Marketing a New Aquatherapy Program

SouthCoast Institute, a rehabilitation hospital that traditionally had focused on inpatient rehabilitation services, decided to expand its outpatient capabilities in response to competitive pressures within its community. This new initiative would require considerable reorientation of the staff toward an outpatient mind-set, as well as the establishment of new services.

Among the options for new services was aquatherapy—one with potential to supplement the services already provided to rehab patients. An aquatherapy program would expand the capabilities of the rehabilitation program and make physical therapy possible for a wider range of patients. Because Medicare and many commercial health plans offered reimbursement for aquatherapy services, SouthCoast’s planned aquatherapy program was expected to be a source of additional revenue. It also would differentiate SouthCoast Institute from other rehabilitation service providers. While aquatherapy services would be used by the institute’s hospitalized rehab patients, the intent was to bolster the fledging outpatient program and attract other clients who had not been involved previously with the hospital’s inpatient rehabilitation program.

Planning for Planning

The decision to develop and market an aquatherapy program was a result of a major strategic planning initiative that was being carried out by SouthCoast Institute. Many of the organizational issues surrounding the introduction of a new service had been dealt with within the context of the ongoing strategic plan. A planning team was already in place and a planning framework had been established. The aquatherapy initiative was, thus, incorporated as a component of the overall implementation plan. It remained for the staff to develop and implement a marketing plan to support the development of this new program.

Initial Information Gathering

The initial steps in the information gathering process involved the collection of background data on aquatherapy programs. Data were compiled on the types of procedures and services offered in the typical program, the types of patients typically served, reimbursement prospects, and so forth. A general notion of what was involved in operating an aquatherapy program was developed.

At the same time, a preliminary internal information gathering process was carried out. This focused on the potential for developing the program within the confines of the existing rehabilitation therapy framework. The analysis examined the availability of personnel to provide aquatherapy services, the potential for training additional staff, existing equipment and additional equipment needs, and, perhaps most important, the attitude of the medical staff with regard to this service.

The internal information gathering process uncovered a certified aquatherapist on staff who could serve as the “service line” champion. This preliminary research also identified a pool of physical therapy aides who, with minimal additional training, could support the aquatherapy program. Although the hospital did not have a therapy pool, existing plans for renovating the rehab facility included the construction of such a pool, along with a regulation-size exercise pool. Further, the medical staff primarily involved in referring patients to the institute generally were supportive and, in some cases, enthusiastic about the prospects of aquatherapy.

Baseline Data Collection

These positive findings set the data collection process in motion in earnest. Data were collected on the market potential for this service within the institute’s market area. (The number of potential customers, in fact, turned out to be much greater than expected.) Potential sources of referral were identified and subsequently interviewed concerning their interest. Local health plans were contacted to determine their willingness to reimburse for this service, and aquatherapy programs in other markets were identified and contacted for their input.
Several secondary target audiences were identified that, while contributing no major revenue streams, would increase use of the pools and perhaps contribute to some fixed costs. These included community groups, swim teams, social service programs, and even a “commercial” audience of water aerobics customers who could be expected to pay a fee for use of the facility. Employees of the institute also were queried about their interest in using these facilities as part of the employee fitness program.

A competitive analysis was conducted, and it was determined that no medically supported aquatherapy service was being offered within the community. Options for interim use of existing area pools were explored, and a suitable temporary site was identified for piloting the program. Preliminary financial statements were developed to provide an estimate of the potential profitability of the service.

When the potential barriers were examined, few, if any, were found to exist. The only one identified was a lack of knowledge about aquatherapy in the community (even among some medical practitioners). No inherent resistance was identified from any segment of the community.

**Developing the Plan**

With the background data indicating significant potential for a successful and profitable service, the planning team set a goal of establishing the institute’s program as the premier aquatherapy program in the region. In terms of strategy, it was decided that an approach that emphasized education and relationship-building was appropriate. The intent was to stay away from aggressive advertising and flashy promotions.

To this goal, a number of objectives were established. These included:

- **Create and implement a comprehensive internal marketing program for aquatherapy within six months.**
- **Directly contact all potential referrers outside the institute and its affiliates within six months.**
- **Recruit and train a marketing/liaison person to work with the aquatherapy program on a full-time basis within six months.**
- **Identify and contact all community groups that potentially might benefit from the standard swimming pool and the aquatherapy pool within nine months.**
- **Integrate aquatherapy services into the sports medicine and occupational medicine programs within one year.**

**THE MEDICAL STAFF INVOLVED IN REFERRING PATIENTS TO THE INSTITUTE WERE SUPPORTIVE AND IN SOME CASES, ENTHUSIASTIC ABOUT THE PROSPECTS OF AQUATHERAPY.**

With these objectives in mind, a number of actions were identified. Included among the marketing-related actions were:

- **Create promotional material for distribution to potential referral agents.**
- **Set up meetings with relevant internal parties (including medical staff) to explain the program.**
- **Identify an appropriate person to train as liaison with the community.**
- **Identify any appropriate external targets for promotional and educational activities.**

The fact that the program was new and unique in the area guided the development of the marketing plan. The appropriate message to be delivered was formulated, and the means of spreading it were identified.

In keeping with the educational/relationship-building approach, the marketing mix focused on low-key promotional activities and avoided high profile media techniques. For internal marketing, the plan included a newsletter, internal publications, a flier in the institute’s employee paycheck, posters, special information sessions for staff and referring physicians, and a videotape to explain the program. For external audiences, the plan called for a newsletter, press releases (and other media coverage as appropriate), print advertising (probably limited to Yellow Pages), limited electronic media (for the grand opening), videotape, exhibits (e.g., schools, health fairs), and public presentations (support groups, medical society, and voluntary health associations).

An implementation plan was developed as part of the marketing plan that identified the resources needed, the required financial commitment, the responsible parties for the various tasks, and timelines for all activities. The SouthCoast program director was given primary responsibility for implementing the plan. She was to be assisted by the physical therapist with aquatherapy certification.

An evaluation procedure was put into place to assess the progress of the program. Because it was a startup, it would be easy to track the volume of services used. The plan also called for a pretest and post-test to be administered to referral agents to determine the extent to which they were being made aware of the program. Satisfaction surveys were to be developed for administration to patients and referrers. The extent to which the program generated secondary benefits in the community (e.g., with community groups, schools, swim clubs) would be tracked and periodically reported on.
