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USE OF PATIENT LOYALTY MARKETING MODELS TO INCREASE THE COMPETITIVENESS OF PRIVATE MEDICAL ENTERPRISES

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Abstract. This thesis examines the use of patient loyalty marketing models to increase the competitiveness of private medical enterprises. The problems of converting one-time patients into regular clients in clinical practice are analyzed. Based on the research findings, directions are identified for improving the digital feedback mechanism between doctors and patients through CRM systems and personal accounts, as well as for introducing patient loyalty programs.

Keywords: private clinic, competitiveness, patient loyalty, relationship marketing, CRM system, feedback, loyalty model.

Introduction.

Amid large-scale systemic reforms aimed at expanding private-sector participation in healthcare, developing the public-private partnership system, and introducing a unified digital ecosystem into the healthcare sector, the principles governing the competitive environment among private medical institutions have entered a new stage. As the number of market participants has increased sharply, the cost of attracting new patients has also been rising. In contemporary marketing theory, the transition from the traditional paradigm of simply "attracting patients" to a long-term model of "managing patient loyalty" is regarded as a key factor in economic sustainability. In particular, global marketing research indicates that the cost of retaining existing patients is 5–7 times lower than the cost of acquiring new consumers [1]. According to the model

of F. Reichheld, a 5% increase in patient retention in a clinic can increase an enterprise's net profit by 25% to 95% [2]. This can be explained by the fact that loyal patients return without additional advertising expenditure and activate the most credible promotional channel—word-of-mouth marketing. Whereas the probability of selling a medical service to a new consumer is only 5–20%, the probability that an existing patient familiar with the clinic's brand will return is 60–70%, which significantly reduces inefficient marketing expenditure [3].

Main Part and Analysis.

An analysis of the actual practices of private medical enterprises shows that most institutions build their business strategies primarily around "initial patient acquisition." However, a number of systemic and methodological problems become apparent in the process of converting one-time consumers of medical services into regular and loyal clients of the institution:

1. Imperfection of the patient experience chain: Clinics often focus their strategic attention solely on the quality of medical treatment or communication during a doctor's appointment. However, the overall sense of satisfaction that shapes patient loyalty begins with the patient's initial interaction with the institution (telephone calls, website interface, communication culture of registration staff, and long waiting times). Research shows [4] that even when the quality of treatment is very high, a negative experience in the organizational service process is a major reason why patients switch to competing clinics.

2. Lack of post-treatment online communication and monitoring: In practice, after a patient leaves the hospital and makes the payment, the clinic often stops taking an interest in the patient's condition. There are no digital communication channels for online monitoring of post-treatment progress between doctors and patients, prevention of complications, or systematic assessment of inpatient service quality. This creates in

patients the perception that they are merely a “source of revenue” for the institution and weakens emotional loyalty.

3. Standardization of relationship marketing tools: In local private clinics, the principles of working individually and through segmentation with the internal patient database have hardly been established. Differentiated marketing approaches are not applied to groups of patients with chronic diseases, those requiring regular medical monitoring, or those who need preventive examinations based on age and gender. As a result, the same generic advertisements are sent to all groups, reducing the effectiveness of relationship marketing [5].

Research Findings and Proposals.

To eliminate the identified systemic problems and transform one-time patients into regular partners of the institution, it is proposed to introduce a digitalized relationship marketing model for building patient loyalty in private medical enterprises. Implementation of this model requires the following priority directions:

1. Systematization of the digital feedback mechanism based on CRM systems: Private clinics should fully implement integrated CRM (Customer Relationship Management) programs that collect patients’ medical and behavioral data. After a patient leaves the institution (for example, within 24 or 48 hours), the system should measure the patient’s satisfaction index with the service provided and the likelihood of recommending the institution to relatives through automated surveys. This approach enables the rapid identification and mitigation of negative patient experiences.

2. Creation of a “Patient Personal Account” and mobile application ecosystem: In accordance with the requirements for introducing a digital ecosystem into healthcare, each patient should be provided with a personal digital profile. Through the personal account, patients should be able to review their medical history and the dynamics of test results, communicate with doctors via online chat, and receive personalized

reminders about upcoming preventive examinations. This element reduces the distance between doctors and patients and promotes strong technological and emotional loyalty.

3. Introduction of differentiated medical loyalty programs: Unlike conventional cashback and points-based systems in the consumer goods market, private healthcare should consider introducing family deposit packages, “loyalty statuses” for regular check-up examinations, and continuous monitoring discounts for patients with chronic diseases. This economic instrument encourages patients to remain attached to the same clinic over the long term.

Conclusion.

The research conducted on the use of patient loyalty marketing models to increase the competitiveness of private medical enterprises makes it possible to formulate the following final scientific and practical conclusions:

1. Economic and strategic priority: In the modern healthcare marketing system, strategies focused solely on initial patient acquisition are proving ineffective. Retaining the existing patient base and increasing patient loyalty is the most effective economic instrument for optimizing the marketing expenditures of private clinics by up to 5–7 times and ensuring investment stability.

2. Integrity of the service delivery chain: Building patient loyalty is not limited to the doctor’s professional medical competence; it requires a positive and coherent patient experience at every stage, from the initial point of contact with the clinic through post-treatment monitoring.

3. Integration of digital technologies: The principal solution for improving relationship marketing in private clinics is to implement integrated CRM systems, systematize digital feedback mechanisms, and transfer doctor–patient relationships into a continuous, transparent, and remote format through “patient personal account” platforms.

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