involved in client loyalty. Specialty items are goods/services that the customer explicitly looks for (Subbanna, 2015). The services that are offered by the Aravind Eye Care System may be classified as specialty items. Therefore, the firm should ensure that there is great loyalty to their services and discrimination of other services.

2. Marketing of products/services incorporates recognizing different client segments that can profitably and efficiently be served (Williams, Crockett, Harrison, & Thomas, 2012). If the Aravind Eye Care System narrows down to a precise customer portion, it will be able to base its marketing endeavors on a marketing mix made for each target. Indeed, the marketing combination of a firm comprises activities that include marketing communication, product development, distribution, and pricing strategy. The Aravind Eye Care System should look into the different needs and financial capabilities of its client base and apply this marketing mix.

3. Follow-up analysis is vital for creating marketing strategies that are devised to focus on the services provided by healthcare personnel. It is essential for the Aravind Eye Care System to examine patient fulfillment and consequently design marketing strategies to grow satisfaction levels. This implies that Aravind has to discover whether its clients are actually satisfied with the services they are providing. If the eye care system is to develop integrated marketing programs, it should collaborate with external and internal associates (Jung & Hong, 2012). For the organization to realize this goal, a particular market is chosen (for example, its affluent clientele), and resources (finances) are exploited for the adjustment and permanent survival in a specified market. This explains why objectives displayed by medical organizations are market oriented and classified with emphasis on client's requirements. It is significant that the Aravind Eye Care System restructure the elements of its leading strategic initiatives to satisfy the customer's request. Fundamentally, the organization will be able to provide critical health services by evaluating the reliability of the business portfolio (Jung & Hong, 2012).

4. The Aravind Eye Care System should comprehend the coverage requirements of its customers and adhere to them preventing it from experiencing challenges that might result to losing

possible revenues because of providing free services to persons that have medical coverage (Borg, 2012).

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