Identifying Early Challenges in Setting Up a Business Development Function in a Healthcare Services Company

Blue circle medi services

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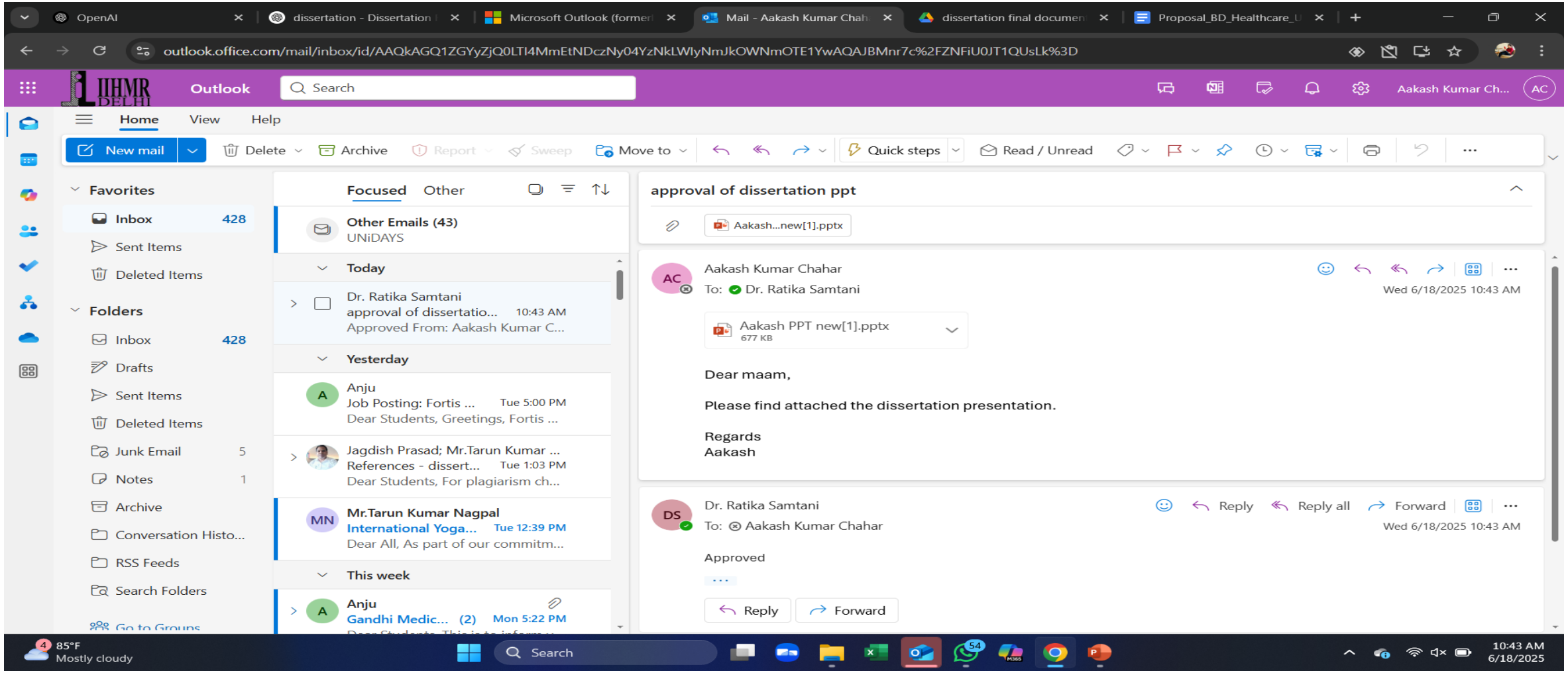
Mentor Approval



About Blue Circle Medi Services

- Blue Circle Medi Services (BCMS) is a provider of managed healthcare and safety services, specializing in institutional settings like schools and workplaces. They offer a range of services including on-site medical staff, emergency care, health check-ups, and health education programs. BCMS focuses on integrating healthcare, IT, and management practices to deliver comprehensive solutions.

Introduction (1/2)

- In the emerging field of school-based healthcare, service providers like Blue Circle Medi Services navigate complex operational and strategic challenges.
- As a provider of medical personnel to educational institutions, the organization is currently formalizing its Business Development (BD) function.
- Through qualitative inquiry, this study explores the lived experiences and organizational adjustments during this early transition highlighting evolving roles, capability gaps, system constraints, and coordination dynamics.

Homburg et al. (2000): BD must be integrated across marketing, sales, and strategy.
Thomas & Velthuis (2016): *Startups need early clarity in BD to avoid stagnation.*

Introduction (2/2)

- Business Development (BD) plays a pivotal role in enabling strategic growth by identifying new opportunities, cultivating partnerships, and aligning internal capacities.
- Within healthcare, especially education-linked services, BD is deeply relational and context-driven.
- Literature emphasizes that effective BD requires integration across strategy, marketing, and operations (Homburg et al., 2000; Taneja, 2022). This study situates Blue Circle's BD journey within that discourse, examining how internal actors navigate early-stage uncertainties.

- *Porter & Lee (2013): In value-based healthcare, BD aligns services with societal outcomes.*
- *Sharma et al. (2021): CRM adoption in Indian health startups lags due to internal gaps.*
- *Taneja (2022): In education-health, BD success depends on trust-building, not cold sales.*

Objectives of Your Study

- To explore early-stage challenges in setting up the BD function from the perspectives of organizational actors.
- To understand internal and external contextual factors shaping BD effectiveness.
- To examine adaptive strategies used to manage ambiguity and operational gaps.
- To offer grounded, practice-based recommendations for similar healthcare startups.

Methodology (1/3)

- This was a **qualitative, exploratory study** aimed at understanding early-stage challenges in establishing the Business Development (BD) function within a healthcare services organization. A qualitative approach was chosen to gain in-depth insights into the **perceptions, experiences, and meaning-making** processes of organizational actors during a period of functional change and role ambiguity.
- **Study Setting and Participants**
- The research was conducted at **Blue Circle Medi Services**, a Delhi-based healthcare organization providing medical staff to educational institutions. The study population included **senior-level professionals** across Business Development, Marketing, HR, and Operations.
- Using **purposive sampling**, seven key informants were selected for their strategic roles and firsthand experience with the BD function's inception and evolution. These included:
    - CEO
    - Co-founder
    - Chief Operating Officer
    - Executive Director
    - Assistant General Manager
    - Senior BD and HR professionals

Methodology (2/3)

Data Collection Tools

- **Semi-structured interviews** were conducted using an interview guide to ensure consistency while allowing flexibility for emergent themes.
- **Internal organizational documents** were also reviewed to contextualize findings.
- Informed **written/verbal consent** was obtained prior to all interviews.

Data Analysis Plan

Interviews were manually transcribed and analyzed using thematic analysis, following these steps:

1. Familiarization with the data
2. Initial coding
3. Grouping codes into categories
4. Developing broader themes
5. Reviewing and refining themes

Methodology (3/3)

Ethical Considerations

- All participants gave informed consent.
- Anonymity and confidentiality were assured and maintained.
- Internal data was accessed only with organizational permission.
- Ethical guidance was taken from IIHMR research protocols.

Results (1/4)

Theme 1: Role Ambiguity and Lack of Formalization

- Most respondents noted that BD roles were **undefined or evolving**.
- There were **no formal KPIs, SOPs, or reporting systems**.
- Staff lacked structured onboarding or training in healthcare-specific BD.

Results (2/4)

Theme 2: Informal but Functional Cross-Departmental Collaboration

- Collaboration with HR, Ops & IT exists but lacks defined workflows
- Processes are people-driven, not system-driven
- No SOPs or timelines for internal coordination
- Communication delays affect BD momentum
- Despite gaps, teamwork spirit supports execution

Results (3/4)

Theme 3: Talent Gaps in Sector-Specific BD

- Hard to find BD professionals with healthcare + institutional sales experience
- Hires often come from unrelated fields and require training
- No academic or industry pipeline for BD talent
- Onboarding is time-consuming and affects early performance
- Respondents stressed the need for domain-aligned recruitment

Results (4/4)

Theme 4&5: Trust-Based Outreach & Tool Limitations

Trust-Centric Outreach

Face-to-face visits and school events drive BD success

Clients value long-term, credible relationships

Cold sales methods are less effective

Limited Use of Systems

LMS & CRM tools used, but manually updated

No automation or central dashboard

Tool gaps lead to missed follow-ups and inconsistent tracking

Discussion (1/2)

Interpretation of Research Findings

- BD is newly introduced; role clarity is still evolving
- Collaboration with other teams is strong but lacks formal structure
- Hiring remains a major challenge due to lack of BD-healthcare talent
- BD depends on relationships, not aggressive selling
- Manual tools (LMS, CRM) limit efficiency in tracking leads and follow-ups

Conclusion

Summary of Findings

- BD roles and responsibilities still unclear for many team members
- Informal collaboration supports BD but lacks documentation
- Hiring is reactive, with no structured pipeline for BD talent
- BD outreach is relationship-driven and effective
- CRM and LMS are helpful but underutilized due to manual processes

Conclusion

Recommendations

- Define BD job roles, KPIs, and SOPs
- Partner with institutes to build a BD talent pool
- Formalize workflows with HR, IT, and Ops
- Upgrade CRM with automation and dashboards
- Scale successful BD practices (health camps, referrals) through standardization

Literature Review – Key Findings

- Business development must be structurally integrated with operations, HR, and IT to scale effectively.
- Startups that delay formalizing their BD functions often face long-term inefficiencies.
- Indian healthcare startups struggle to hire BD professionals with sector-specific skills.
- CRM and lead tracking tools are often underused due to lack of automation and training.
- In school-based healthcare, BD works best when built on trust, long-term engagement, and personalized outreach.

Literature Review – Key References

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Thank You

Any Questions