Clients or Customers – The Radiology Dilemma

Client vs. Customer

In articles and at meetings, radiologists and radiology groups are told they need to make their practices and services "unique" by focusing on their "customers". These two concepts, unique and customer are at odds; at least for professionals. Many radiologists, including those in senior leadership fail to grasp an important concept: professionals do not have customers, professionals have clients. What is the difference between a customer, and a client? I would answer that in the following way: customer is to commodity as client is to unique.

Customers and Commodities

Customers purchase commodities. A commodity is a good or service with no special or distinguishing characteristics. Most providers try to distinguish their goods and services as unique because the only way to compete in a commodity market is on the basis of price.

Unique goods and services are perceived in the marketplace to be of higher quality specifically because they are considered one-of-a-kind. They bring higher prices because they are distinct to a specific provider and the same level of quality cannot be expected from other similar providers. Once this concept of uniqueness is accepted in the marketplace, client loyalty to the provider increases, potentially significantly.

Professionals and Clients

For a real world example, let's take a look at a different type of professional practice; a law practice. No legal practice describes those they represent as customers; they are clients. Lawyers are professionals. Clients come with particular issues or problems that are specific to them and they are seeking unique legal services, advice and assistance to resolve those issues.

Radiologists are professionals. Patients, clinicians and administration come to us with issues that are unique. Diseases are routine for us but for the patient they are unfamiliar. Medical subspecialties are generic; however,
each clinician practices in a specific environment where they must individually thrive and treat their patients. Hospitals taken as a group are generic; however, each hospital and hospital administration function within an organization that may include local, regional and national oversight.

**We must be the change we want to see**

Radiologists can choose to be a commodity provider. We can respond to these unique circumstances with the same old worn out answers where one size fits all, or we can take advantage of each opportunity to differentiate ourselves and demonstrate how we add value.

We can work with our hospital administrations as partners and develop solutions to their specific, pressing business needs. We can be better colleagues by providing higher quality interpretations that make clear, evidence based and value added recommendations to the clinicians that depend on us. We can be better physicians and talk with our patients and provide specific answers to their questions and concerns.

**See Our Clients – See Ourselves**

The traditional view of the radiologist as a physician who adds value to healthcare solely by interpreting diagnostic images is outdated. Radiologists' roles have expanded to encompass economic gatekeeping, political advocacy, public health delivery, patient safety, quality of care improvement, and information technology. It is through these roles that radiologists will find new and better ways to add value to the healthcare system.

In order to be perceived by our clients as unique and necessary we must lose the language of customer–commodity. We need to embrace a new lexicon where we think of, and describe ourselves and our services as adding value to healthcare precisely because we, as radiologists, provide that care.
References


