




Kampala Family Clinic



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Global Health Delivery Lab

Kampala Family Clinic

Project Overview and Objectives

- ▶ Finance
- ▶ Operations
- ▶ Six Steps to Great Marketing
- ▶ Information Technology
- ▶ Conclusion

Project Overview and Objectives

- ▶ Analysis of clinic today
- ▶ Steps to develop strategic plan
- ▶ General recommendations for the future

- ▶ Sources
 - ▶ QuickBooks financial data
 - ▶ Encore patient data
 - ▶ Patient referral data

Main Findings and Recommendations

Finances

- Long cash cycle is cannibalizing realization of high profit margins
- Closely monitor financials to better forecast funding needs and analyze investment opportunities

Ops

- High variability in patient flow results in inconsistent resource utilization and patient experience
- Improve utilization of existing resources

Marketing

- Understanding of the market is difficult but crucial to understand customer demands
- Follow the Six Steps to Great Marketing

IT

- Good IT support for day-to-day operations but not being used to full potential
- Clean up IT and implement suggested project plan

Kampala Family Clinic

- ▶ Project Overview and Objectives

- Finance**

- ▶ Operations
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Finance: Importance of Metrics

▶ What to track?

▶ Profit & Loss

- ▶ What services are growing?
- ▶ Are expenses stable?
 - Fixed Costs vs. Variable Costs
- ▶ Compare month-to-month and prior year results

▶ Why?

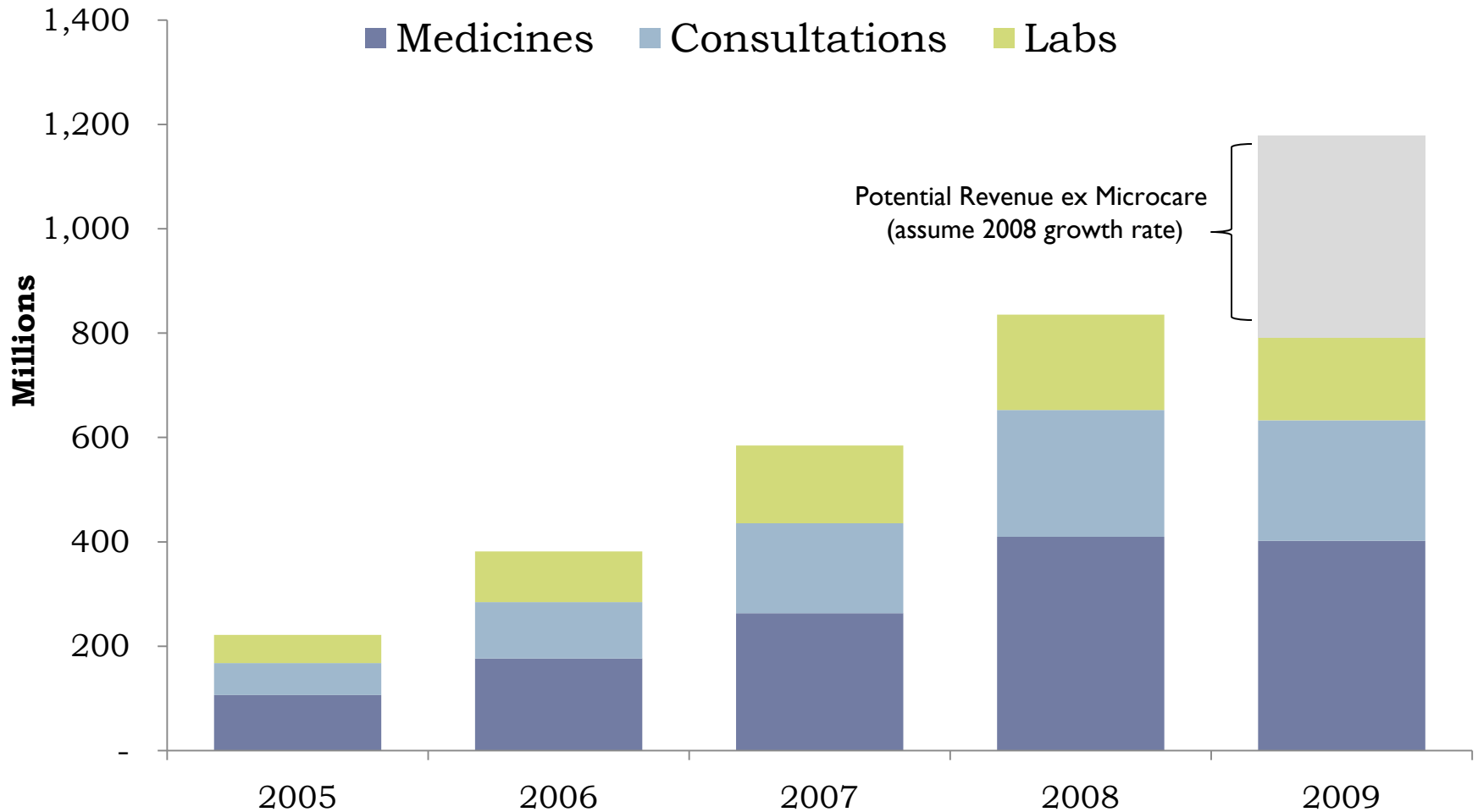
- ▶ Forecast sales growth and identify expansion opportunities
- ▶ Focus on services that are growing
- ▶ Decrease overhead expenses
- ▶ Understand how fluctuations in COGS affect the business

Finance: Importance of Metrics (cont'd)

- ▶ What to track?
 - ▶ Cash Flow
 - ▶ How to improve cash on hand
 - Accounts Receivable & Accounts Payable
 - ▶ Key Metric: Average Days of Collection
 - Aging of Receivables in QuickBooks
 - Receivable Turnover: $365/(\text{Sales}/\text{Average Receivables})$
- ▶ Why?
 - ▶ Improve use of current financial resources
 - ▶ Forecast cash needs for future investment opportunities

Finance: Historical Trends

Revenues by Service

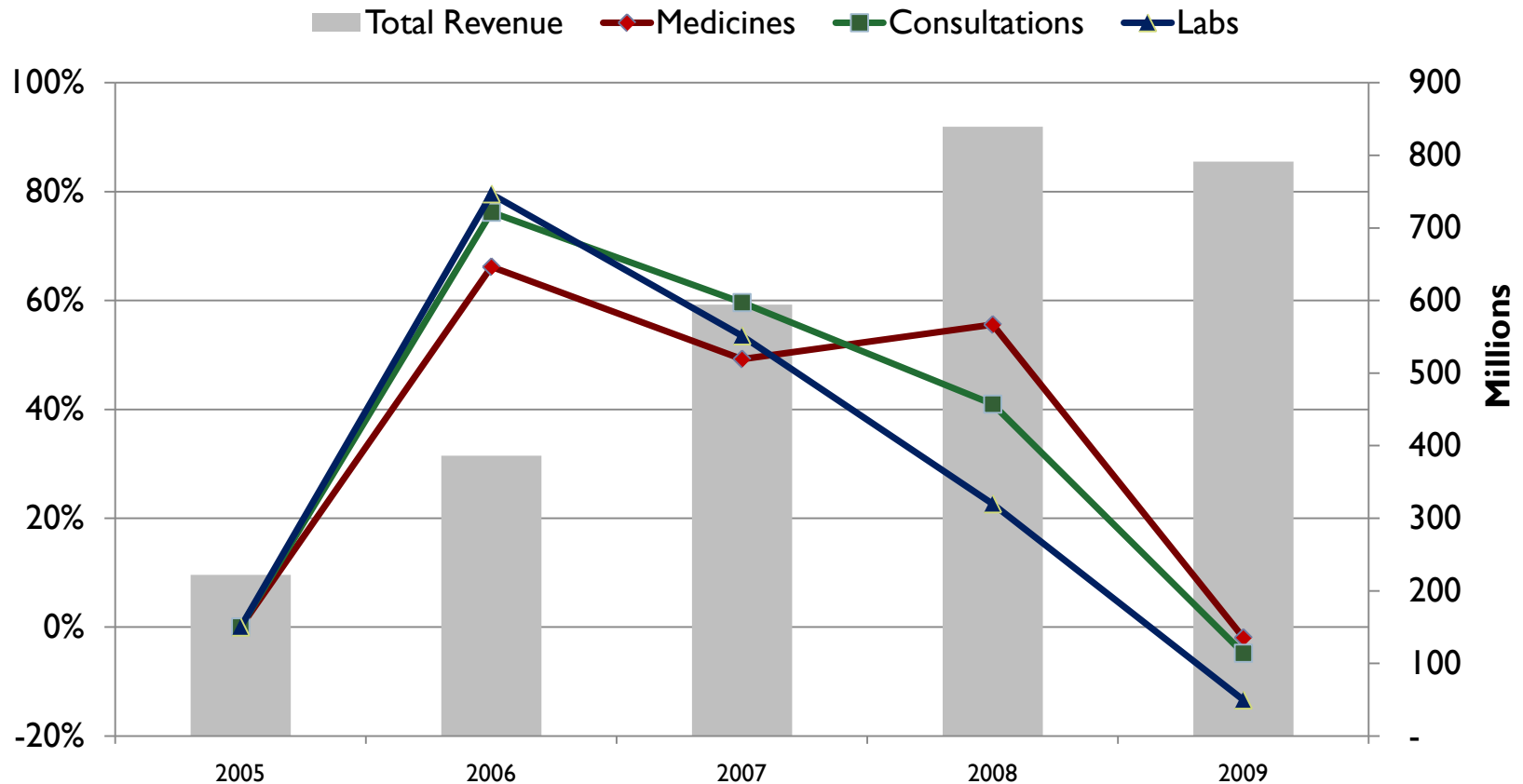


Impressive growth is seen in each type of service. In 2009 growth is stagnant, largely due to Microcare.



Finance: Historical Trends

Growth Rate by Service

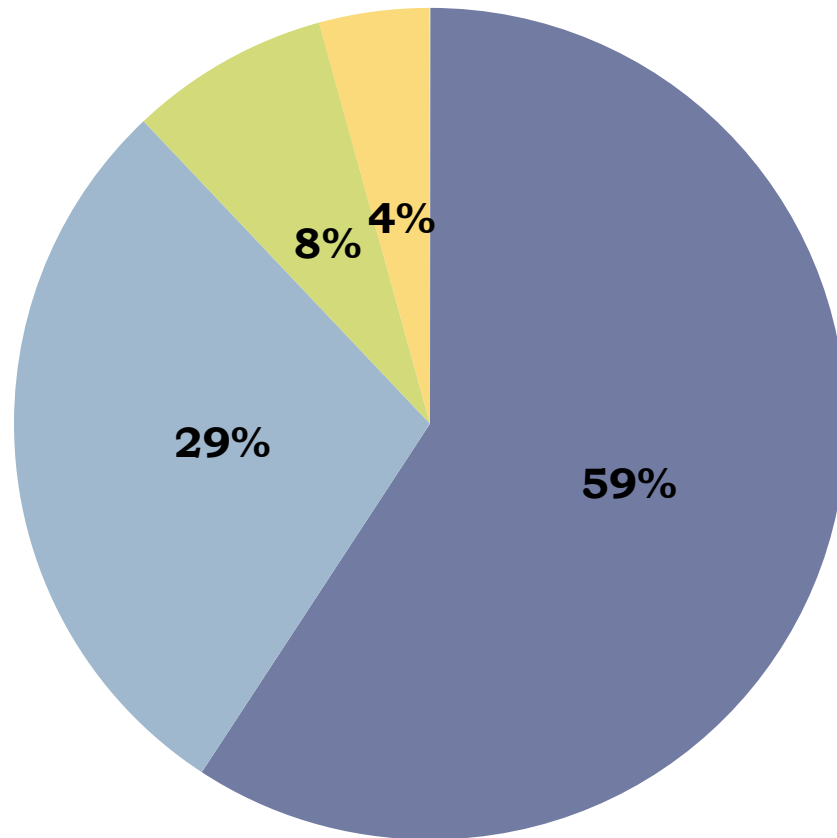


Strongest growth rate in Medicines followed by Consultations and Labs.

Finance: Current Snapshot

2009 Revenues by Payment Type

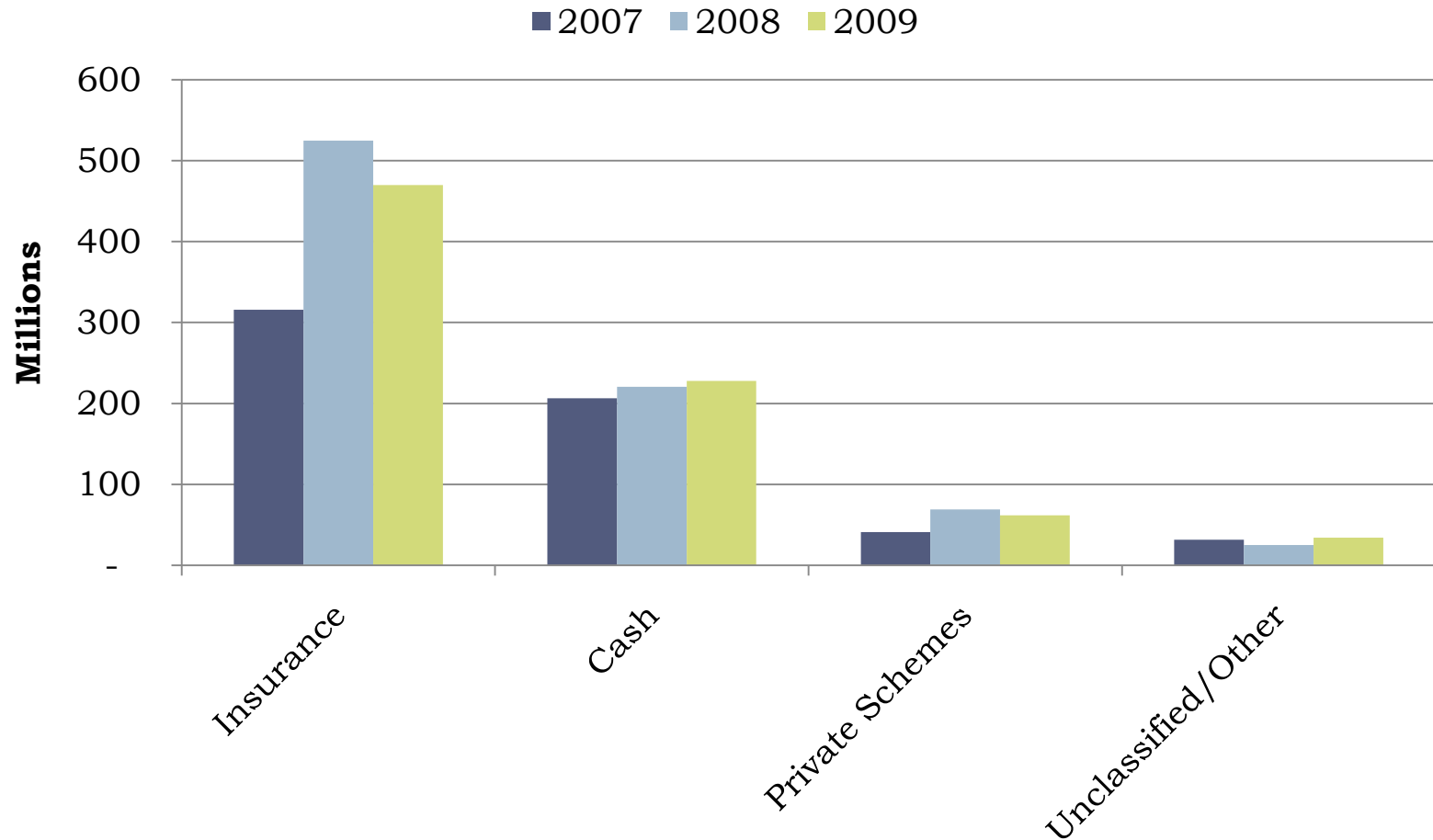
■ Insurance ■ Cash ■ Private Schemes ■ Unclassified/Other



60% of 2009 revenue are insurance payments.

Finance: Historical Trends

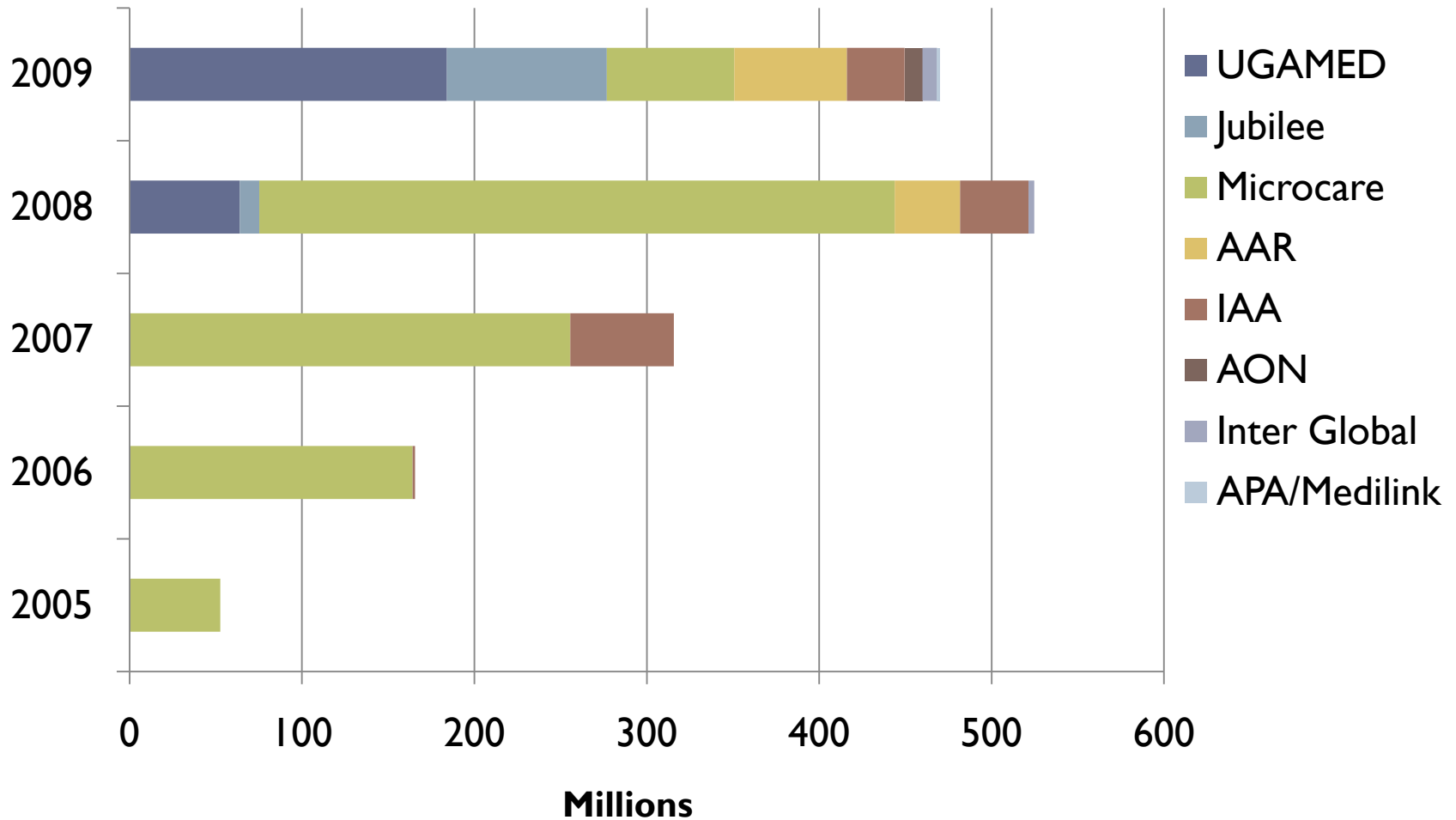
Revenues by Type



Revenue by insurance has grown significantly since 2007. Revenue by cash payment has had limited growth.

Finance: Historical Trends

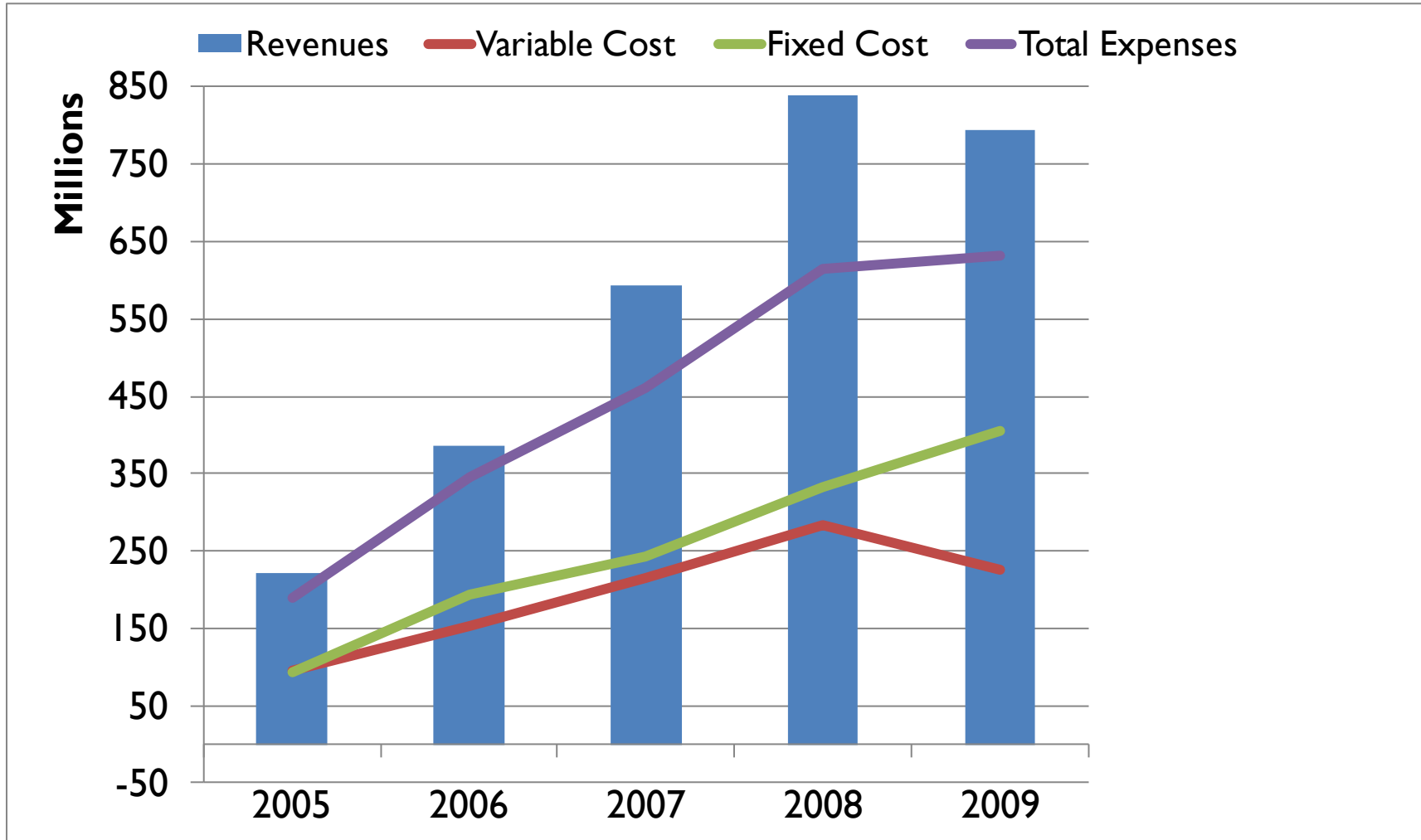
Revenues by Insurance Provider



In 5 years, the insurance market grew from one to eight companies. We expect this growth to stabilize.

Finance: Historical Trends

Total Expenses Relative to Revenues



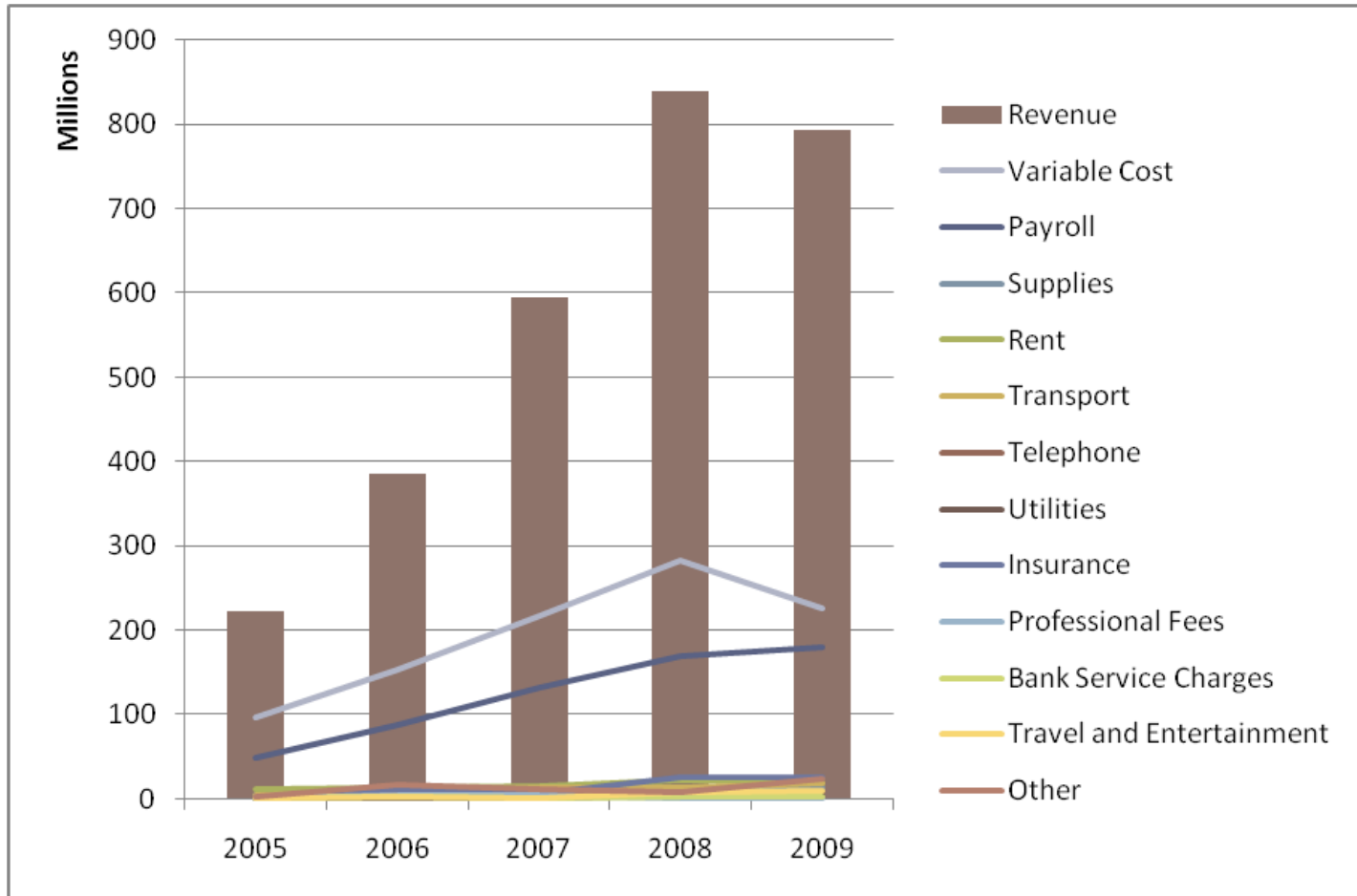
As revenues grow, total expenses have stabilized and variable costs grow at a slower rate. Economies of scale could help lower fixed costs.

Finance: Fixed vs. Variable Costs (based on QuickBooks line items)

Variable Costs	Fixed Costs
COGS	Payroll (part-time and full-time)
Lab Supplies	Supplies
Medical Supplies	Rent
Lab Fees	Transport (motor bike, car, transport hire)
Medical Referrals	Telephone
	Utilities (electricity, other utilities)
	Insurance
	Professional Fees
	Bank Service Charge
	Travel & Entertainment
	Other

Finance: Historical Trends

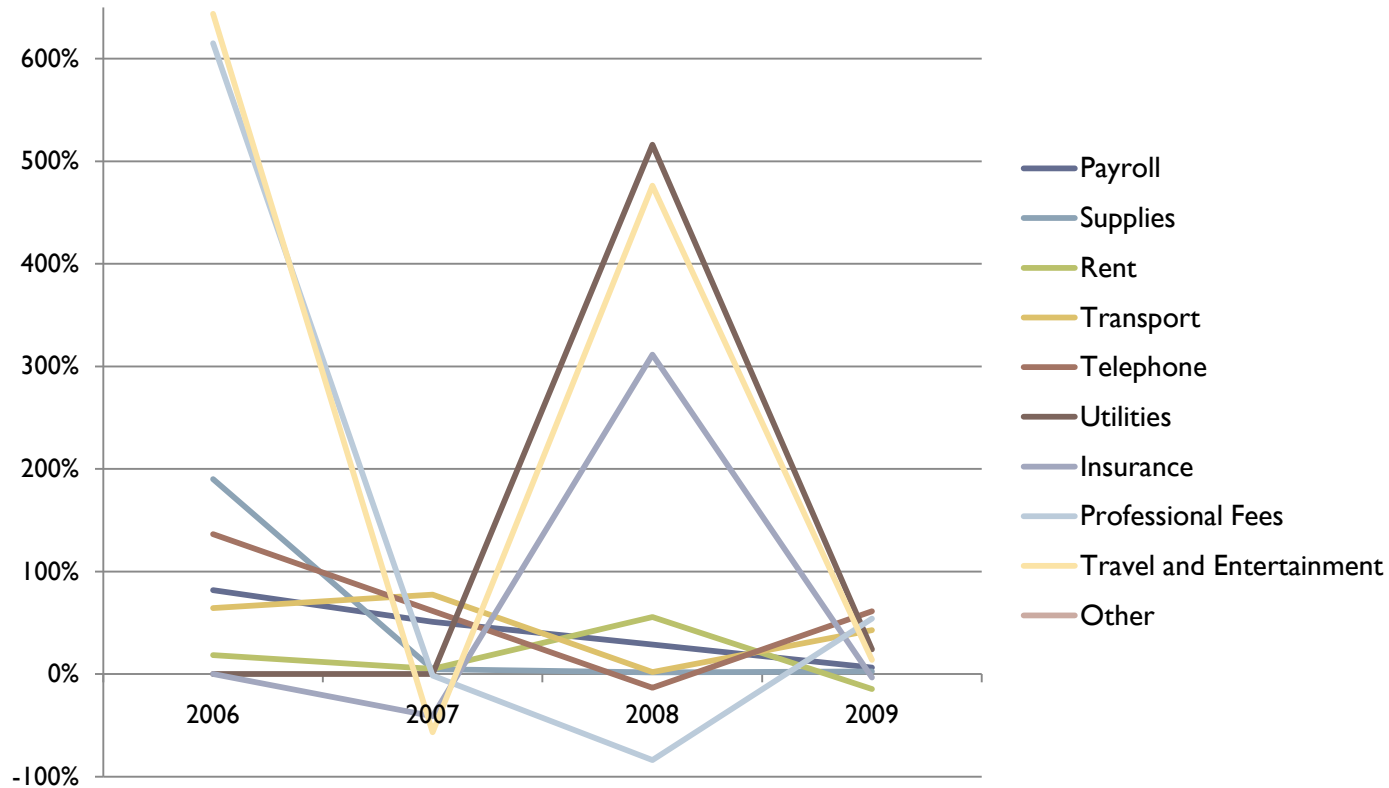
Drill Down on Fixed Cost Expenses



While revenues and variable costs have gone down in 2009, payroll expenses slightly went up, possibly due to not adjusting for MicroCare.

Finance: Historical Trends

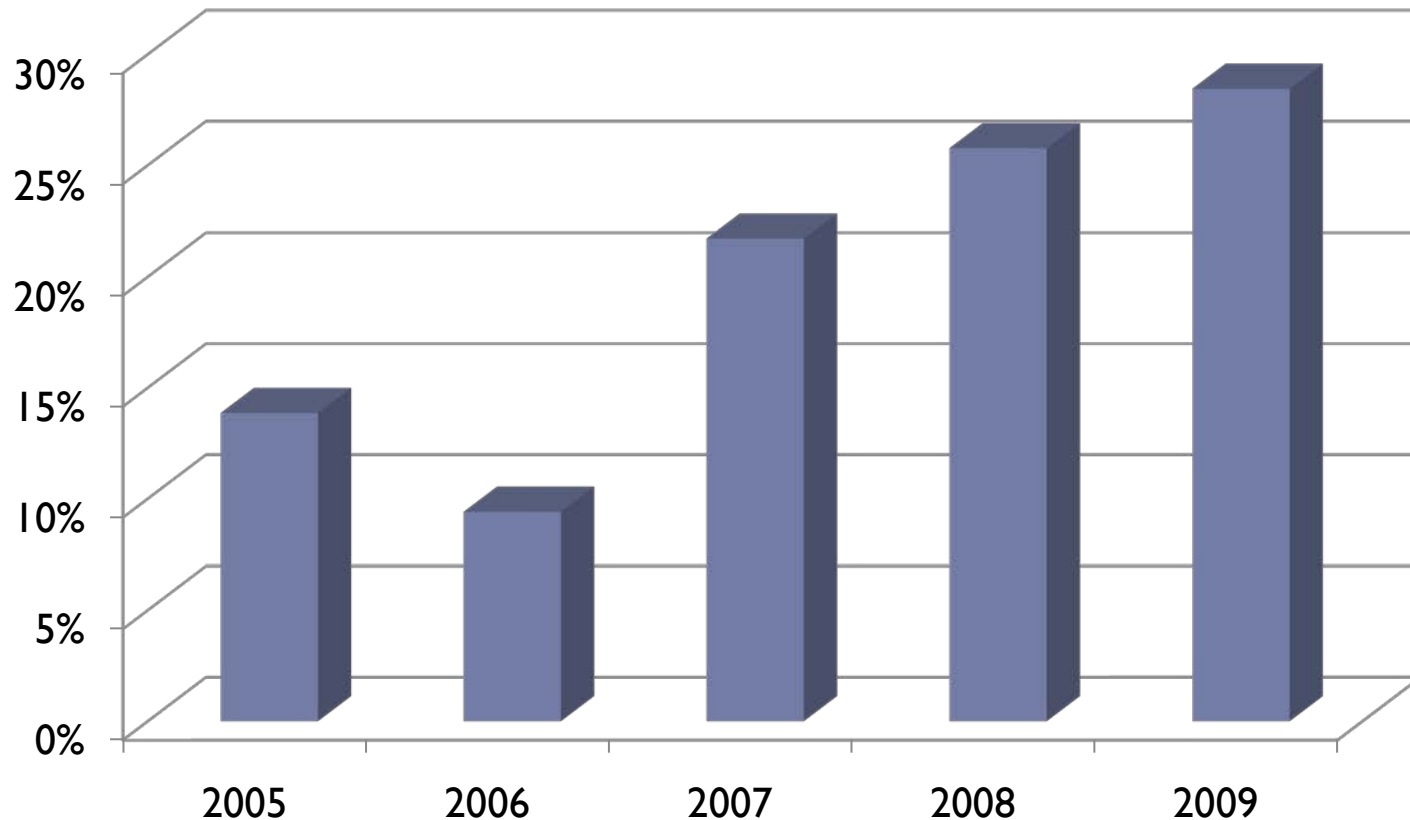
Main Drivers in Fixed Cost Expenses



Bank charges, utilities, travel & entertainment and insurance have been your main drivers for growth in fixed cost expenses.

Finance: Historical Trends

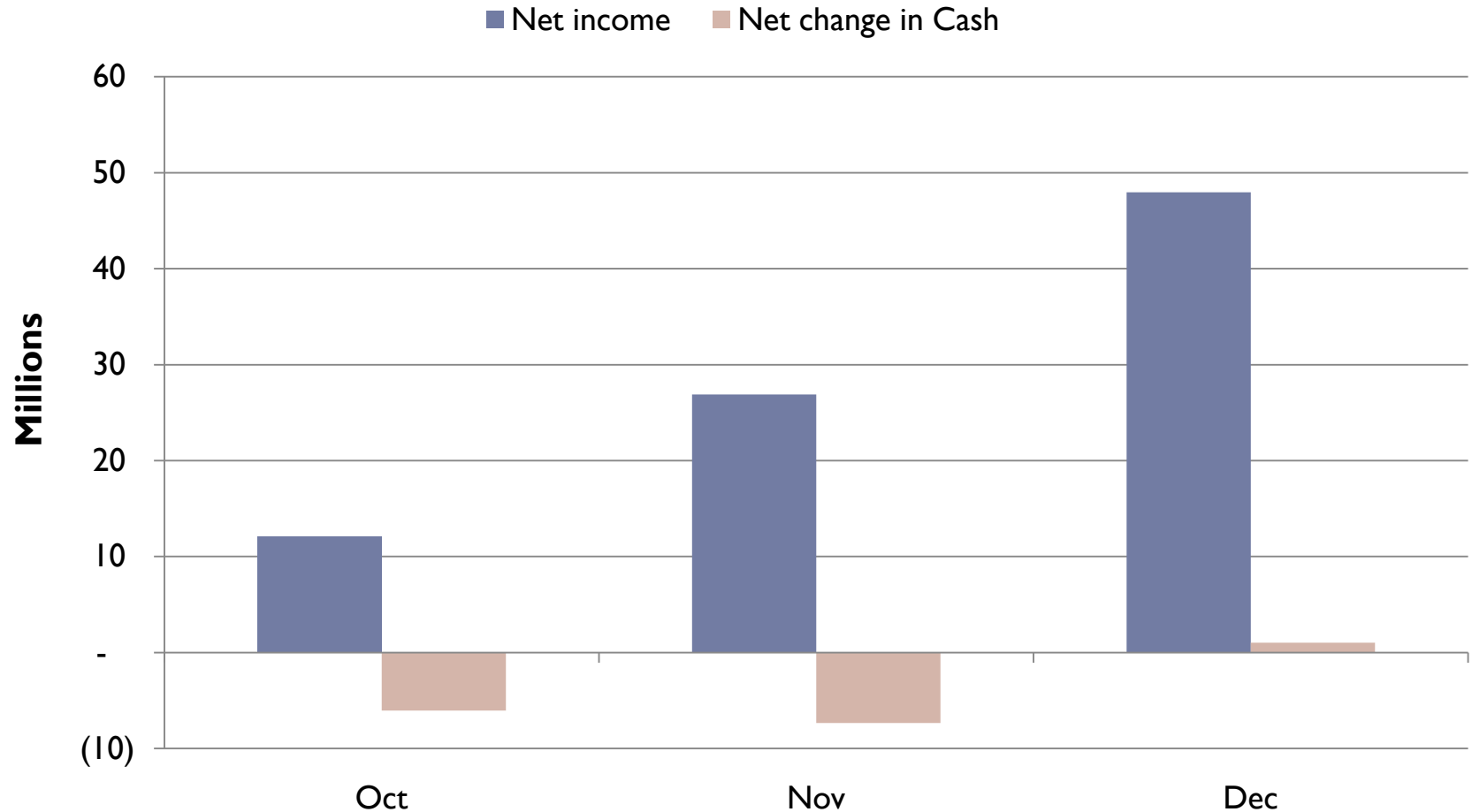
Profit Margins



Profit margins have improved over the past 5 years and are currently at a strong 28%.

Finance: Snapshot

Cash Flow



Income is increasing but cash on hand is not. There is a cash problem.

Finance: Calculating Net Change in Cash Flow

- ▶ Month by month, it is important to understand where the cash is being allocated
- ▶ Net Income is an *accounting number*
 - ▶ Net Income is not cash but rather a bookkeeping number, since e.g. some sales might be on credit
- ▶ Accounts Receivable
 - ▶ If A/R grows from the prior month, then we are not getting our sales in cash. Our Net Income increases, but our cash does not.
 - ▶ If A/R decreases from the prior month, that means customers are paying invoices and we are increasing our cash balance.
- ▶ Accounts Payable
 - ▶ If A/P grows from the prior month, we are holding on to our cash, instead of paying bills.
 - ▶ If A/P decreases from the prior month, we are paying our debt with cash and our cash shrinks as well.

Finance: Calculating Net Change in Cash Flow (cont'd)

- ▶ To find out the net change in cash, we need to do the following
 - ▶ Find Net Income (NI)
 - ▶ Find change in A/R.
 - ▶ If A/R has gone up, subtract from NI
 - ▶ If A/R has gone down, add to NI
 - ▶ Find change in A/P
 - ▶ If A/P has gone up, add to NI
 - ▶ If A/P has gone down, subtract from NI
 - ▶ Financing
 - ▶ If cash came in from other sources, add to total sum
 - ▶ Other
 - ▶ Find all items in books which increase or decrease NI, but do not result in any cash transfers. Adjust NI accordingly for those items.

Finance: Current Snapshot

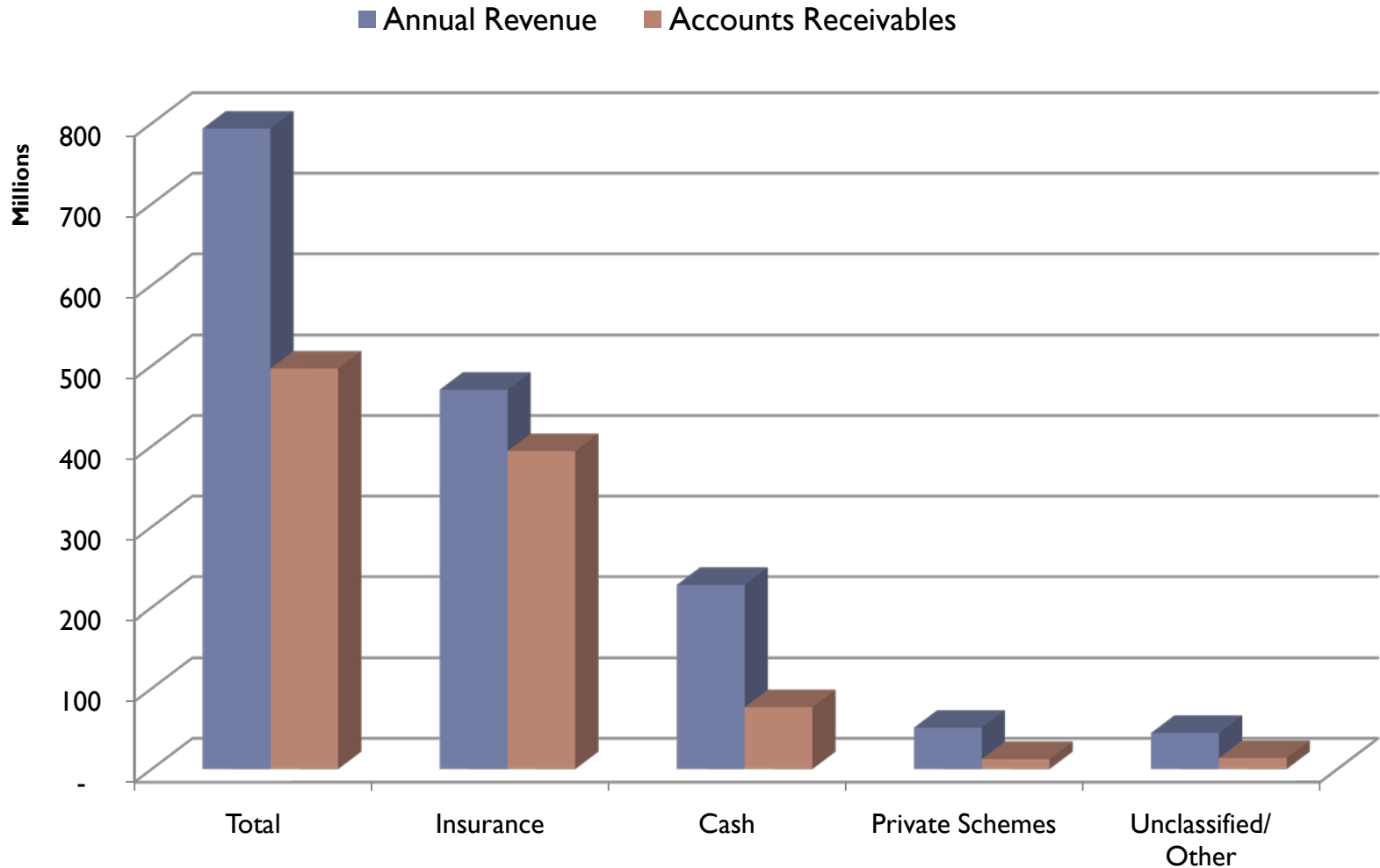
Cash Flow

	Oct	Nov	Dec
Net income	12,076,799	26,878,409	47,950,650
Accounts Receivable	(57,022,028)	(29,663,548)	(50,617,139)
Accounts Payable	(11,337,891)	(9,854,953)	17,039,586
Financing	51,669,989	5,701,912	-
Other	(1,422,480)	(620,828)	(12,964,381)
Net change in Cash	(6,035,611)	(7,337,807)	1,022,081

* Financing in October is due to the Accounts Receivable balance transfers from 2006 database. This has distorted the actual cash picture. **Before relying on the cash flow statement, make sure cash in cash flow ties to the cash in all cash bank accounts!**

Accounts receivable balances are driving weak cash inflow.

Finance: 2009 Sales & Receivables Comparison

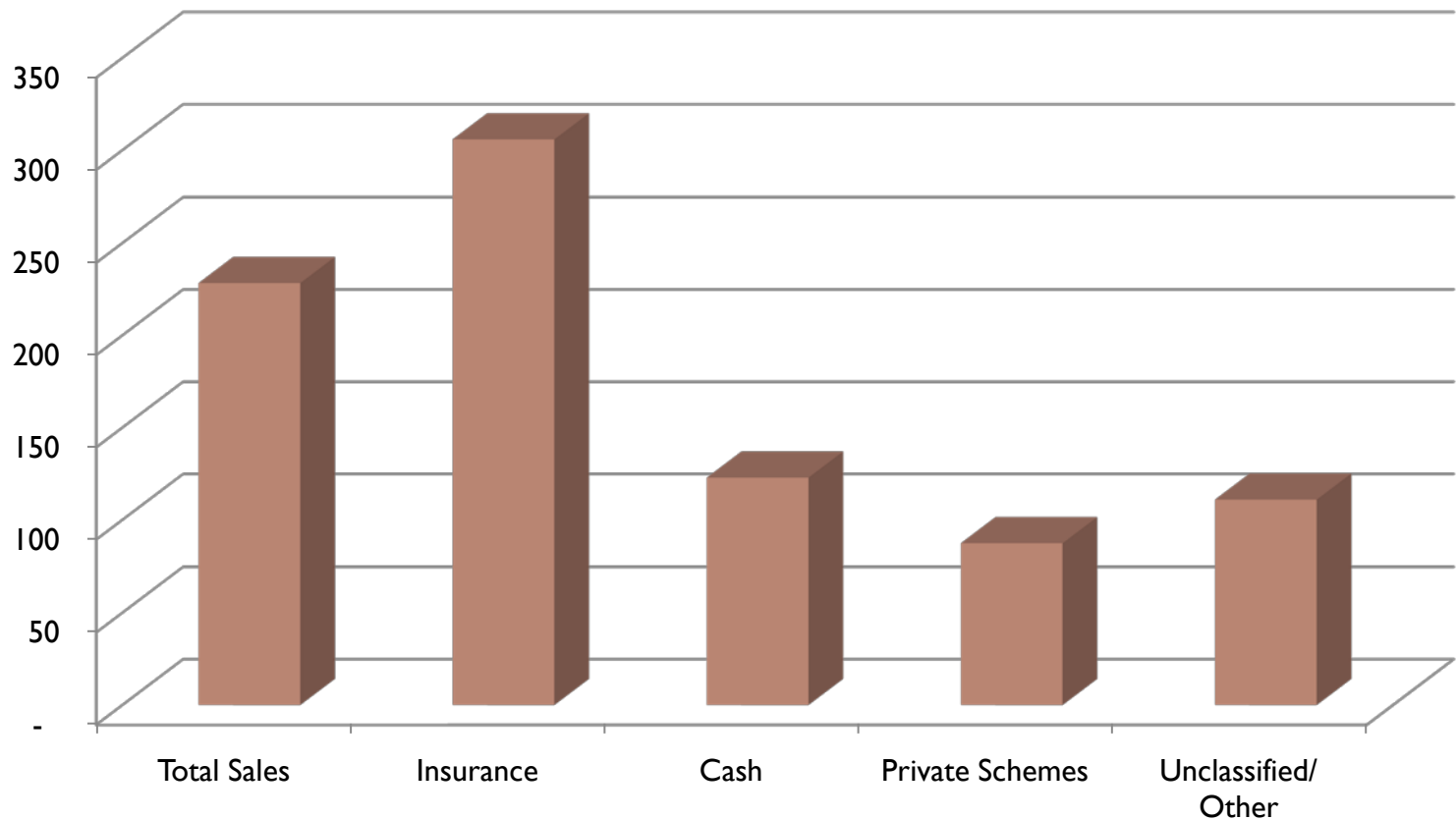


Insurance payment type has the weakest cash inflow.

Finance: 2009

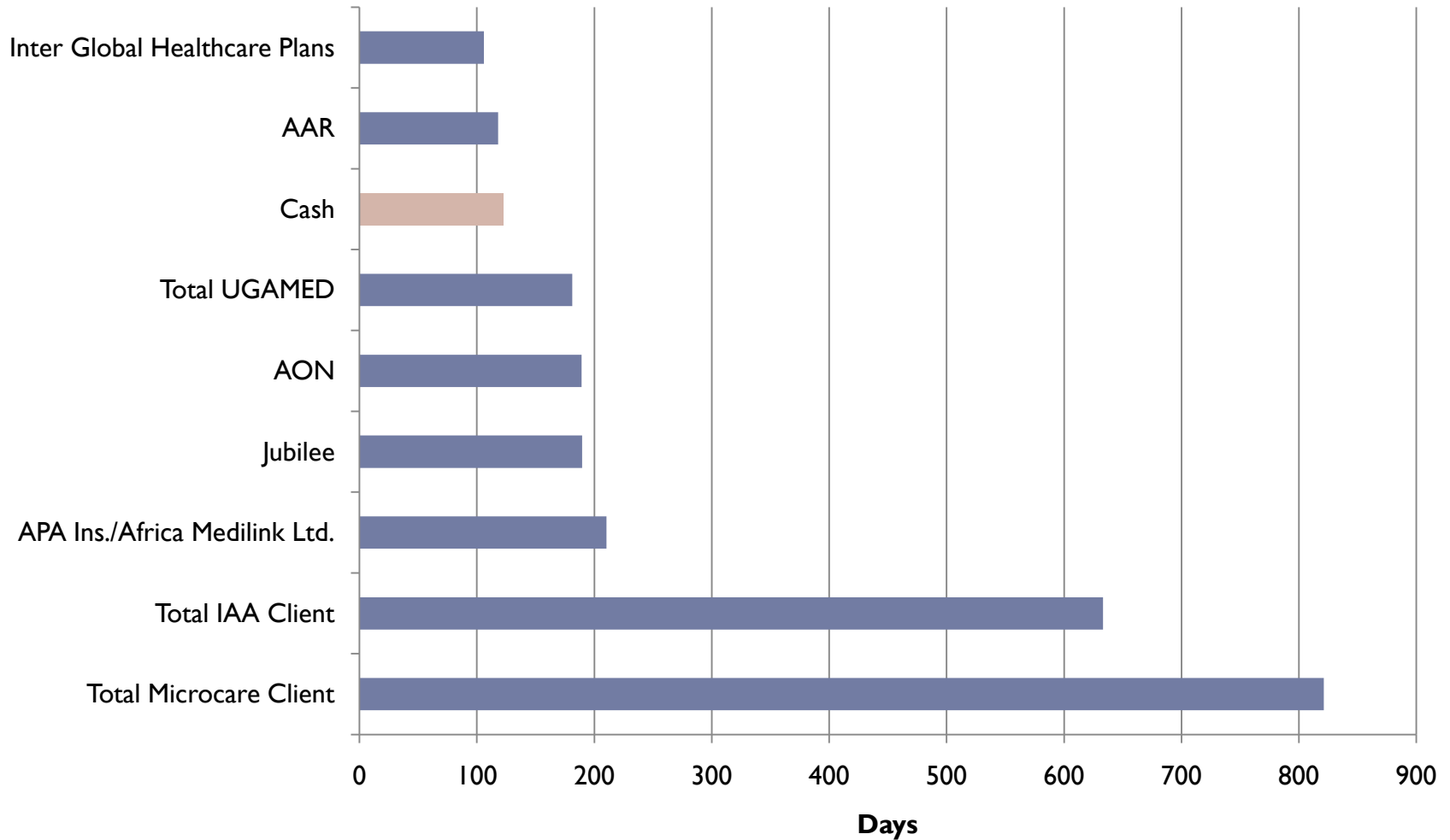
Age of Receivables by Payment Type

Days



Insurance payment type takes the most days on average to collect.

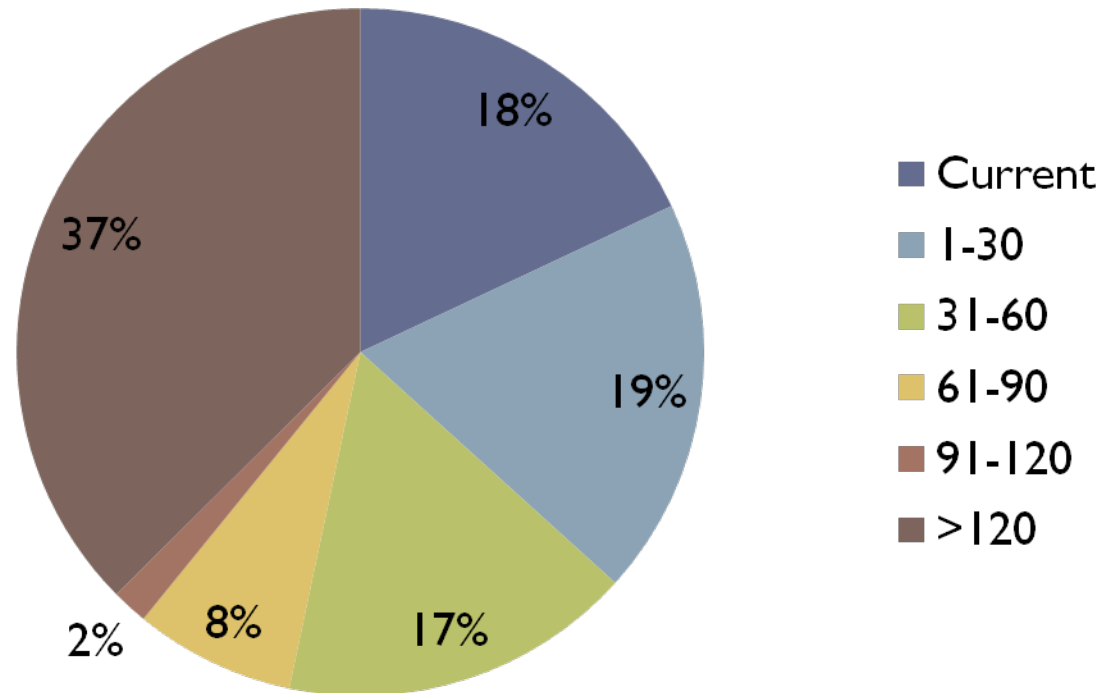
Finance: Average Days to Collect Cash vs. Insurance



Cash collection is better than most insurance payment collection.

Finance: Current Snapshot

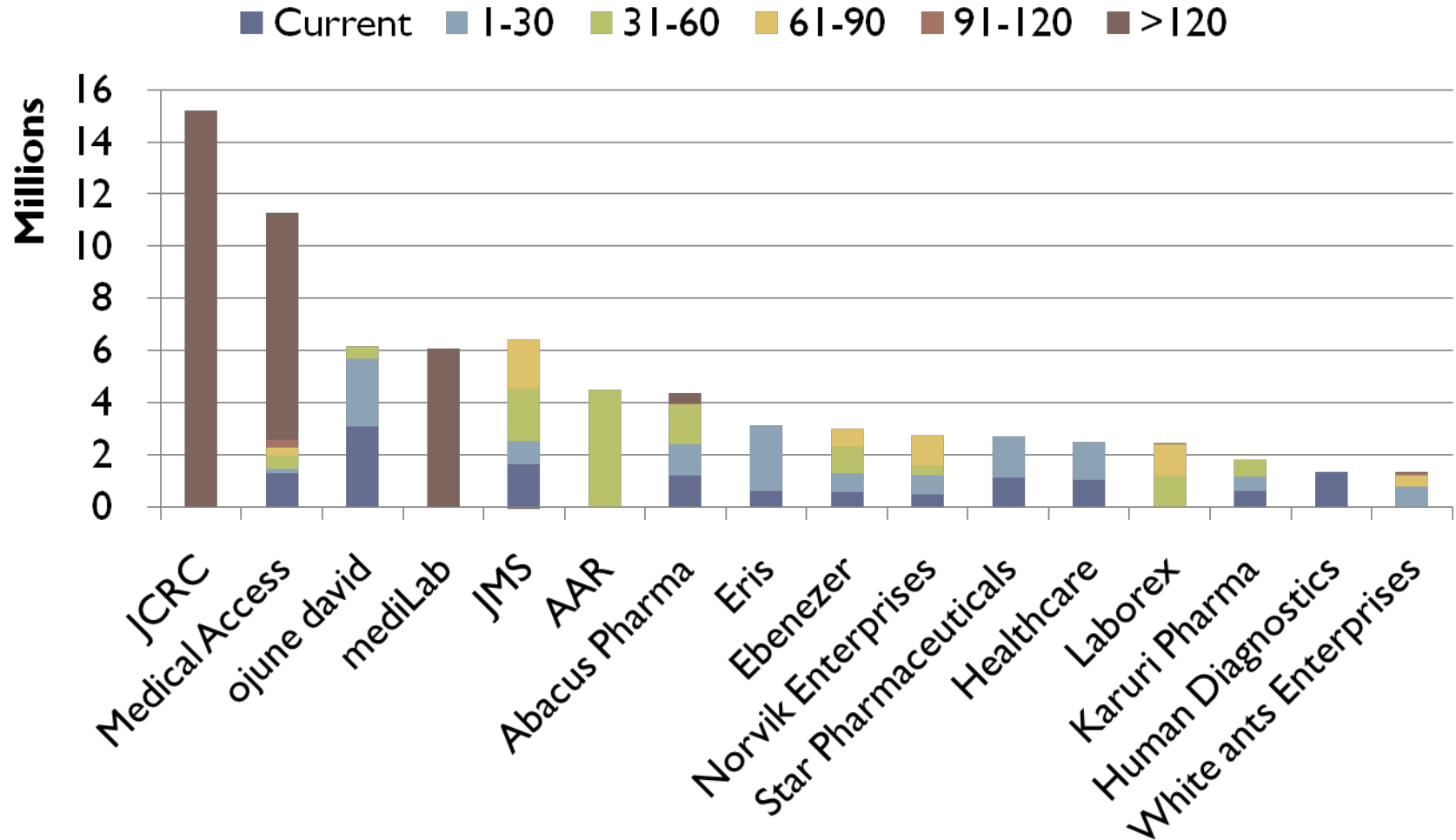
Days Payable (Jan-Sept 2009)



Monitor payment schedule to achieve effective credit management and to maintain relationships.

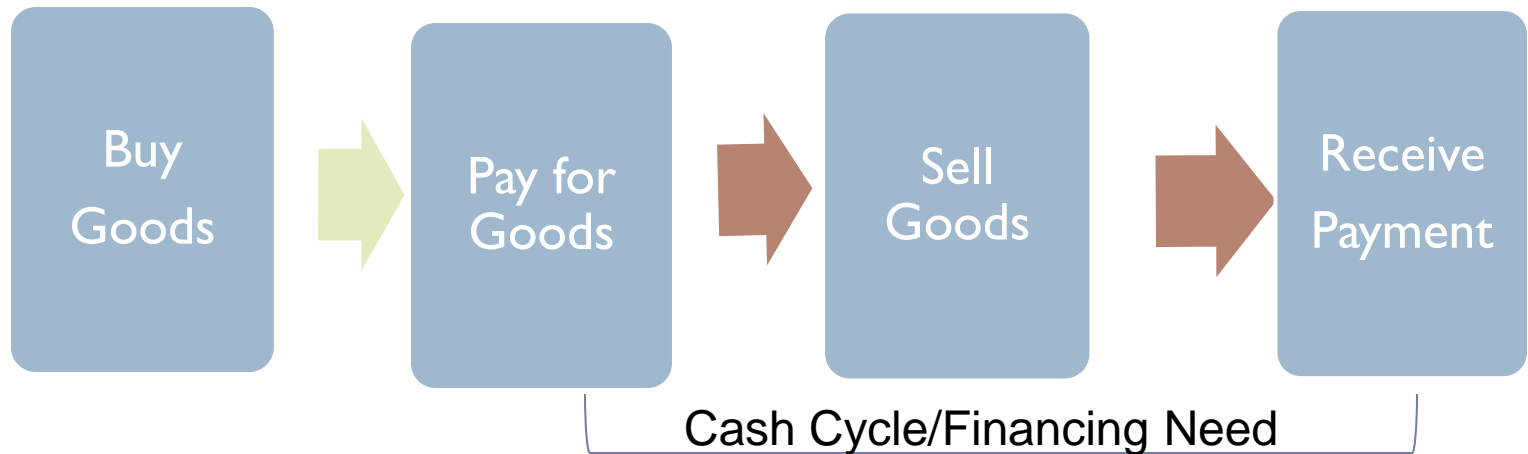
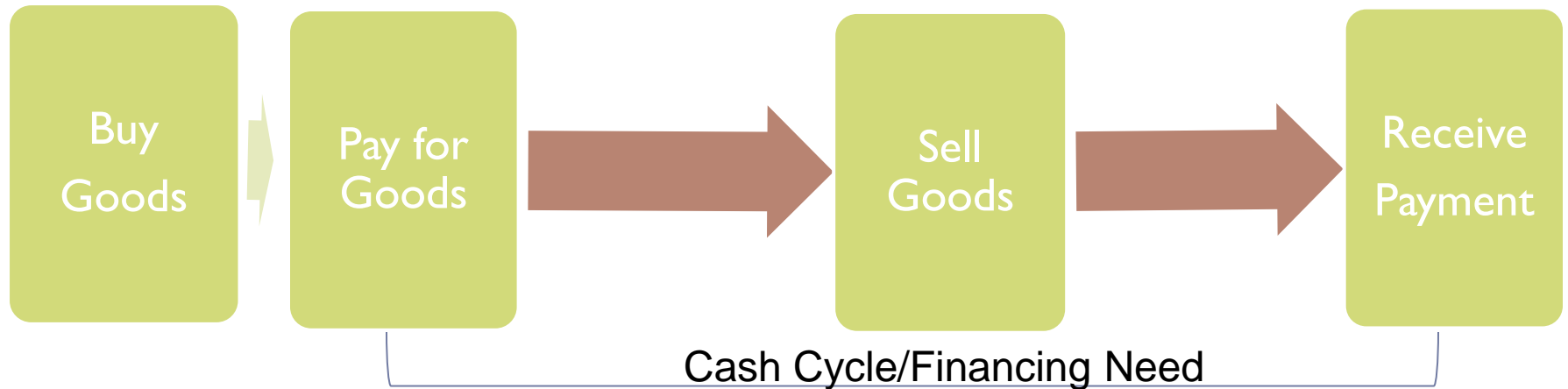
Finance: Current Snapshot

Days Payable by Supplier (Jan-Sept 2009)



Largest suppliers are paid late – don't strain those relationships.
 Better to diversify payments across different suppliers.

Finance: Importance of the Cash Cycle



A shorter cash cycle reduces needs for financing and increases cash resources for future investment opportunities.

Finance: Recommendations

- ▶ **Track Financial Metrics**
- ▶ **Decrease Cash Cycle**
 - ▶ Cash payments have a shorter collection period than most insurance payments
 - ▶ Postpone payment of payables as long as possible
- ▶ **Use QuickBooks more as a management tool**
 - ▶ Enter all transactions and use financial analysis reports

Kampala Family Clinic

- ▶ Project Overview and Objectives
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Operations: Capacity Levers

- Capacity can be defined by physical resources, human resources and service quality
- Increasing utilization of one resource may strain other resources
 - E.g. Better use of consultation rooms may require having more doctors
 - E.g. Seeing more patients per hour may reduce the time each patient can spend with the doctor thereby reducing quality

Physical Resources

- Rooms
- Lab Equipment

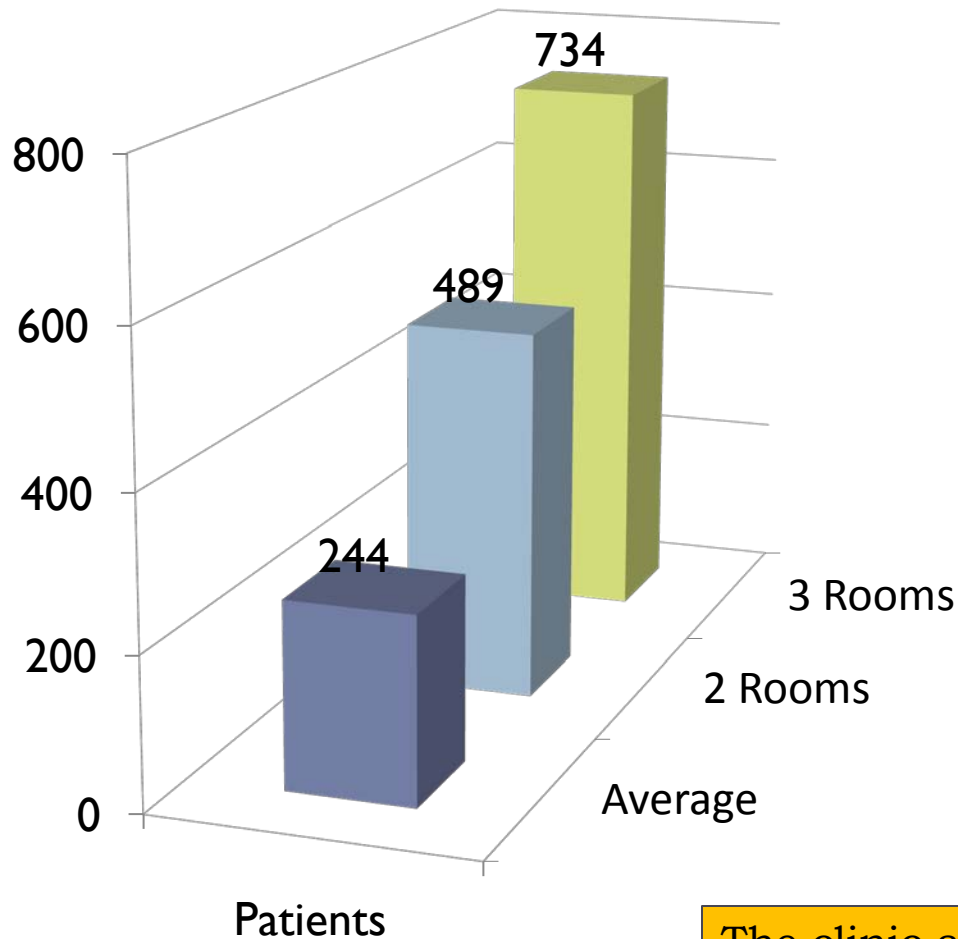
Human Resources

- Doctors
- Nurses

Service Quality

- Waiting time
- Consultation Time

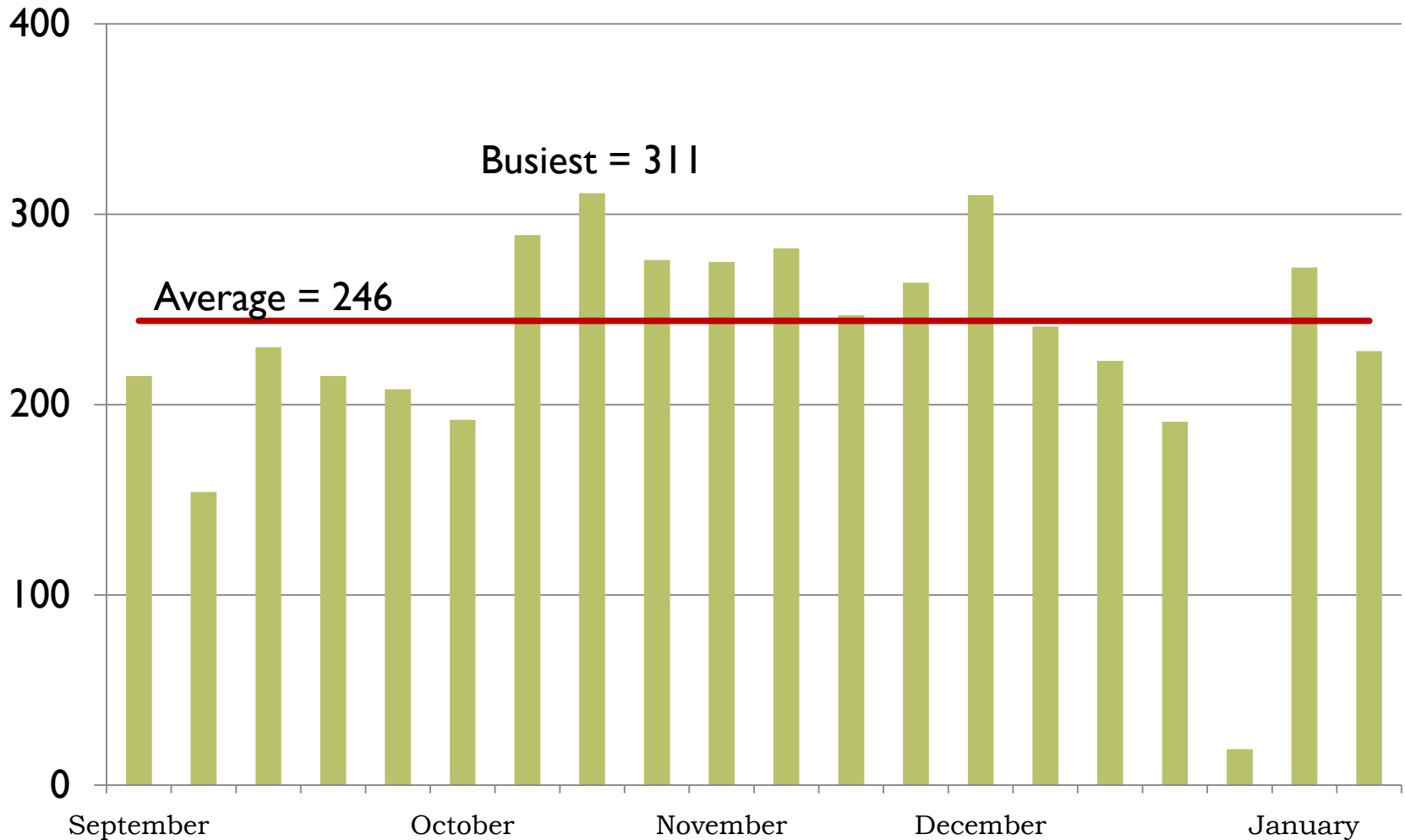
Operations: Physical Resource Capacity Utilization



- ▶ **Maximum Capacity**
 - ▶ 81.5 hours per week
 - ▶ 20 minutes per consultation
- ▶ **Target Capacity**
 - ▶ 70% of maximum
- ▶ **With 2 doctors per shift**
 - ▶ 2 doctors (6 patients/hour)
 - ▶ 489 patients per week
- ▶ **With 3 doctors per shift**
 - ▶ 3 doctors (9 patients/hour)
 - ▶ 733.5 patients per week

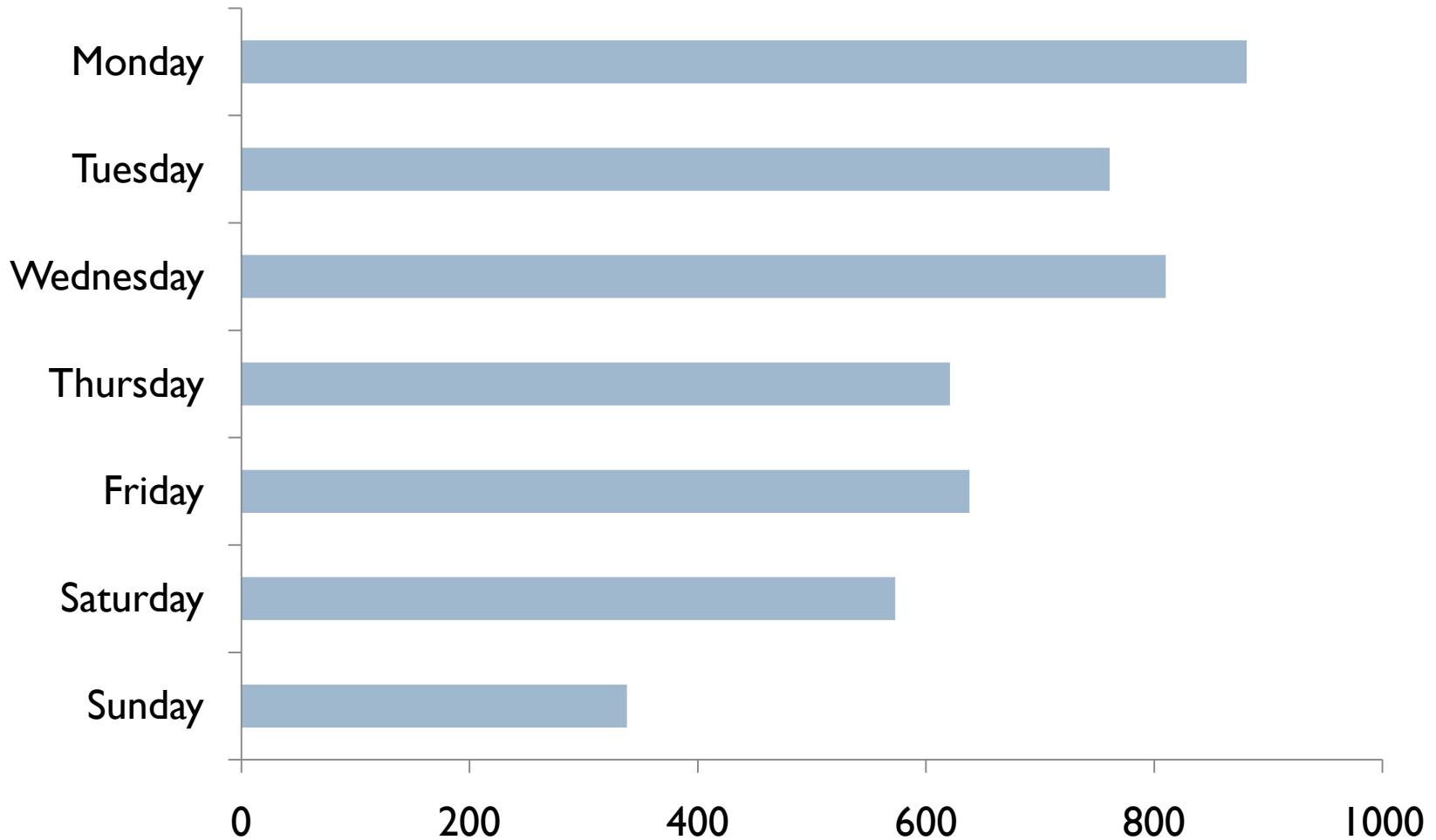
The clinic appears to have enough capacity to sustain growth for the near term.

Operations: Patients per Week



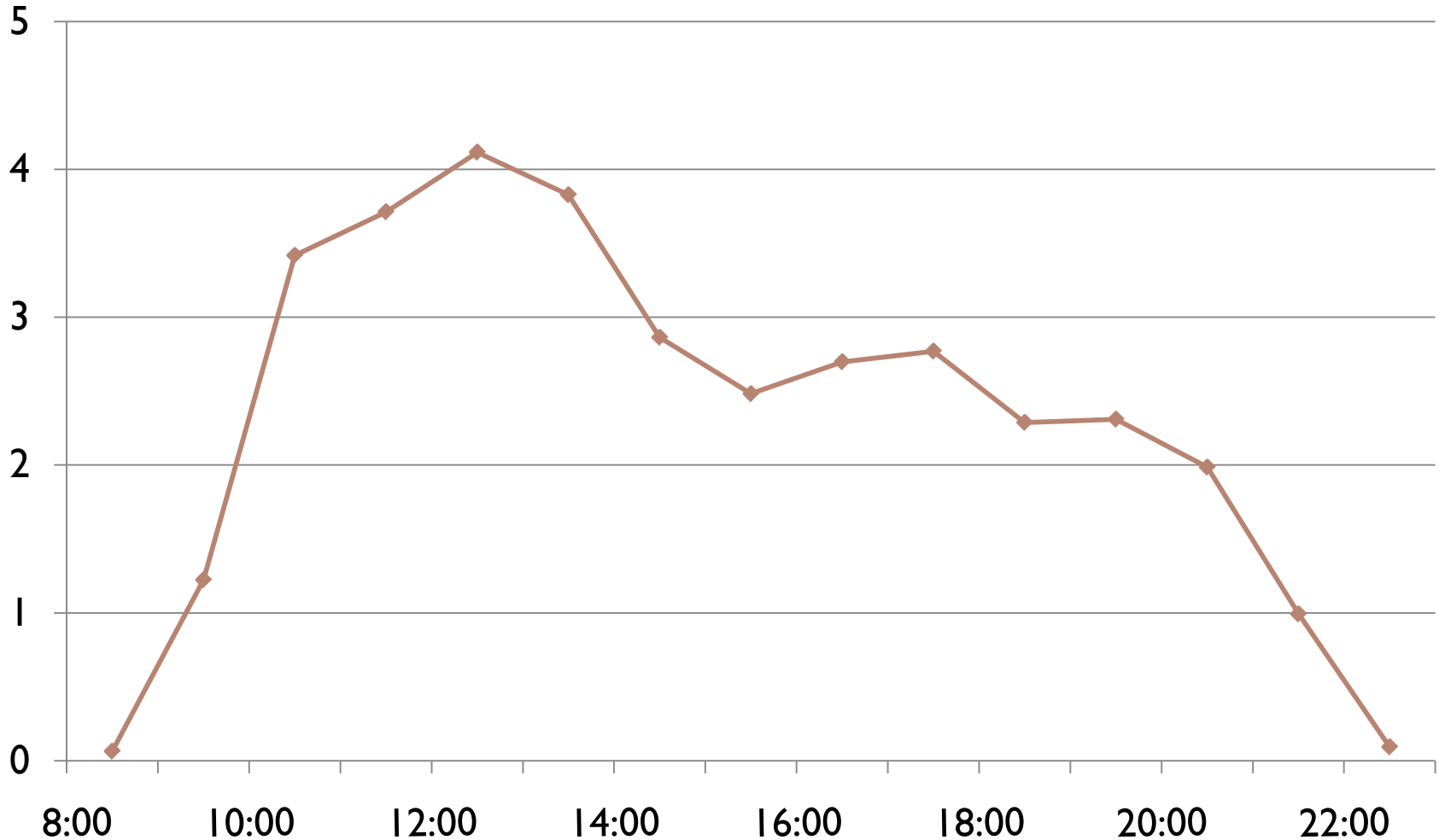
Encore can help predict seasonality and improve utilization.

Operations: Patients by Day of the Week



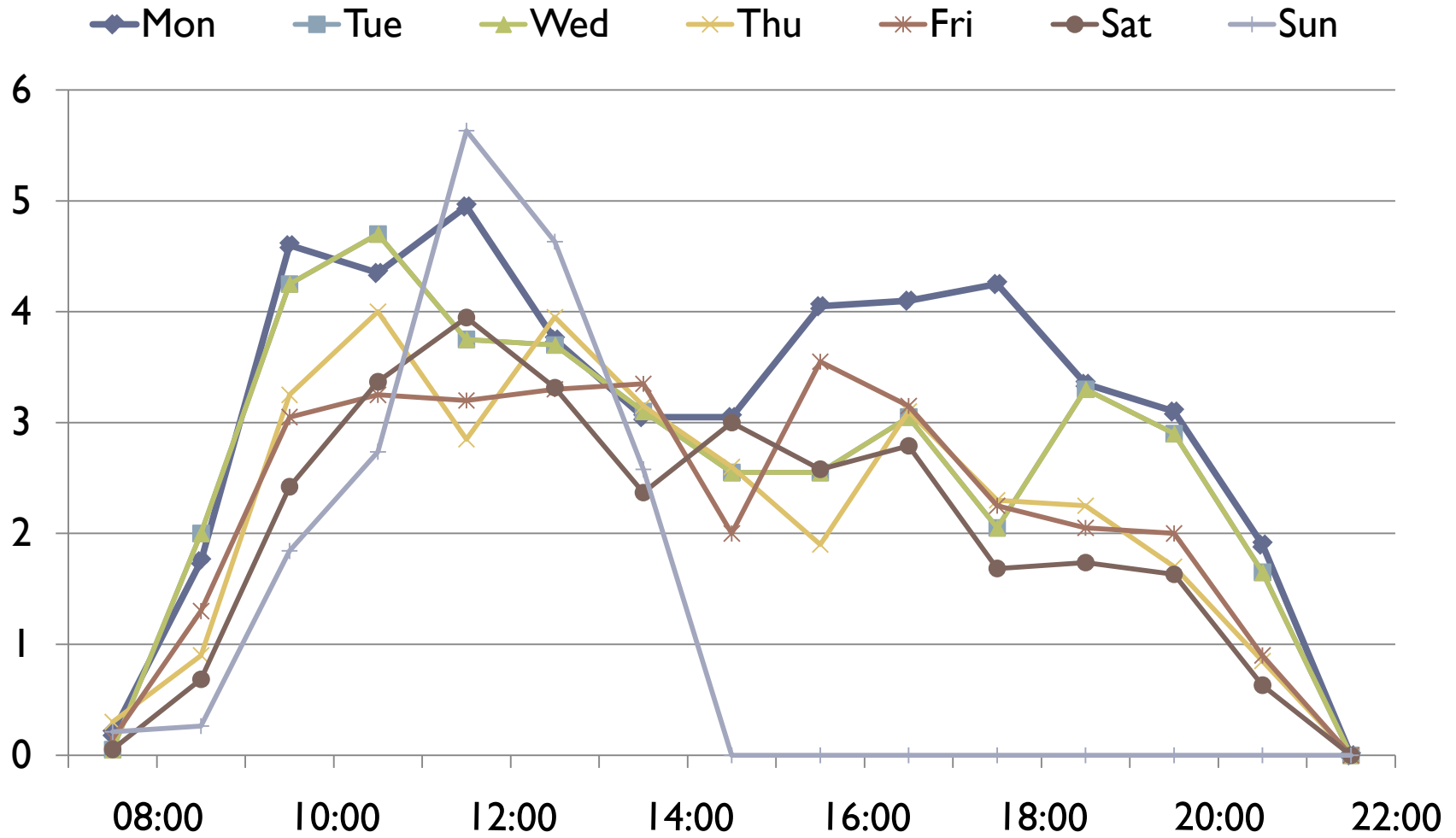
Monday and Wednesday are the busiest days of the week. Adjust staffing to maintain consistent service level.

Operations: Average Patients by Hour



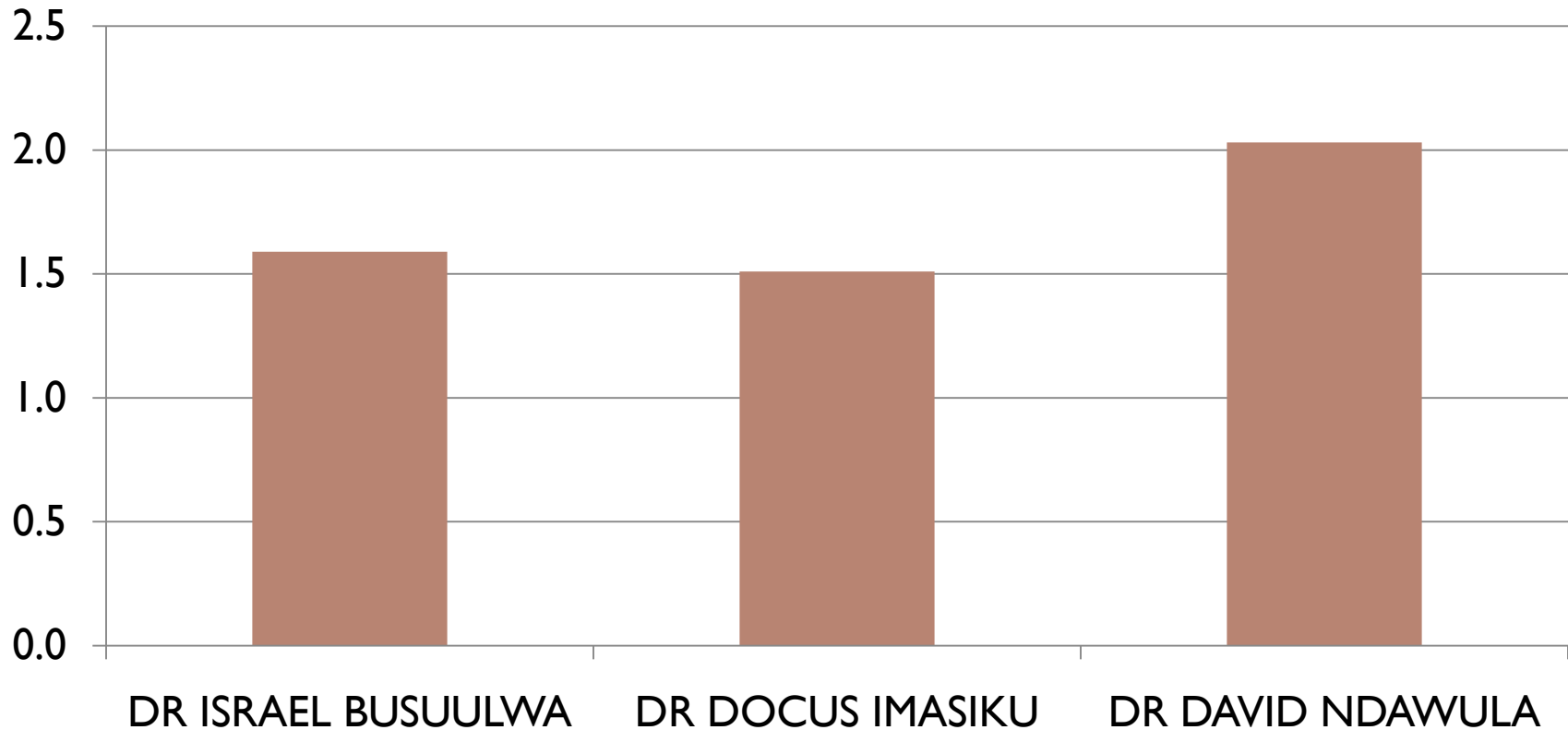
The clinic is busiest right before lunch and again around 17:00. To smooth patient flow, KFC may adjust doctor shifts or reward patients for coming during slow times.

Operations: Patients by Hour and Weekday



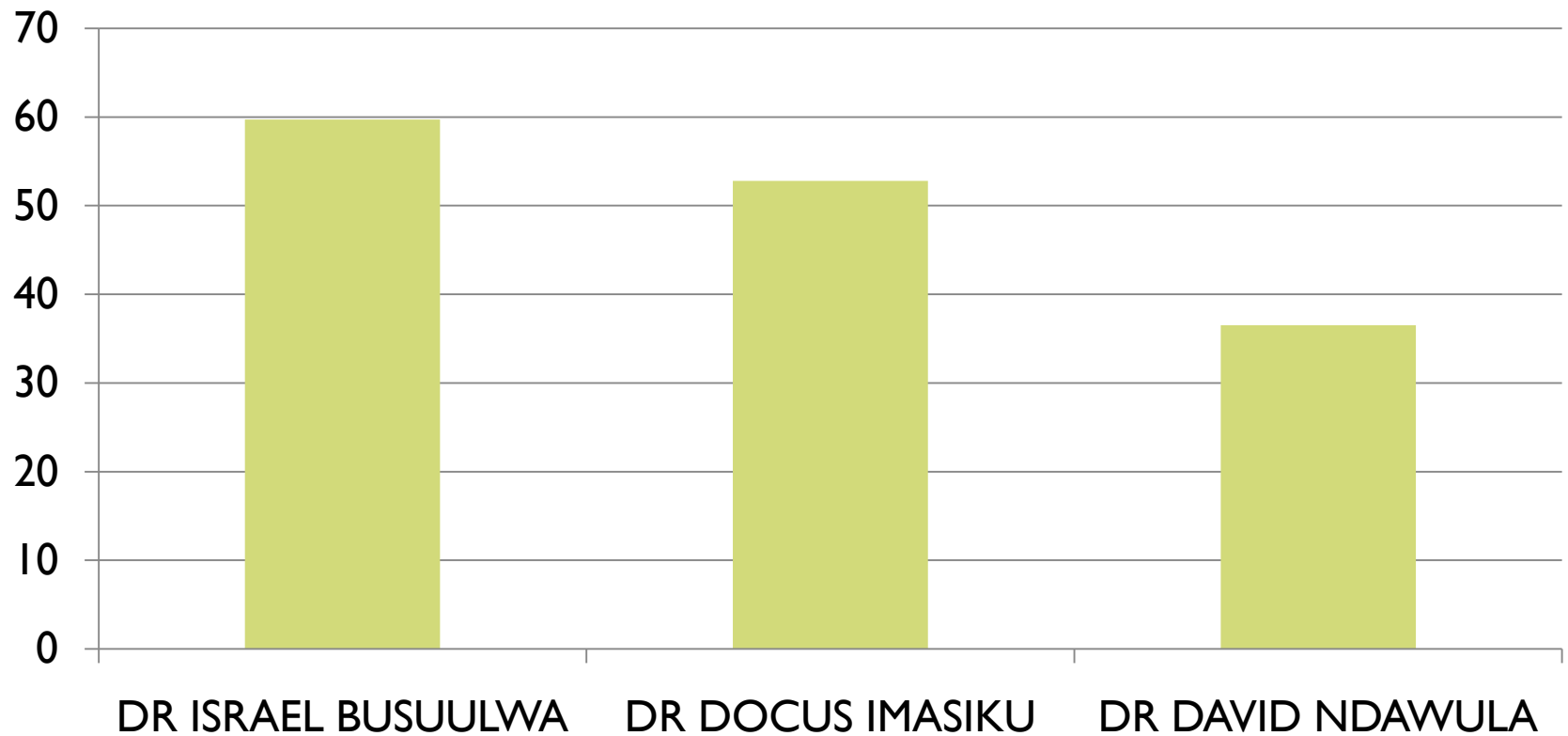
The clinic is busiest right before lunch and again around 17:00. To smooth patient flow, KFC may adjust doctor shifts or reward patients for coming during slow times.

Operations: Patients per Hour by Doctor



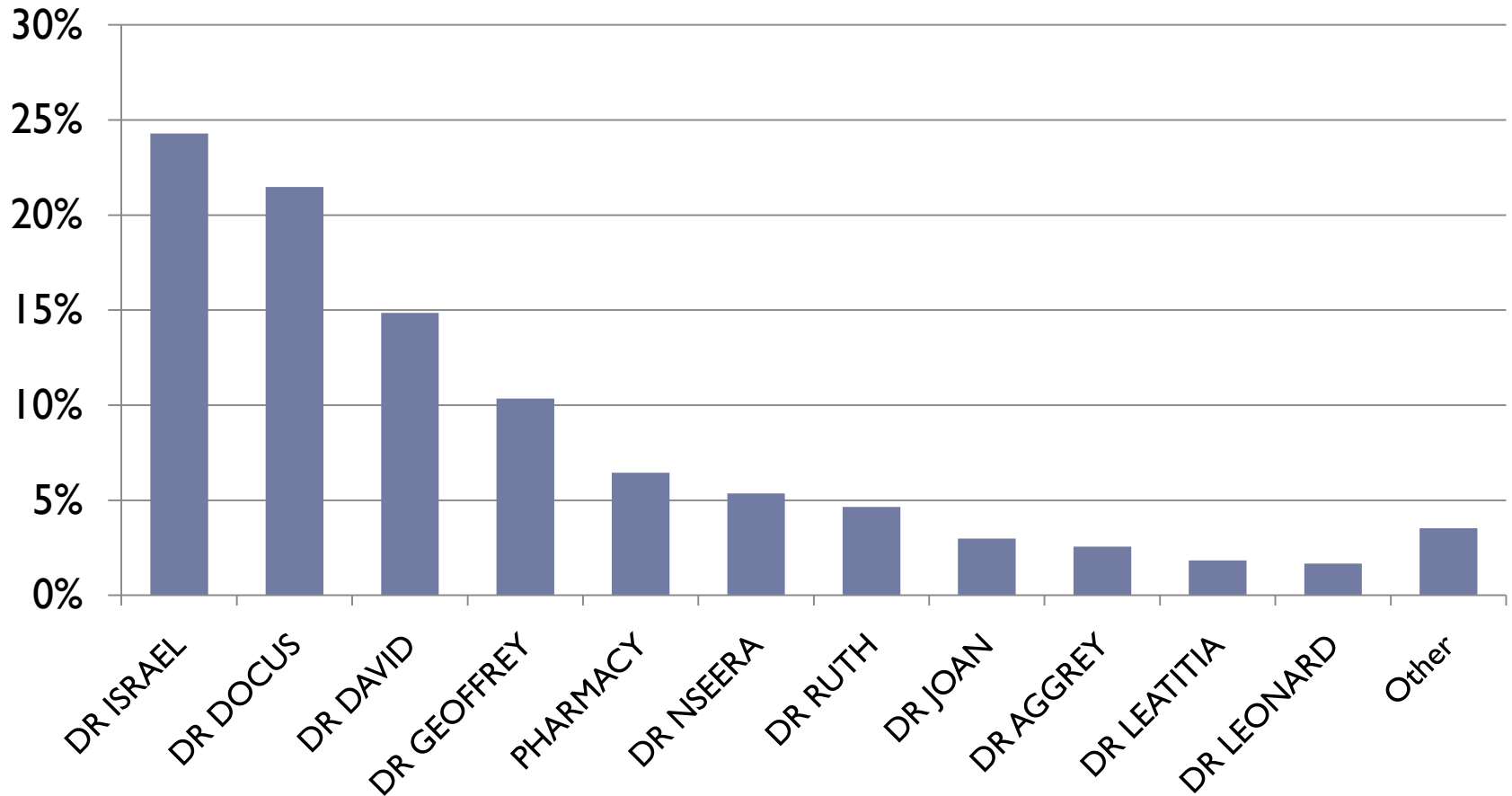
Although doctors may sometimes see many or no patients in a given hour, on average they serve between 1.5 and 2 patients per hour.

Operations: Patients per Week by Doctor



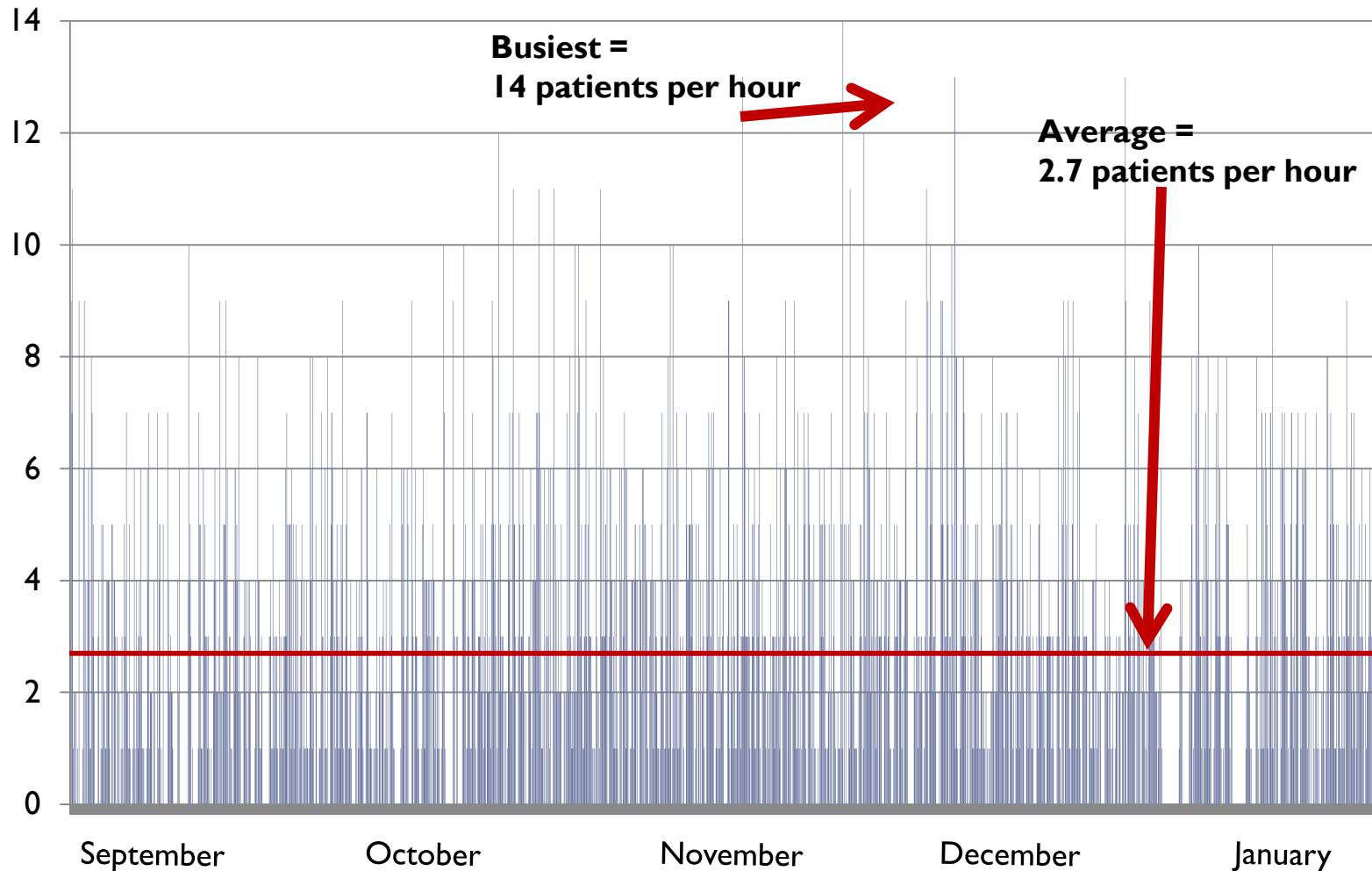
Drs. Israel and Docus may see the most patients in a week due to the number of hours worked and higher morning traffic flow.

Operations: Patients by Doctor (%)



Drs. Israel and Docus may see the most patients in a week due to the number of hours worked and higher morning traffic flow.

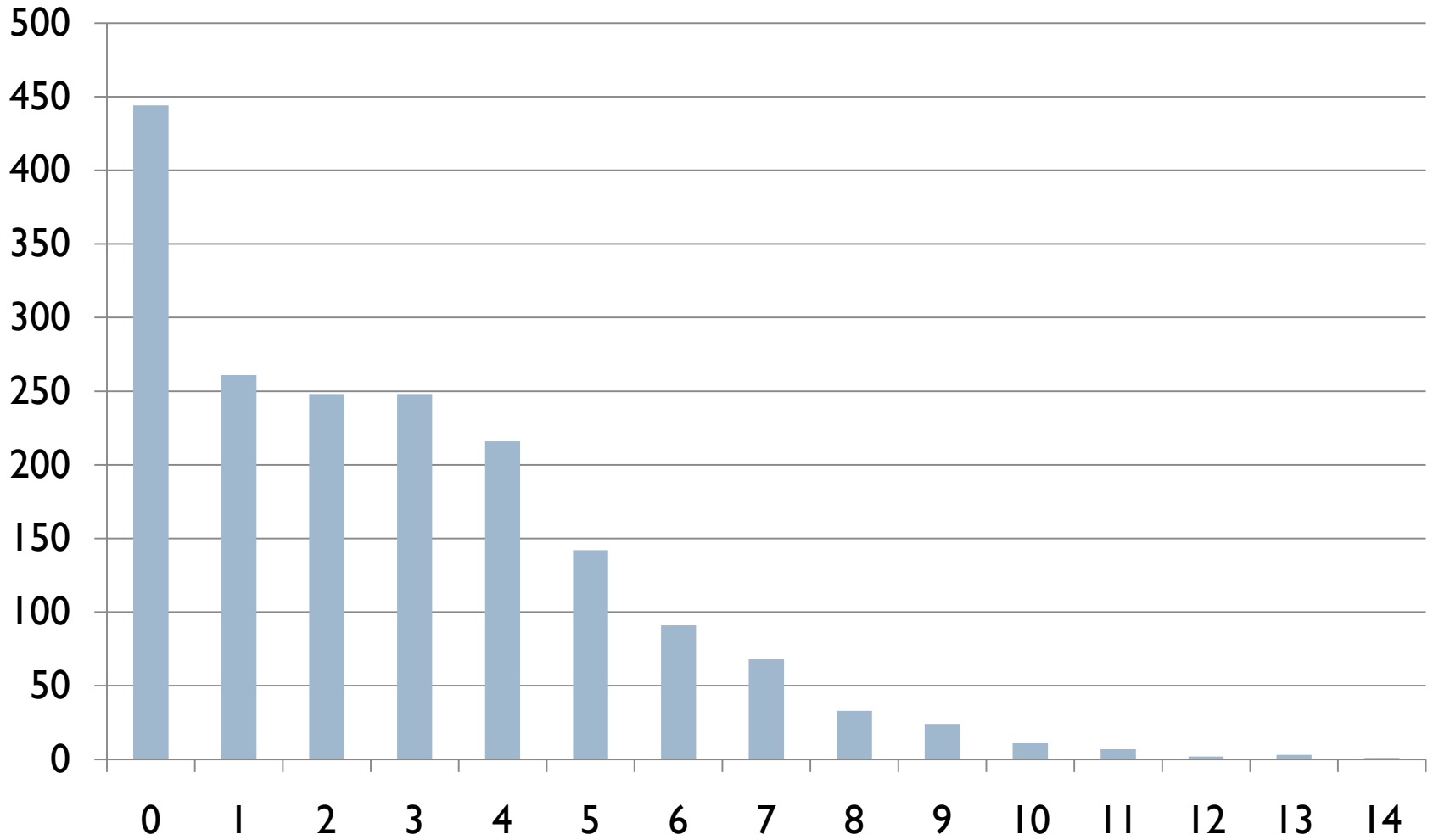
Operations: Patients per Hour



Large variability exists between highs and lows in patient flow. Encore can help predict fluctuations.



Operations: Patient Count Frequency per Hour



Large variability exists between highs and lows in patient flow. Encore can help predict fluctuations.

Operations: Recommendations

- ▶ **Smooth patient flow to optimize utilization**
 - ▶ Reward patients for scheduling appointments and calling ahead
 - ▶ Communicate busy hours and doctor schedules via website or signs in the clinic
- ▶ **Reduce doctor/nurse turnover to improve service quality**
 - ▶ Formalize recruiting process to encourage input from multiple staff members
 - ▶ Offer signing bonuses for new staff with penalties of repayment if minimum service time is not fulfilled (e.g. 1 year)
 - ▶ Post “Doctor of the Month” profiles to familiarize patients with staff

Operations: Recommendations (cont'd)

- ▶ **Reduce rejections from insurance**
 - ▶ Install protocols for prescribing medication and lab testing
 - ▶ Conduct peer reviews to evaluate processes
 - ▶ Emphasize personal responsibility for rejected claims
 - ▶ Import price lists into QuickBooks
- ▶ **Minimize downtime for staff to improve productivity**
 - ▶ Department heads to create projects for department members
 - ▶ Patient satisfaction follow-up surveys
 - ▶ Organize and clean files
 - ▶ Transfer patient information into Encore
 - ▶ Follow up with insurance companies
 - ▶ Implement incentive system to promote productivity

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Six Steps to Great Marketing



Step 1: Market Research

Motivation

- ▶ Without a good understanding of your market, you are operating in the dark
 - ▶ Know who your customers are and what they want
 - ▶ Know what your customers think of you
 - ▶ Know your competitors and what they are doing
- ▶ Research methodology
 - ▶ **Primary:** Interviews with the different players in the market
 - ▶ **Secondary:** Articles, industry publications, existing research



Step 1: Market Research Sources

Primary

- Patients
 - 19 patients: 11 women; 8 men
 - Families and Individuals
 - Chronic and basic ailments, medical examinations
- Insurance Companies
 - Jubilee Insurance
 - MicroCare
- Competitors
 - SAS Clinic
 - Nsambya General Clinic
 - Nsambya Hospital

Secondary

- Research papers
- Newspaper and magazine articles
- Government reports

Step 1: Market Research

Private Health Care - Overview

Patients

- Emerging middle class
- Insured/Cash
- Private (45%) vs. Public (41%)
- Reasons for choosing provider:
 - Location: 59%
 - Technical skills: 26%
 - Courtesy: 11%
 - Cost: 11%

Payers (Insurance Companies)

- **5%** of population covered
- Mainly corporate organizations
- Limited number of clinics in network
- Concerns of fraud
- Many exclusions

Providers

- Intense competition
- Location-based
- Bigger and better centers (“one stop shops”)
- Consolidation of providers

Step 1: Patient Interviews

Key Quotes

“Dr. David takes the time to find out exactly what I need”

“Dr. Docus is like a mother to me”

“Would like emergency care during the night”

“My daughter was sick in the middle of the night and KFC was not open”

“KFC shares your pain, which gives great comfort”

“They need a bigger facility”

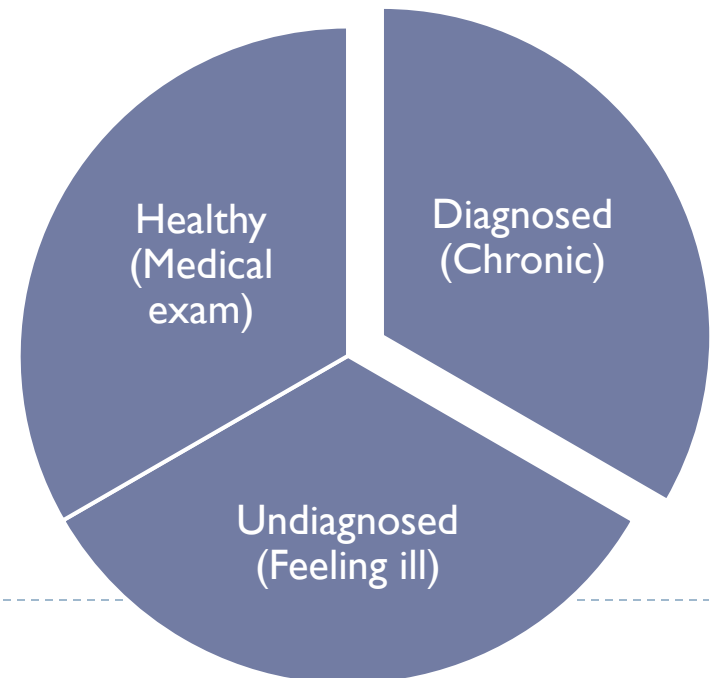
“Efficient and close”

“I don't continue to go to other clinics because I am not familiar with the doctors”

“KFC cares about your life more than they care about your cash”

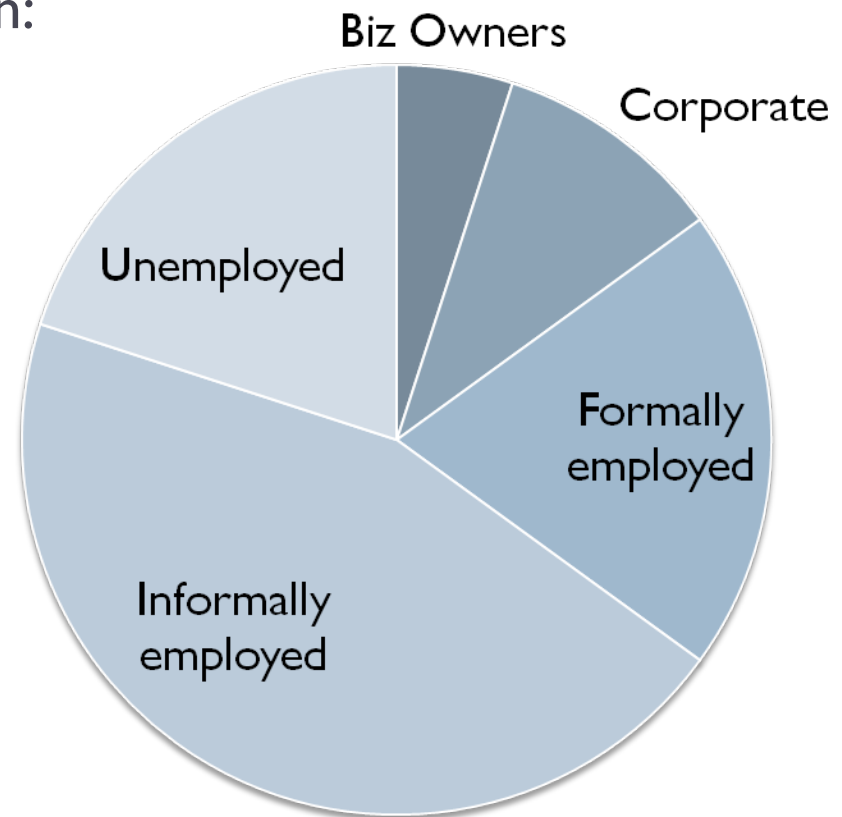
Step 2: Customer Segmentation

- ▶ Segmenting ALL customers in the market into distinct groups with one or more common factors
- ▶ Segmentation methods
 - ▶ Demographic – Income, Gender, Payment type
 - ▶ Behavioral – When and why do people get medical treatment?
 - ▶ Each segment *behaves* differently when seeking medical care
 - ▶ Due to lack of data, cannot analyze this segmentation
 - ▶ Possible behavioral segmentation:



Step 2: Suggested Customer Segmentation

- ▶ Assumption: In Kampala, income level is a main determinant of behavior
- ▶ Demographic segmentation:
 - ▶ Income level
 - ▶ Age
 - ▶ Family status
 - ▶ Payment method



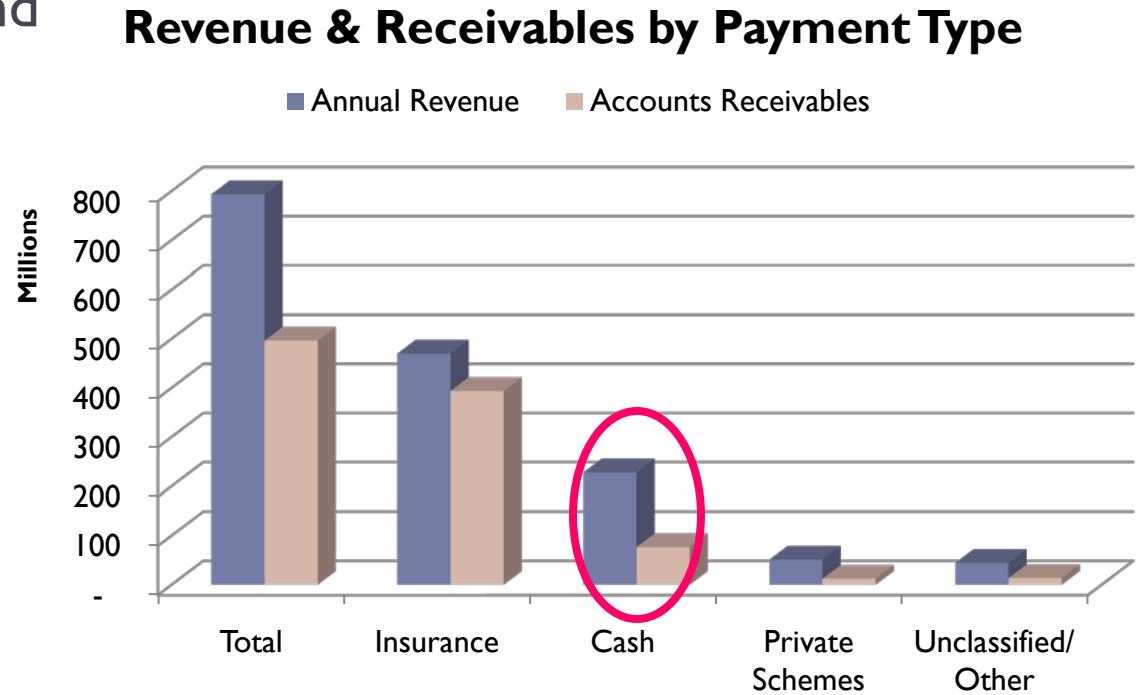
* Numbers are figurative to show potential segmentation.

Step 2: Segmentation Definitions

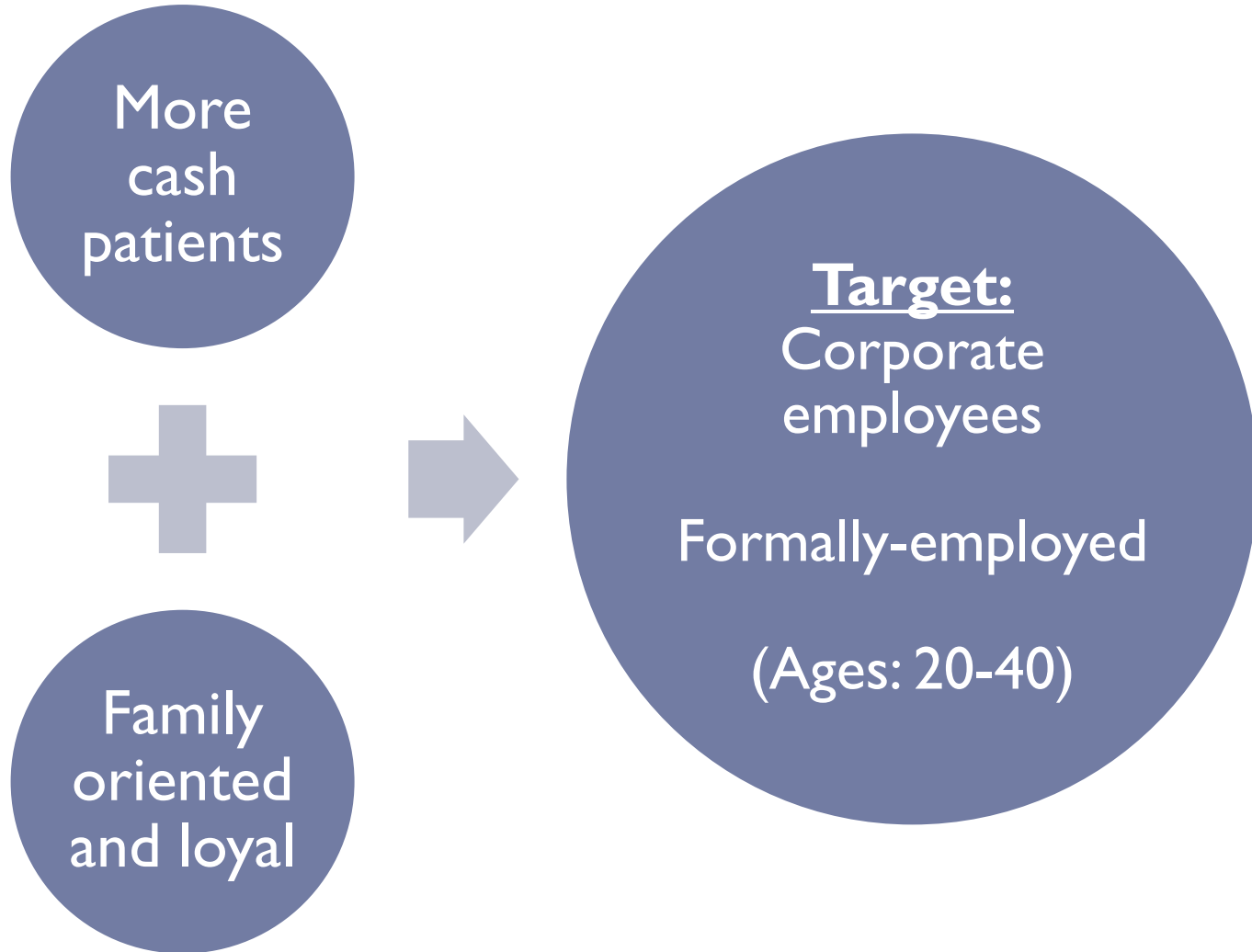
Business Owners	<ul style="list-style-type: none">• Shop owners, entrepreneurs• High income• Mature• Cash patients
Corporate employees	<ul style="list-style-type: none">• Educated, ambitious• Emerging middle class• Ages 25-55• Insured and cash patients
Formally-employed	<ul style="list-style-type: none">• Small shop employees• Mid-level income• Ages 25-55• Private scheme or cash patients
Informally-employed	<ul style="list-style-type: none">• Low income• Not age specific• Cash patients
Not employed	<ul style="list-style-type: none">• No income• Not age specific• Government healthcare treatment

Step 3: Targeting

- ▶ Target segment which is most profitable and relevant to KFC
 - ▶ Cash patients
 - ▶ Young couples and families

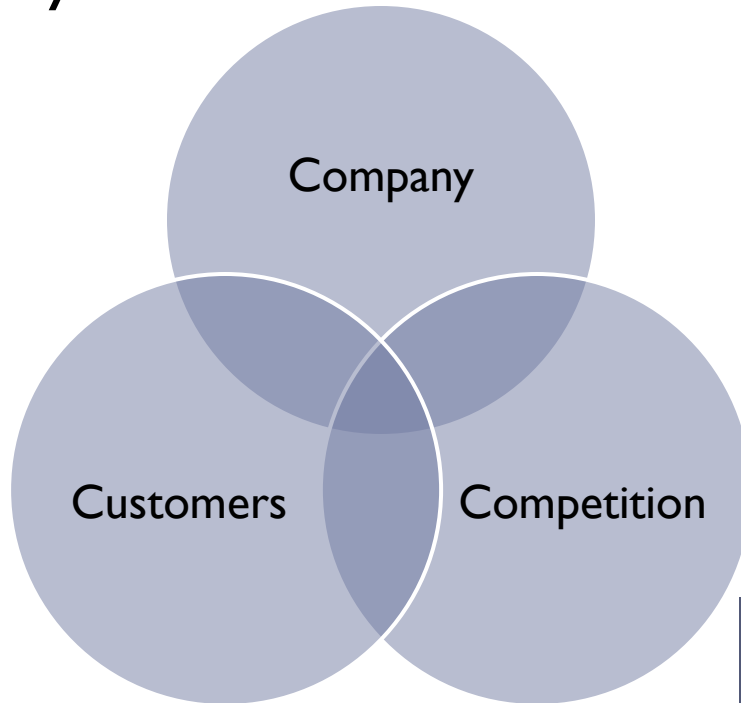


Step 3: Targeting



Step 4: Positioning

- ▶ Position KFC to attract target customers
- ▶ Analyze the 3C's to find KFC's *unique* offering



Find the gap within the current market and fill it!

Step 4: Positioning – 3 C’s

Company, Customers, Competition

Company	Customers	Competition
Fast growth	Loyal	“Affordable quality”
Family	Price sensitive	One-stop shop
Personal	Want fast service	Emergency
Local	Lasting relationship	High-tech
Quality	Trusting	Numerous
Efficient		Consolidating
Limited service		More patients
Cramped		Bigger facilities
Limited by finances		

Market gap and our strength: “Your health is our priority”

Step 4: Positioning: Key Words

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- ▶ *Internal* keywords that describe KFC's positioning
- ▶ Confirm that every one of KFC's actions are consistent with the positioning
- ▶ Constantly communicate the positioning to the doctors and staff

Step 4: Positioning: Key Words

Dark blue rounded rectangle on the left, light blue rounded rectangle on the right.

Dark blue rounded rectangle on the left, light blue rounded rectangle on the right.

Dark blue rounded rectangle on the left, light blue rounded rectangle on the right.

Step 5: 4 P's

Actionable steps to communicate positioning

Product

- Features and capabilities
- Services
- Extending and planning product line

Price

- Premium or discount pricing
- Perceived value vs. at-cost

Promotion

- Integrated marketing communication
- Media channels, word of mouth, special event, sponsorships

Place

- Distribution channels
- Location and space management

Step 5: 4 P's: Product

Hours

- 8:30-21:00
- Add free emergency phone consultations during the night hours

Consultations

- Walk-ins
- By phone
- Promote appointments

Lab

- Sufficient for basic tests
- Add new functionality: CD4 or HIV Elisa machine

Pharmacy

- Most medications are available

Step 5: 4 P's: Price

Consultations

- Price comparison:
 - SAS: 25K
 - Jubilee: 10-15K for small clinics; 25K for large clinics
 - MicroCare: 20-30K for urban clinics
- KFC: 12-18K → **Affordable**

Lab

- Consistent across different payment plans

Medicine

- Sharp differences across different payment plans (four drugs selected randomly)

ARV: Combivir	820	820	820	820
Azithromycin (500mg cap)	5,300	2,300	4,000	3,870
Doxycycline (capsule)	50	50	50	28
Pregnancy Test	7,000	7,000	7,000	1,440

Step 5: 4 P's: Price: Suggestions

- ▶ Change price of consultations?
- ▶ Analyze prices across different payment methods to minimize errors and to reduce overhead
- ▶ Possible analyses:
 - ▶ Per medicine: Number of prescriptions vs. number of sales in a given week to understand if sales are lost due to price
 - ▶ Are there buying patterns for each patient type?
 - ▶ Which medicines are the most popular?
 - ▶ What are the amounts bought and at what frequency?

Step 5: 4 P's: Promotion (1/2)

KFC Outreach

- Corporate lectures to promote the clinic and preventative treatment
- Connect with mid-sized organizations in the area

Public Relations

- Engage in press-worthy activities to stimulate articles and coverage
 - Community service day, sponsorships, donations to a church, mentorship program for under-privileged children

Communication

- Website: Include doctor schedules, appointment requests and other relevant messages
- Links to the KFC site from insurance companies' websites
- New street sign with logo

Operational promotions

- Expedited services for appointment patients – in every queue, an “appointment patient” will move to the front

Step 5: 4 P's: Promotion (2/2)

Customer Promotions

- Patient Referral Program: For every one friend a patient refers to the clinic, a gift will be given:
 - Discount on future services, medical examinations, cash, free air time

Sales Promotions and New Customer Acquisition

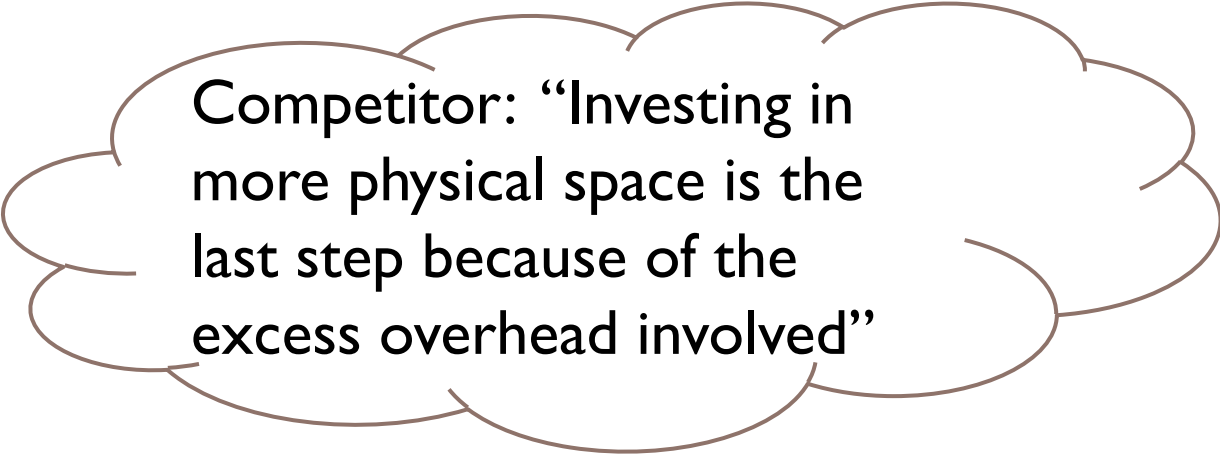
- Free service day: HIV-testing, consultations, medical examinations

Customer Retention and Satisfaction

- After every visit, email or SMS the patient to answer two short questions:
 - Rate your visit from 1-4
 - Rate the wait time from 1-4
 - If the answers are 2 or below, management should call and understand what the problem is and how to improve
- Patient education about preventative treatment through brochures and medical examination

Step 5: 4 P's: Place

- ▶ **Optimize existing facility**
 - ▶ Increase capacity utilization
 - ▶ Rent more rooms in current building
 - ▶ Move file cabinets upstairs
- ▶ **Open more small clinics in the future?**



Competitor: “Investing in more physical space is the last step because of the excess overhead involved”

Step 6: Branding: Differentiation of the KFC Experience

Personal Care

Guidance

Devotion

- ▶ **Brand Equity = KFC – any other clinic**
 - ▶ Why would a patient be willing to pay for services at KFC over any other clinic?
- ▶ **Brand awareness**
 - ▶ When thinking of a clinic in Nsambya, do patients think of KFC?
- ▶ **Brand consistency**
 - ▶ Every touch point between KFC and its patients should be consistent with its branding

Six Steps to Great Marketing: Recommendations

- ▶ Perform market research to better understand your customers
- ▶ Target the most profitable patients
- ▶ Position KFC to best achieve your goals
- ▶ Analyze prices and run promotions which are consistent with your positioning

Kampala Family Clinic

- ▶ Project Overview and Objectives
- ▶ Finance
- ▶ Operations
- ▶ Six Steps to Great Marketing
- ▶ Information Technology
- ▶ Conclusion

IT: Website

- ▶ Content
 - ▶ Opening hours
 - ▶ Location
 - ▶ Doctor schedules
 - ▶ Peak/off hours estimations
 - ▶ Contact information for making appointments

January 23, 2010



Kampala Family Clinic

We are devoted to providing first class family health care and guidance to our distinguished customers.



Our mission is to improve the health of our clients through excellence in clinical care, education and research.

Make an Appointment

Phone: 041 457 6698
031 227 8759
031 226 5525
Email: kampalafamilyclinic@gmail.com

Hours of Operation

Monday - Friday	8AM - 10PM
Saturday	10AM - 10PM
Sunday	10AM - 8PM

IT: Email

- ▶ **kampalafamilyclinic.co.ug addresses (up to 50)**
- ▶ **Set up through Google Gmail**
- ▶ **Emails for**
 - ▶ Doctors
 - ▶ Management
 - ▶ Administrative workers
 - ▶ Joint email addresses
 - ▶ `reception@kampalafamilyclinic.co.ug`
 - ▶ `consultation@kampalafamilyclinic.co.ug`

IT: Software - QuickBooks

- ▶ Upgrade to 2008 has created major problems
 - ▶ Difficult access to and duplication of management data
- ▶ Options

Wait for QB 2009

- Upgrade old data and merge
- Might require substantial manual labor

Merge in QB 2008

- Immediately get rid of QB 2006
- A/R and A/P require some work

Status Quo

- Hard to produce reliable management data
- Difficult financial planning

IT: Software - Encore

- ▶ Rollout is frozen
- ▶ Restate goals and revive project

Quality Improvement

- Historical patient records will improve quality
- Can the necessary data be recorded?

Process Improvement

- Monitor metrics of existing process
- Design workflow processes in tandem with software capabilities

Management Monitoring

- Make sure ALL interesting data is collected
- Make sure ONLY interesting data is collected

- ▶ Dedicated project manager
 - ▶ Synchronize clinical processes, management requirements and IT issues

IT: Looking Forward

- ▶ QuickBooks and Encore don't integrate well with other software
- ▶ Data consistency issues
 - ▶ Product lists
 - ▶ Product prices
 - ▶ Customer (and insurance) information
- ▶ Conclusion
 - ▶ Because of software limitations, extra care needs to be taken in work process design

IT: Suggestions

- ▶ Lack of professional software support greatly limits our choices
- ▶ Consider alternative software
 - ▶ OpenMRS for Medical Records
 - ▶ Free, open source
 - ▶ Being used in Uganda and Kenya
 - ▶ Easy to integrate
 - ▶ Financial software
 - ▶ Automation is achievable with different software
 - ▶ Cost-benefit analysis is needed before replacing QuickBooks

IT: Software Rollout Plan

Phase I

- **Stabilize QuickBooks**
 - Migrate data to QB 2008
 - Automatically extract management information

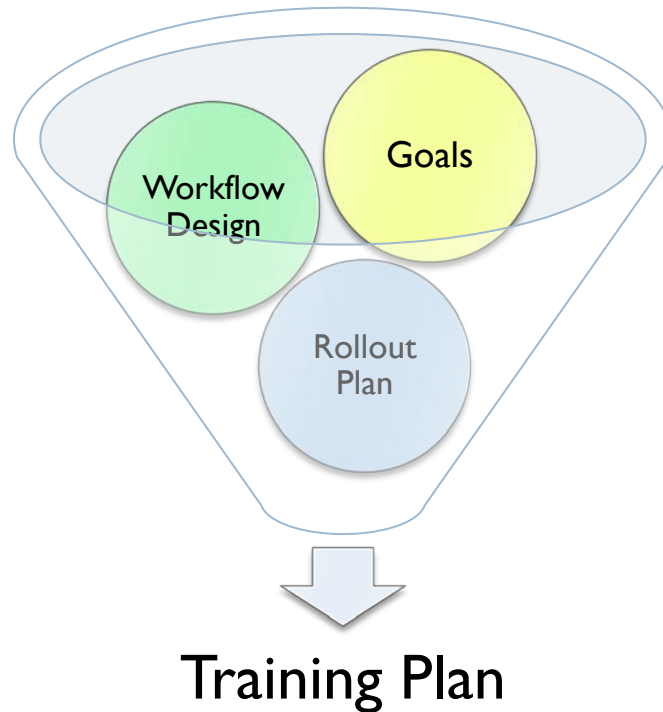
Phase II

- **Rollout Encore**
 - Enter all prescriptions and referrals
 - Manage patient queues
 - Create standard utilization reports and monitor periodically
 - Incentivize employees to use Encore consistently

Phase III

- **Integration**
 - Implement price levels in QuickBooks
 - Connect Encore prescriptions to QuickBooks billing

IT: Training



- 15-45 minutes documented training sessions for all staff
- Specific to user types
- Don't burden users with features they don't need
- "Sell" benefits as part of training

IT: Backup

▶ Why backup?

- ▶ Hard disks **WILL** fail and data will be lost
- ▶ Viruses
- ▶ Catastrophe

▶ 3 – 2 – 1 rule

- ▶ Information doesn't exist until you have it...
 - ▶ ... in 3 places
 - ▶ ... on 2 different types of storage
 - ▶ ... on 1 copy outside of office

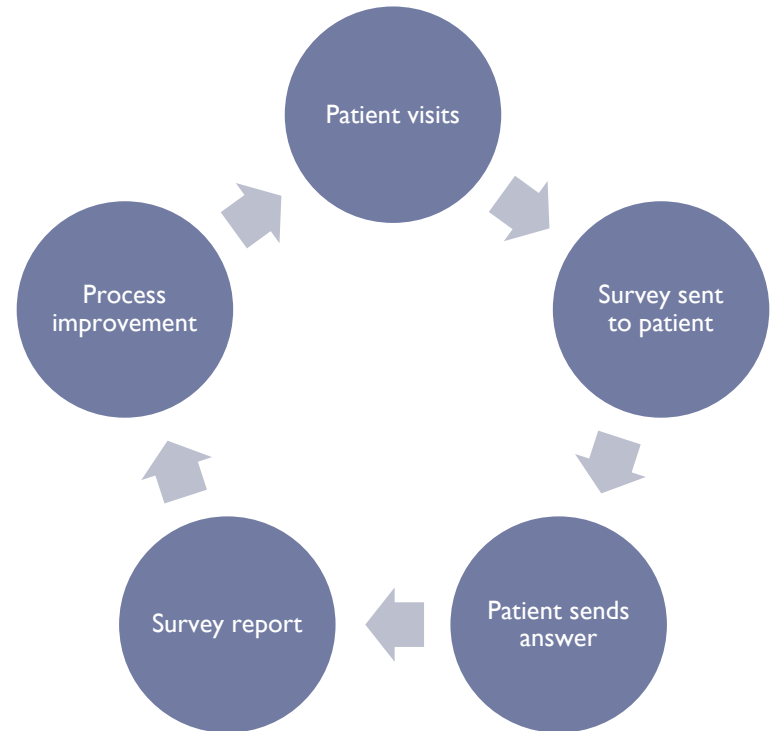


IT: Backup at KFC

- ▶ **Good hardware infrastructure**
 - ▶ File server
 - ▶ Backup equipment
- ▶ **Need better documentation**
 - ▶ KFC staff should work to handle most problems independently
- ▶ **Need better organization**
 - ▶ Multiple locations of different files

IT: New IT Project OpenXData

- ▶ Open source project
- ▶ Roots in Kampala with international support
- ▶ Customer survey with SMS
 - ▶ Wait time
 - ▶ Staff politeness
 - ▶ Environment



IT: Recommendations

- ▶ Merge all financial data into one database
- ▶ Appoint project manager for Encore rollout
- ▶ While hardware and infrastructure support is good, more work needs to be done to secure good *software* support
- ▶ Keep up excellent work on using IT to improve the company
 - ▶ Automate processes
 - ▶ Collect customer feedback
 - ▶ Use data to generate reports and give staff feedback on how they are doing

Kampala Family Clinic

- ▶ Project Overview and Objectives
- ▶ Financial Analysis
- ▶ Operations
- ▶ Six Steps to Great Marketing
- ▶ IT

Conclusion

Main Findings and Recommendations

Finances

- Long cash cycle is cannibalizing realization of high profit margins
- Closely monitor financials to better forecast funding needs and analyze investment opportunities

Ops

- High variability in patient flow results in inconsistent resource utilization and patient experience
- Improve utilization of existing resources

Marketing

- Understanding of the market is difficult but crucial to understand customer demands
- Follow the Six Steps to Great Marketing

IT

- Good IT support for day-to-day operations but not being used to full potential
- Clean up IT and implement suggested project plan