Review of Literature to analyze the effectiveness of CRM for health Industry

(With special reference to Public and Private Hospitals in Delhi and NCR)

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ABSTRACT - This paper review the academic literature on Customer Relationship Management, and its specific implication for the health industry is analyzed. This paper focuses on the emerging practices of CRM and its special comparison for public and private sector is taken under study. The gap of implementation of CRM for both public and private hospitals in healthcare industry is focused. The other major areas of focus includes the analyzes of CRM as people, process and technology and also the CRM for public and private healthcare. The paper also highlights the major theoretical work related with CRM implications for the healthcare sector. The impact of CRM for the healthcare analyzed and studied by various academician is focused in the paper. The paper lays the foundation to carry out the further research of analyzing the effectiveness of CRM for the healthcare**.**

Keywords: Customer Relationship Management, Technology, Public Healthcare, Private Healthcare, Quality Management.

I. INTRODUCTION

With the passage of time , there has occurred a significant change in conducting the business and also carrying out various services of the customers. All major sectors are facing a lot of problems related to the managing of better customer relationships. The various IT tools and software's are used by industries to maintain the better customer relationship. The CRM is on the tool used in today's world which has shown its effectiveness of all major sectir. This paper highlights the CRM effectiveness for the Healthcare study. The CRM impact on two domains of Healthcare sector i.e private and public is studied in detail.

II. REVIEW OF LITERATURE

Long-standing debate in the Global health concern revolves around the appropriate structural role played by both public and the private sector in providing health care services to the masses living in underdeveloped areas of the world (Berendes,2011). The Global economic recession has triggered this discussion even further and made the polarized thinking even more focused on the amount of the budget being used in the public healthcare domain. The report "Blind Optimism" by Oxfam have tried to criticize this fact and highlighted that in order to achieve universal and equitable access to Healthcare, the need of public sector to be the majority service provider holds the key (Oxfam, 2009). However, it cannot be ignored that the bias of public sector units towards non-delivery of healthcare services is governed by the absence of competitive forces.

The efficiency of the private sector in comparison to the public sector is mostly due to the need of the market and they tend to be more responsive towards the patient in order to sustain in the business thereby somehow trying to indicate the inefficiencies and corruption prevalent in the public health sector domain (Rosenthal and Newbrander, 1996). The debate of whether the public sector or the private sector is more efficient and capable of providing health care services to the masses is somehow claimed to be biased ideologically (Montague et al 2009; Stocking, 2009), it is also criticized that the studies comparing the performance of public and private sector in the healthcare domain became not very effective in highlighting each of the sectors due to the fact that the health care services cannot be universally dichotomized between private and public sector because of large number of intermediaries providing healthcare services to the masses (Smith, 2009). It is found out in several of the studies that the private outpatient clinics are better in drug supplies and responsiveness in comparison to the public clinics but sometimes they are underperforming in other dimensions of service delivery (Berendes,2011). WHO in its report in the year 2000 identified themes which should be taken care of while understanding the health care delivery system, the themes being transparency, accessibility, responsiveness, regulation, accountability, quality, outcomes, fairness and equity, efficiency (Murray, 2000). Market scenario ensures that the service delivery system both in the public and private healthcare remains viable as long as they are able to meet the need of the customers and are efficient in

providing services. Customer Relationship Management in Private and Public Healthcare plays a very important role in deciding on this efficiency profiling of the public and private Healthcare sector.

Healthcare Industry in India: A Prognosis

A large number of Indian population is out of the service of healthcare delivery and is largely uninsured; they are poor, rural and are price conscious about the healthcare products and services. The government hospital sector although charge nominally for the services, but are famous for being overcrowded, understaffed, full of corruption and ensures under delivery of services. Private hospitals, on the other hand, tend to capture the market by providing delivery services which are better than the government service providers but charge exorbitant fees and are very expensive. The business dynamics of healthcare service delivery provides enough opportunity to tap the untapped market which is highly price conscious. Over the years, India has witnessed a spectacular growth and development in the hospital service delivery system. Mostly "Doctopreneurs" have devised effective means of service delivery at very cost effective rates by designing and devising innovative service delivery mechanism. Narayana Hrudayalaya and Aravind Eye Hospital are the classic cases which demonstrate the capability of giving better service quality at a very cost effective rate to the general public at large. People, in general, have become more conscious about their health and are willing to pay for a healthy life.The underserved village population of India provides enough opportunity for the private healthcare service delivery sectors to tap the market and grow. In this perspective what becomes imperative to understand is that, in order to gain competitive advantage, the healthcare service delivery of private hospitals and public hospitals should focus on customer-centric business delivery module as it holds the key. Precisely at this point Customer Relationship Management (CRM) comes into picture which is perfectly blended with the business process delivery mechanism of an organization and the use of appropriate Information Technology support infrastructure. With the use of CRM, not only the profitability of the hospitals is increasing, it is also helping the hospitals to establish a long-term relationship pattern with the customers thereby enhancing the Customer Lifetime Value (CLV) (Oliver, 2008). Standardization and streamlining of the process is at the core of functioning of CRM and it not only helps to build a proactive communication channel between the patient and doctors, paramedical staff, it also helps to build a mechanism of easy recall and recognition of the patients without much intervention on the part of the patients. This helps the organization in delivering healthcare services by tailor-made products and services for the patients and provide additional services which increase the likelihood of repeat visit of customers and also helps to proactively manage the customer (Hagland, 2009).

Customer Relationship Management: Process, People, Technology

The interaction between business processes thrives on the transaction dynamics that the business performs with its customer. Marketing dimension of business takes care of this interaction points between the customer and the service provider to understand the needs of the customer so as to make product and services. The need of understanding the customer dimension makes it virtually important for the business to look into means and ways to capture the interaction data between the business and its clients to create market dynamics and make more happy customers. Technology plays a very important role in designing means and ways so as to capture this integration of technologies and business process which tries to satisfy the needs of the customer at each level of transaction and interaction. The integration of people, process and technology are termed as Customer Relationship Management (CRM). At the core of CRM, the philosophy which operates tries to take care of the knowledge generated during the transaction process and use that knowledge so as to help management take decisions to design and deliver services and products which will ultimately deliver value to the customer and will satisfy the customers. As pointed out by Kolter (1997), CRM is basically a tool of marketing and can be distinguished from Enterprise Resource Planning (ERP). Back office integration of a business is basically the functional dynamics of ERP however; there are certain similarities with ERP and CRM. Front office interface of any business dealing with customers takes care of the CRM perspective of any business. Although similar in its operational dynamics it must be understood that CRM cannot operate without the help of ERP, however, ERP is capable and designed in such a way so as to work independent in any organizational setup. CRM is basically involved in the collection of data and to understand the meaning of the data to arrive at decisions about the consumer behavior. It is basically a continuous method of refinement and analysis so as to enhance not only the profit of the company but also to make maximum value addition to the customer lifetime value. It is understood that there is a need for seamless integration between technology and marketing to make CRM process successful (Wells et al; 1999). The fundamental dimension of marketing motivations needs to be understood by the IT professionals developing the CRM module so as to give it a seamless integration. During the initial days of brick and mortar model of business delivery, the interaction between the customer and the service provider were very healthy and intimate as in a way so as to provide the owners the opportunity to understand the very needs of its own customer. The intelligence of the business owner was much personal as they were well aware of the taste and preferences of each of its customer along with the probability of default and the extent to which credit can be

advanced to each of its customer. The marketing orientation (Pride and Ferrell, 1999) of business made this unique interaction between the customer and the business owner shy away, as a business were motivated towards gathering more of market share. The number of interactions increased, interactIon points increased, and the market become more diversified and customers also became more diversified. In order to sustain business in this dynamic market, the market orientation of business devised Segmentation, Targeting and Positioning (STP) of its product and services thereby making use of the needs and preferences of each individuals based on their demographic characteristics, personal choices, and economic conditions. Segmentation of product and service delivery made a uniform assumption about the needs and preferences of the customers; however, the unique need of the customers was not addressed in this process. Over the period of time, this segmentation process lost its competitive advantage and it assumed the role of a minimum starting requirement for each of the business to target its product and services. What became imperative for the firm is to recognize the fact that in order to remain competitive in the market the need was for customer-centric orientation. With this customer-centric orientation, relationship marketing came into advent and each of the interaction with customers was motivated towards maintaining a long-term relationship with its customer (Berger and Bechwati, 2000). The guiding principle for this customer relationship was to enhance the customer lifetime value rather than focusing on profit for each discrete transaction. In order to increase customer lifetime value and to maintain the long-term relationship with the customers, the need of the hour was to understand the customer more intricately and always device products and services so as to satisfy the needs of the customers. This resulted in a huge flow of data within the network of the organization and it required the organizations to capture the data points and derive meaningful decision inputs from that data. Customer Relationship Management (CRM) eventually become very important in order to understand the preferences and purchasing habits of each of the individuals (McKim and Hughes,2000).The overall philosophy of CRM was aptly put by Wells et al; 1999 as

"……the organization will be more successful if they are able to concentrate on each of its individual customers rather than focusing much on the share of the market by devising on marketing paradigm with the help of IT being the enabling factor……."

In order to understand Customer Relationship Management (CRM) it must be understood that the linking point between the front office (marketing, customer service, and sales) with that of the back office (logistics, operations, human resources, and Finance) requires incorporating technology with that of the interface of customer touch points is vital for the operation of business.CRM focuses on this customer touch points and with the help of IT backbone tries to

seamlessly integrate the operations of the front office and back office (Fickel, 1999). Multiple touch points of customers may include internet, sales, direct mail, Telemarketing operations, Call Centers advertisements, pages, facts, stores, kiosks with varied information systems and the role of CRM is to integrate these touch points and produce a common viewpoint to its customer (Eckerson and Watson, 2000). Some of the organization understands CRM to be the use of technology and use of database solutions as an automation tool to improve their sales effort. Other organization understands it to be specifically designed to enhance one to one operational performance of any business (Peppers and Rogers, 1999).

It is understood in perspective that customer relationship management is not only a cross-functional consumer-driven technology integrated business process management strategy but rather it is aimed at maximizing relationship that encompasses the organization as a whole (Goldenberg, 2000). CRM leverages on the different business positions and uses information technology to maximize gains from each transaction. Regardless of the channel, CRM aims at maximizing the value for each interaction between the business and its customer (Gulati and Garino, 2000). In studies, it is observed that customer retention and customer satisfaction can be highly enhanced with the use of CRM, and it gives a competitive advantage to the Firms by generating higher revenue and lowering operational cost (Reichheld, 1996a, b; Jackson, 1994; Levine, 1993) . Customer Relationship Management has also seen to increase customer loyalty and profitability of the business on measures of repeat orders from the customers and continuity as well as the brand loyalty of each of the customers (Kassanoff, 2000). In order to answer to the questions of what is the requirement of service of my unique consumers? How my consumer is going to react? What are the unique features of my product which suits my unique consumers? CRM plays a very effective role in identifying the needs and preferences of the unique consumers which gives a consistent and effective service delivery model for the business (Creighton, 2000). Enterprise Resource Planning (ERP) system is giving CRM cascading effect, but it must be realized that CRM and ERP has their own functional area and cannot be taken to be performing the same role albeit different name (Tiazkun, 1999). In order to gain market share the technology service providers try to push CRM as a solution which is projected to solve all the problems of business, however, that should be taken with careful analysis and sufficient prudency (Hackney, 2000). CRM implementation should be taken into consideration by each of the business while focusing on the requirement of CRM in its business, the return on investment, the planning of the project and overall cost associated with its implementation (Schweigert, 2000). Literature suggest that CRM is not a new concept but is an technological improvement over the concept of Sales Force

Automation (SFA) which is more of an idea to make use of customer data, however, CRM is more inclusive in nature and the literature supports it to be the advent of One to One marketing (Peppers and Rogers, 1999). At the root of relationship marketing SFA does the same thing, however, CRM takes this relationship status even further and focuses on the retention of the customers and increasing their lifetime value rather than focusing too much on the profitability of the business in the shorter term (Christopher et al., 1991). Genetic improvement in the business process can be attributed to the integration of Information Technology (IT) with that of the business process in order to redesign and reshape the delivery module to enhance the organizational performance (Davenport and Short, 1990; Porter, 1987). With the change of business process the facilitator role of IT become even more important for the business to design means and ways to deliver product, innovate channels, redesign their workflow and take into consideration its stakeholders in order to design more relationship oriented process and structures both for its internal stakeholders as well as external stakeholders (Hammer and Champy, 1993). It is observed in studies that optimization of interaction with the customers can create a 360-degree view of the customers for the organization and can help companies to learn from the past interactions and optimize their future interaction (Eckerson and Watson, 2000). It is also highlighted in studies by Peppard (2000), the critical and crucial role played by information for product tailoring, innovation of service, generating comprehensive views about the customers and for calculating the lifetime value of the consumer. CRM is happily supported by Data Warehousing Technology as it makes it possible to transform customer data into business intelligence which can be used for generating insights about the customer behavior and design services accordingly (Shepard et al., 1998). It has been highlighted by Story (1998), that business can make use of data to design services and products so as to suit the individual geographic location, customer groups, distribution channels and more importantly individual customers. Companies in the past tried to substantially improve upon their sales and services by incorporating the techniques of mass marketing and mass sale of their products and services as long as the consumers were happy with standardized products. With the increase in competition standardization of product went from mass level to individual level and thus it was important for the companies to understand each of the customer's need and preferences in order to retain them and build a healthy relationship pattern with them. Relationship marketing came into force for satisfying and understanding this varied customer needs, preferences, price sensitivity and buying behavior and thus became important as a driver determining customer profitability (Reichheld;1996a, b). In order to respond to the changing market scenario and marketplaces, it is imperative for the organization to seamlessly integrate business processes with that of

marketing and serve customers and tailor services and products so as to retain their customers. The need of marketing-manufacturing interface is very important in order to meet the requirements of the customers and provide flexibility to address each of the customers more efficiently and effectively (Prabhaker, 2001). In the literature, CRM is characterized as an integrated approach which aims at managing the relationship of customers with an understanding of the service delivery module and competitive positioning of the offer which basically aims at re-engineering the value provided to each of the customers (Anton, 1996). It is further classified that CRM is a combination of technology and business process which seeks to understand the customer perspective from the business point of view to understand and answer the questions of who they are. What do they want? What do they like? How do they feel? (Couldwell, 1998). Literature supports the fact that CRM should not be understood as a technological solution (Goldenberg, 2000) and care should be taken to integrate the same with the business processes so as to make maximum use of CRM. Retaining customers is highlighted to be more important than going for acquiring a new one and thus CRM plays a very important role in this perspective (Hildebrand, 1999). Saunders (1999) observed that CRM increases customer loyalty at about 60 % for a company employing using CRM rather than the company which is not. CRM not only helps to retain the old customers but it also helps to create new customers for the new goods and services as well as the old goods and services. There is a considerable shift from the product focused approach in the marketing belief system to that of customer-centric approach as identified by (Seybold, 1998; Seybold et al., 2001) and the following five steps as proposed by Seybold (1998) need to be undertaken in order to design customer-centric organization

1. It should be made easy for the customers to do business.

2. The organization should focus on IT and customer.

3. Redesigning of the front office needs to be incorporated and information flows are taken care of between front office and back office.

4. Dealing with customers should be made proactive so as to foster customer loyalty.

5. A considerable amount of checks and balances should be implemented and continuously improved upon.

Customer Relationship Management in Private and Public Healthcare

A complete understanding of the customer both in profitable and non profitable segment is important in order to optimize customer relationship and gather business intelligence so as to treat each of the consumers individually based on their requirements and their values

(Renner, 2000). With the advent of Business re-engineering and process re-engineering, it is imperative to understand the individual customers and take a holistic view of the various failure factors along with the success factors to specifically manage change (Al-Mashari and Zairi, 1999). It is also highlighted in the studies (Al-Mashari and Zairi, 2000) that in order to implement the technological process of CRM it is imperative to have a supporting organizational culture to integrate this technological dimension with that of the business process dimension. Top level management commitment towards technological support system is critical in making this kind of integration possible and deliver its intended benefits to the organization (Herington and Peterson, 2000). It is also highlighted in reports (META Group Report, 1998) that without an understanding of customer-oriented cultural dimension and the mindset of the people, investment in technological advancement and solutions like CRM is waste of time and resources. It is also highlighted by (Al-Mashari and Zairi, 1999) that continuous support from the top management as well as the project leaders is of paramount importance for successful change and implementation of technological process improvement. In the coming days as highlighted in the study (Bultema, 2000) a large number of interaction between the customers is likely to happen over the internet than physically, thus CRM and technological implementation in business process plays a deciding role for business to have a competitive advantage. It is also observed by (Lange, 1999) that implementation of CRM and relationship management by the organization will provide them the greatest gains in the coming future. It is also highlighted that the cross-channel relationships can be synchronized with the successful implementation of CRM and its integration with e-relationship management (Saunders, 1999)

Service Orientation of Healthcare Sector

Customer relationship management assumes a very important role in the service delivery mechanism of hospitals as the hospital services are mostly governed by the motto of providing intangible benefits to the customers and helps to decide on the sustainability of the business service of the hospitals. In the healthcare sector, the strategy is mostly focused on the customer who is also the patient, in providing tangible and intangible benefits to the service seekers. CRM strategies mostly focus on the patients and involve a combination of hospital management and patient interaction in order to design effective and efficient delivery of service.

The healthcare industry although provides much of the tangible benefits in terms of facilities, but, the intangible benefit plays a very important role in deciding the market share of a particular healthcare service provider. Majority of the service providers aims at engaging their customers in order to provide the experience and the hospitals need to orient themselves in process development and technological integration to meet the emerging need of customer-centric business development and delivery of services. The

implementation of CRM into the organizational setup and the modification of the business process delivery will decide the future market share of each firms operating in the healthcare industry. Efficiency of each of the firms operating under the competitive environment in implementing these CRM strategies will decide on the market share in the future. Literature supports the fact that successful service orientation culture place a pivotal role in deciding the success of the organization (Athanssopoulos, 2000). In order to provide a comprehensive and professional service to the patients, the healthcare industry needs to orient them to the service delivery module. Service orientation in hospitals can be viewed at three levels namely organizational, individual and strategic as conceptualized by (Hagland, 2003). At an individual level, the service orientation focuses on the motivation of the employee towards the service delivery in comparison to the other employee. Service orientation is defined as considerate thoughtful, cooperative and helpful disposition (Wu et al; 2008).

Quality management domains in the hospitals

Extant literature available in the study conducted towards understanding the quality dominance in the hospitals, it was observed after content analyzing that the key domains which were highlighted in the studies revolve around quality improvement in the management of the hospital. The key dimensions are classified as process and procedure management, training, Human Resource Management and development activities. The commitment of the top leadership towards quality management monitoring mechanism and analysis of data related to quality management system responsibilities setup played a significant role, in the structures adopted towards quality management and involvement of the patients in the quality administration and management system. The studies conducted by (Parker, 1999; Specchia et al, 2010; Sutherasan et al, 2007 and Duckers, 2009) basically aimed at understanding the role organization culture plays towards the dimension of quality improvement and management and it was found out that the culture of the organization is not prerequisite for implementing quality management aspects rather it was highlighted to be one of the operationalised features in the dimension of quality management. It was also understood in the studies that IT framework of hospitals was not at all a prerequisite for the quality improvement systems to be implemented in the hospital rather it was conceptualized at an operational level on the use of IT.

CRM implementation pattern and its effect on the size

Most of the studies highlighted the fact that the measures adopted towards quality management system were generic in nature, however, some of the hospital departments also have the unique characteristics while implementing the CRM (Wagner et al, 1999; Lombatts et al 2009).In order to understand the horizontal implementation of the quality improvement programs of the organizations which was termed as the spread of quality management as well as the deployment of the quality improvement programs which was understood as an implementation at a vertical level from higher to lower organizational units it was found out that there was no specification in the operationalization of the measures, although some of the features where

highlighting about the use of instruments which allowed for interdepartmental variances on the quality improvement programme . Some of the measures also tried to capture the sensitivity of each department towards quality improvement programs has implemented through CRM (Wagner et al, 1999). Although some of the studies were conducted towards the implementation of the CRM the information was not presented in the original study (Duckers et al, 2009). In a contradictory study done by (Lee, 2002) it was found out that the technical factors which included the scientific approach of adopting CRM as well as IT backbone were found to be predictors about the quality improvement and management systems implementation. The role of organizational culture and the development culture in the implementation and development of CRM in the hospital were found to be positively influential in the better development of CRM system and its implementation as well as in improving the efficiency of the hospitals (Parker and Young, 1999). As predictors of implementation of CRM it was found out by (Kunkel and Westerling, 2009) that problem-solving capacity, attitude of the staff, the competency of the staff as well as resource expectations were found to be have a significant effect on the process and structural measures on the quality improvement as well as CRM practices adopted by hospitals.

Effect of CRM on the outcome measures of hospitals

Studies highlighted differential effects of quality improvement programs as well as CRM practices adopted in the hospital with some of the studies (Cohen et al,2008) pointing out a positive impact of the quality improvement activities on the skills of the staff member, satisfaction of the patients, increase in productivity, increase in patient care, relationship between the physician and the hospital as well as the relationship between nurse and physician. Some of the studies also highlighted a moderate positive correlation between the effect of quality dimensions measures and CRM on the behavioral dimensions and practices adopted by patients (Lombatts et al 2009). Structural Equation Model was used in the study conducted by Kunkel and Westerling (2009) in order to link the improvement practices about quality outcomes and processes. The study highlighted a high correlation coefficient on the relation between the process and structure dimension, however, the correlation was found to be very small in the relationship between outcome and process. The dimension of the efficiency of the hospitals was studied and it was found out that the performance indices of the hospital were having a positive relationship with that of the quality management practices adopted in the hospital including CRM practices which were also having an influential positive effect on the outcome measures of performance of the hospitals considered under the study (Macinati, 2008).

III.   CONCLUSION

Dimensions of Variables in the applicability of CRM in Health Care Sector

Study Author [Year]	Definition focus with variables selection	Research Setting	Response Rate and Sampling Frame
Barrable [1992]	Understanding the components of medical quality assurance and its Implementation	Survey through Mailed questionnaire	Respondent rate was 73 % of 245 of all the hospitals in the contrary Hospital Association
Bin Saeed [1995]	Identifying the Attributes responsible for Effective implementation of quality assurance schemes in the Hospitals	Not specified	Based on the previous engagement in quality assurance three hospitals were selected based on the criteria of the departments already engaged in quality assurance, response rate was 75 % based on 270 questionnaires
Parker et al. [1999]	Understanding the degree of Integration between the Organizational culture and leadership pattern within the hospital and its effect on the quality Improvement implementation in the hospitals	Survey through Mailed questionnaire	The response rate was 67 % of 162 veteran health administration hospitals which were selected for the study
Wagner et al. [1999]	Comparison of the quality Systems development and The Implementation pattern within the hospital setup	Survey through Mailed questionnaire	Sampling was done at National level and 143 hospitals was selected randomly from the population of 1594 who participated in the study
Hennequin-LeMeur et al. [2003]	Development of instrument in order to understand the Quality requirement of the hospital services and delineate the set of criteria in order to highlight the control procedure and the satisfaction of the Client	Survey through online method	One hospital was selected for the study under the Director of the Service in France and, all the departments were chosen under that hospital
Lombarts et al. [2009]	Development of a Classification model aimed to understand the Quality improvement in the European hospitals and also to understand the effect of this Improvement programs on the quality outputs and activities of the hospitals	Survey through online	The setting of the study was Spain, France, UK, Belgium, Ireland and the Netherlands with a response the rate of 389 out of 483 hospitals selected for the Study
Briner et al. [2010]	Development of an instrument which aims to Continuously monitor the risk Management practices adopted by the hospitals on a continuous basis so as to understand Quality Improvement Dimensions adopted and implemented by the hospitals	Survey through online or through Mail	The setting of the study was Switzerland and 138 response was observed out of 3 24 Swiss hospitals
Gauld et al. [2011]	Performance of the hospitals were studied so as to find out the indicators which were necessary for	Survey through online or through	The setting of study was the public hospitals in New Zeland with the sample size of 3402

	Commitment towards clinical governance and quality improvement programmes	Mail	with the response rate of 1761
Macinati [2008]	Exploring the Quality Management system of an hospital and also to find out the underlying factors which were responsible for the Quality improvement and also acting as predictors of the performance of Hospitals	Not specified	All the Italian Public Health providers with a response rate of one 144 out of 353
Cohen et al. [2008]	To investigate the extent and nature of improvement activities focusing on the quality of hospitals and also to understand the impact of this activities on the Quality improvement of care in the Hospitals	Survey through online or by Mailed questionnaire	The setting of the the study was US and the sample size of 2500 hospital was selected randomly out of 4237 hospitals, total number of respondent where 11 % (470) who completed the questionnaires

REFERENCES

[1] Athanssopoulos AD. Customer satisfaction cues to support market segmentation and explain switching behaviour. J Bus Res. 2000;191–207.

[2] Al-Mashari, M. and Zairi, M. (1999), "BPR implementation process: an analysis of key success and failure factors", Business Process Management Journal, Vol. 5 No. 1, pp. 87-112.

[3] Al-Mashari, M. and Zairi, M. (2000), "The effective application of SAP R/3: a proposed model of best practice", Logistics Information Management, Vol. 13 No. 3, pp. 156-66.

[4] Anton, J. (1996), Customer Relationship Management: Making Hard Decision with Soft Numbers, Prentice-Hall, Englewood Cliffs, NJ.

[5] Bose R. Customer Relationship Management. Key Components for IT Success. MCB UP limited, Industrial Management and Data Systems; 2002.

[6] Bultema, P. (2000), "Getting the big picture on operational CRM", Proceedings of DCI Customer Relationship Management Conference, Boston, MA, 27-29 June.

[7] Binsaeed KS. Implementation of quality assurance program in Saudi-Arabian hospitals. Saudi Med J 1995;16:139–43.

[8] Barrable B. A survey of medical quality assurance programs in Ontario hospitals. CMAJ 1992;146:153–60.

[9] 9. Berendes S, Heywood P, Oliver S, Garner P (2011) Quality of private and public ambulatory health care in low and middle income countries: systematic review of comparative studies. PLoS Med 8: e1000433. doi:10.1371/journal.pmed.1000433.

[10] Briner MF, Kessler OF, Pfeiffer YF et al. Assessing hospitals' clinical risk management: Development of a monitoring instrument.BMC Health Serv Res 2010;10:337.

[11] Cohen AB, Restuccia JD, Shwartz M et al. A survey of hospital quality improvement activities. Med Care Res Rev 2008;65:571–95.

[12] Christopher, M., Payne, A. and Ballantyne, D. (1991), Relationship Marketing, Butterworth-Heinemann, Oxford.

[13] Couldwell, C. (1998), "A data day battle", Computing, 21 May, pp. 64-6.

[14] Creighton, S. (2000), "Partnering for success to the e-business world", in Proceedings of DCI Customer Relationship Management Conference, Boston, MA, 27-29 June.

[15] Davenport, T.H. and Short, J.E. (1990), "The new industrial engineering: information technology and business process design", Sloan Management Review, Vol. 31 No. 4, pp. 11-27.

[16] Eckerson, W. and Watson, H. (2000), Harnessing Customer Information for Strategic Advantage: Technical Challenges and Business Solutions, special report, The Data Warehousing Institute, Chatsworth, CA.

[17] Fickel, L. (1999), "Know your customer", CIO Magazine, Vol. 12 No. 21, pp. 62-72.

[18] Goldenberg, B. (2000), "What is CRM? What is an e-customer? Why you need them now", in Proceedings of DCI Customer Relationship Management Conference, Boston, MA, 27-29 June.

[19] Gulati, R. and Garino, J. (2000), "Get the right mix of bricks & clicks", Harvard Business Review, Vol. 78 No. 3, pp. 107-14.

[20] Gauld RF, Horsburgh S, Brown J. The clinical governance development index: results from a New Zealand study. BMJ Qual Saf 2011;20:947–52.

[21] Hennequin-Le Meur C, Triadou P, Lucet B et al. Building of an evaluation program of the continuous quality improvement of the medico-technical pattern at hospital. Ann Biol Clin (Paris) 2003;61:475–81.

[22] Hackney, D. (2000), "Business intelligence technology and tools for CRM", in Proceedings of DCI Customer Relationship Management Conference, Boston, MA, 27-29 June.

[23] Hammer, M. and Champy, J. (1993), Reengineering the Corporation, Harper Business, New York, NY.

[24] Hagland M. (2003), Insuring Satisfaction. Healthcare Informatics Online.

[25] Herington, D. and Peterson, G. (2000), "Making sense of e-CM: setting the strategic agenda for sales automation", in Proceedings of DCI Customer Relationship Management Conference, Boston, MA, 27-29 June.

[26] Hildebrand, C. (1999), "One to a customer", CIO Magazine, Vol. 12.

[27] Jackson, D. Jr (1994), "Relationship selling: the personalization of relationship marketing", Asia-Australia Marketing Journal, August, pp. 45-54.

[28] Kassanoff, B. (2000), "Build loyalty into your e-business", in Proceedings of DCI Customer Relationship Management Conference, Boston, MA, 27-29 June.

[29] Kunkel S, Rosenqvist U, Westerling R. Implementation strategies influence the structure, process and outcome of the quality systems: An empirical study of hospital Departments in Sweden. QualSaf Health Care 2009;18:49-54.

[30] Lombarts MJ, Rupp I, Vallejo P et al. Differentiating between hospitals according to the 'maturity' of quality improvement systems: a new classification scheme in a sample of European hospitals. Qual Saf HealthCare 2009;19 (Suppl. 1):i38-43.

[31] Lee S, Choi KS, Kang HY et al. Assessing the factors influencing Continuous quality improvement implementation: experience Korean Hospitals. Int J Qual HealthCare 2002:14:382-91.

[32] Lange, E. (1999), "ERP's future focus", APICS – The Performance Advantage, Vol. 9 No. 6.

[33] Levine, J. (1993), "Relationship marketing", Forbes, 20 December, pp. 232-4.

[34] META Group (1998), The Seven Deadly Sins of CRM Implementation, META Group Report, November.

[35] Macinati MS. The relationship between quality management systems and organizational performance in the Italian National Health Service. Health Policy 2008;85:228–41.

[36] Montague D, Feachem R, Feachem NS, Koehlmoos TP, Kinlaw H, et al. (2009) Oxfam must shed its ideological bias to be taken seriously. BMJ 338: b1202.

[37] Murray C, Frenk J (2000) World health report 2000: a step towards evidencebased health policy. Lancet 357: 1698–1700.

[38] Narayana M, Lalitha K. The Indian health care industry is set to explode. Int J Manag Soc Sci Res. 2013;2(3).

[39] Oliver, R.L. (2008, 65-8), "A conceptual model of service quality and service satisfaction", in Swartz, T.A., Bowen, D.E. and Brown, S.W. (Eds), Advances in Services Marketing and Management. Research and Practice, Vol. 2, JAI Press, Greenwich.

[40] 40. Oxfam (2009) Blind optimism: challenging the myths about private health care in poor countries. Oxford: Oxfam International.

[41] Patton, S. (2001), "The truth about CRM", CIO Magazine, Vol. 14 No. 9.

[42] Parker VA, Wubbenhorst WH, Young GJ et al. Implementing quality improvement in hospitals: the role of leadership and culture. Am J Med Qual 1999;14:64–9.

[43] Peppard, J. (2000), "Customer relationship management (CRM) in financial services", European Management Journal, Vol. 18 No. 3, pp. 312-27.

[44] Peppers, D. and Rogers, M. (1999), The One to One Manager: Real-World Lessons in Customer Relationship Management, Doubleday, New York, NY.

[45] Prabhaker, P. (2001), "Integrated marketing-manufacturing strategies", Journal of Business & Industrial Marketing, Vol. 16 No. 2, pp. 113-28.

[46] Reichheld, F.F. (1996a), The Loyalty Effect, Harvard Business School Press, Boston, MA.

[47] Rosenthal G, Newbrander W (1996) Public policy and private sector provision of health services. Int J Health Plann Manage 11: 203–216.

[48] Reichheld, F.F. (1996b), "Learning from customer defections", Harvard Business Review,March-April, pp. 56-69.

[49] Renner, D. (2000), "Customer relationship management: a new weapon in your competitive arsenal", Siebel Magazine, Vol. 1 No. 2.

[50] Saunders, J. (1999), "Manufacturers build on CRM", Computing Canada, Vol. 25 No. 32, pp. 17-18.

[51] Scannell, T. (1999), "CRM looms on the horizon", Computer Reseller News, Vol. 850, pp. 59-60.

[52] Schellong A. CRM in the public sector: towards a conceptual research framework. In: Proceedings of the 2005 National Conference on Digital Government Research. 2005.326–332.

[53] Stocking B (2009) Critique of Oxfam paper inaccurate, unconstructive and ideologically biased. BMJ 338: b667 [response]. Available: http://www.bmj. com/rapid-response/2011/11/02/critique-oxfam-paper-inaccurateunconstructive-and- ideologically-biased.

[54] 54. Smith R, Feachem R, Feachem NS, Koehlmoos TP, Kinlaw H (2009) The fallacy of impartiality: competing interest bias in academic publications. J R Soc Med 102: 44–45.

[55] Schweigert, D. (2000), "Balancing idealistic vs realistic processes", in Proceedings of DCI Customer Relationship Management Conference, Boston, MA, 27-29 June.

[56] Seybold, P. (1998), Customers.com – How to Create a Profitable Business Strategy for the Internet and Beyond, Times Books, New York, NY.

[57] Seybold, P., Marshak, R. and Lewis, J. (2001), The Customer Revolution, Crown Business, New York, NY.

[58] Shepard, D. et al. (1998), The New Direct Marketing, McGraw Hill, New York, NY.

[59] Story, M. (1998), "Data warehousing today is tomorrow's advantage", New Zealand Manufacturer, pp. 42-3.

[60] Tiazkun, S. (1999), "CRM opportunities abound for changing business needs", Computer Reseller News, 8 November, p. 159.

[61] Wu CHJ, Liang RD, Tung W, Chang CS. Structural relationships among organization service orientation, employee service performance, and consumer identification. Serv Ind J. 2008;28(9):1247–1263.

[62] Wagner C, De Bakker DH, Groenewegen PP. A measuring instrument for evaluation of quality systems. Int J Qual Health Care 1999;11:119–30.