



Occ Med Programs Need Business Plans, Too

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In all likelihood, you wouldn't dream of opening a new urgent care clinic without first putting together a business plan. Doesn't it make sense that key aspects of your overall business would benefit from the same careful planning?

Data from the Urgent Care Association of America indicate that over 60% of urgent care companies offer at least some occupational medicine services; nearly 5% of locations offer occ med exclusively.

Putting a business plan for your occupational health services to paper allows this aspect of your business to move purposefully toward where you want to go, with a cohesive strategy for just how you plan to get there.

The "where you want to go" segment of the plan documents the rationale of your business opportunity, how you plan to respond to that opportunity, and your anticipated financial return. The "how you plan to get there" segment is your sales and marketing plan.

The Rationale

With everything else you have to do, you might be asking "why bother?" The answer is multi-fold:

Developing a plan encourages strategic thinking by you and your team. It is valuable, if not essential, to periodically step away from the fray and re-examine what you are doing, and why and how you are doing it.

The very process of developing a business plan encourages a consensus that gets all parties closer to sitting on the same page.

The back end of a business plan should be a date-specific blue-

print to get your clinic's occ med business from point A to point Z. Without such a timeline, your business may be drifting aimlessly from day to day.

Development of a plan allows you to connect the dots, leading your clinic from simply *wanting* to be at a milestone to actually being there.

Marketing professionals acknowledge there is no foolproof format for a business plan; hence, formats vary widely. But regardless of design/format, every plan should answer the same basic questions:

■ *What do we want to do?*

Define your product and how your clinic will provide this product to the market. Here again, the what-why-how continuum should be tied together; e.g., "We will introduce a line of travel medicine services because our large white collar population uses these services disproportionately more than the general population, no similar program is available in the marketplace, and one of our physicians has special expertise in this area."

■ *Why are we doing this?*

The "why" defines and affirms your intention in doing what you are doing. That is, does your clinic have the wherewithal to offer what you suggest, is there a measurable market need for these services, and do competing entities fall short in meeting this need? If the answer to all three is affirmative and if pro forma projections support the return-on-investment (ROI) viability of moving forward, then, as they say, you've got a plan.

■ *How are we going to get there?*

The marketing plan, basically, is a response to the opportunities that you have identified earlier in the business plan. Although flexibility in writing a plan abounds, certain fundamental rules apply:

- Identify quantifiable goals at the outset. In most cases, these goals should be net-revenue based.
- Segment your market, if appropriate. Whereas segments in an overall clinic business plan are likely to be determined by demographics such as age and socioeconomic



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OCCUPATIONAL MEDICINE

strata, common segments in the context of an occ med business plan might include industry type, employer size, and proximity to the clinic. Marketing tactics may vary within each segment, necessitating one or more sub-plans.

- List as many potential marketing tactics as possible. While the possibilities are almost endless—e-mail blasts, live or web-based seminars, open houses, advertising, etc.—virtually any marketing tactic is valuable in its own right. Some are more valuable than others given their inherent cost in human and actual capital and potential return, however. Therefore, you need to list and then rank each marketing tactic in terms of perceived ROI to your clinic.
- Translate every idea and tactic into a date-specific action plan. This is the heart and soul of any plan—an actionable, day-by-day blueprint that propels a clinic's marketing journey from start to finish.

Keep it Practical

Most business plans are too wordy, too predictable, and too easily ignored and then forgotten. Keeping the following tips in mind may help ensure that creating a business plan for the occ med services your clinic offers won't be an exercise in futility:

- Three words: Brevity is good. Authors need to remember that their business plan is for the real business world, not a project for Future Entrepreneurs of America. The plan needs to be easy to read and painfully pragmatic (i.e., style is optional but usability is essential).
- Avoid reiterating the obvious. Lists of strengths, weaknesses, and opportunities are of minimal value, in and of themselves. Rather, establish a context by noting and linking strengths and weaknesses with a competitive advantage or a specific marketing tactic.
- Create clear and meaningful linkages between a *what* and a *why*. Construct your marketing plan to advise all readers exactly why you are offering a certain product or recommending a specific marketing tactic.
- Avoid being overly mechanical or stuck on a formula. I have reviewed hundreds of marketing plans and frequently note that the plans seem to follow rigid, textbook formulas that result in documents that are as dry as they come.
- Use it! Establish a process in which your business plan becomes central to your weekly program operation. Make it a dynamic, changeable document. Realities change, and the sooner you regroup in reaction to these changes, the better off your business will be. ■

**Next month in Occupational Medicine:
*Keeping Your Ear to the Consumer.***

HEALTH LAW

interest, respond in the affirmative and redirect them to a different treatment option. Often, when patients hear the word "no" they tune out the rest of the message.

Consider, for example, a patient who is demanding Percocet because "that is the only thing" that has worked in the past even though his or her condition doesn't warrant it. My response is usually, "You and I will definitely come up with a plan to treat your pain; however, it seems like Percocet has not been working for you in the past since you continue to require it for pain control...."

In 20 years of practice, the technique of never saying "no" to patients has rarely been unsuccessful.

Document with Care

Another way to ward off malpractice suits is through thorough documentation. Charting is often done while running from room to room. What is charted is typically regarded as everything that was said and done. Things not charted are subject to speculation or memory lapse and are often viewed with suspicion by the plaintiff's bar and jury. Take time to thoroughly document the important aspects of the history and physical. Include the pertinent positives and negatives, as well as your thought process behind the diagnosis you made and the treatment plan you recommended.

For example, the chart of a patient who presents with the signs and symptoms of frontal sinusitis should reflect that consideration was given to the potentially fatal diagnosis of cavernous vein thrombosis (e.g., no diplopia, headache, or funduscopic signs of elevated ICP). It should also reflect that you considered meningitis or subarachnoid bleeding (history inconsistent with either diagnosis, along with normal mental status, no meningeal signs, etc.).

Illegible, handwritten notes and checkbox or template charting often give rise to documentation that is not defensible under the retrospective scrutiny of plaintiff's experts. If your practice is using any variation of the aforementioned, take extra time to slow down and write legibly. Do not fall into the template "slash and check" mentality that fails to adequately tell the story of the encounter and provides you little protection against malpractice claims. ■

TAKE-HOME POINTS

- Build trust by spending time with your patients.
- Do whatever you can to make the patient more comfortable in the waiting room.
- Rather than saying "no," redirect patients to a different treatment option when they request something inappropriate.
- Document all important aspects of the patient encounter.
- Neatness counts; illegible, handwritten notes can make it difficult to defend your actions.