Hedging Your Bets: The Art of Market Segmentation

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If you have more than one child or grew up with at least one sibling, you have probably experienced "segmentation." That is, you have most likely used different tactics and strategies in dealing with each of your children or you were treated somewhat differently than your siblings.

Segmentation within the urgent care occupational health market follows the same principle; a communication technique that is effective with one audience may not work as well with another.

Market Differentiation

Any clinic launching a marketing campaign should explore the question of whether its market has different segments that require different sales and marketing strategies. Usually, the answer is "Yes."

Consider a national political campaign: A candidate's core message in California is likely to be considerably different than the message he would emphasize in Georgia or Iowa.

Market segments for an occupational health initiative are limited only by one's imagination and are likely to vary by region. However, three variables are virtually universal in occupational health: employer size, industry type, and proximity (i.e., distance from your core delivery locale).

Employer Size

A clinic's basic instinct is to market to mid-sized employers. However, such an emphasis ignores the largest and smaller employers in a market, thus ceding volume potential to competitors. A more fruitful strategy is to market continually to all segments: large, mid-sized, and small. Each of these segments requires different stimuli in order for your clinic to be most effective with each group.

Large employers tend to be low-probability/high-reward prospects. Breakthroughs with large employers are more likely to occur when a team, including physicians and/or clinic managers, is periodically involved in the sales process.

For example, your clinic might schedule a weekly group sales call at a set day/hour that is devoted to "large employers." With such a commitment, your urgent care clinic will cultivate approximately 50 large employers a year.

Small employers are largely overlooked as well, although in the aggregate they can produce significant volumes for an occupational health program. When it comes to market-

Table 1. Three Steps to Market Segmentation

1. Is anything unique about your market? Does a particular industry type dominate? Do you wish to reach outlying markets? Are there an inordinately large number of big (or small) companies?
2. Does your clinic offer services that are relevant to one or more of these segments? For example, do you offer executive health services to your white-collar employer segment?
3. What unique marketing tactics might be applicable to a segment and/or a product geared to a given segment?

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Table 2. Tailoring Your Approach to Segment and Customer Variables

	Segment A	Segment B	Segment C
Employer type	**Large (>400)** Group meetings Creative services	**Mid-sized** Traditional outreach	**Small (<50)** E-mail/direct mail Marketing by phone
Industry type	**Gaming** Guest services Addiction medicine	**White Collar** Executive health Travel medicine Background checks	**All Others** Traditional outreach
Proximity	**Close (<5 miles)** Stress ease of access	**Mid-distance** Traditional outreach	**Distant (>15 miles)** On-site services Mobile services

ing to smaller employers, emphasize multiple contacts through various modalities (e-mail, voice mail, letters) that reiterate a constant message and continually reinforce your clinic's name.

How does a clinic define a large, medium, or small employer prospect? It depends on the market. The definition of employer size will vary markedly from Chicago, where a "large" employer might have more than 1,000 employees to Cullman, Alabama, where a large employer might be defined as any company with more than 50 employees.

Industry Type

Some markets may be perfectly heterogeneous, with an employer mix that reflects American industry as a whole. Others may have prominent niches, such as Las Vegas, resort communities, and/or markets with an agricultural or white-collar emphasis. Should a unique employer segment be identified, your clinic must determine specific outreach tactics and/or appropriate product niches.

Proximity

Different strategies and an emphasis on different products may apply to employers based at various distances from your urgent care clinic(s).

Your clinic should showcase its convenience, for example, to employers most proximate to your locale. Alternatively, a clinic can emphasize possible on-site and mobile services to employers located at the periphery of your market area.

The Chicago-Cullman continuum applies to this segment as well: a "distant employer" in Chicago may be simply more than a 15-minute drive away, while those in Cullman might be 30 or more miles away from the clinic. ■

antibiotic regimens, Italian investigators assessed response to therapy and the association between duration of fever before treatment and renal scarring 12 months after treatment.

No relation was found between scars on DMSA scan at 12 months and the number of days of fever (from <1 day to ≥5 days) before the start of antibiotic treatment (about 30% of children had scars, regardless of duration of fever).

Duration of fever after initiation of antibiotic treatment also was not associated with renal scarring.

The results were the same in analysis restricted to the 227 children aged 1 month to 2 years. In addition, no relation was found between duration of fever before treatment and four indices of inflammation: height of fever at presentation, white blood cell count, neutrophil count, and C-reactive protein level.

These results suggest that urgent treatment of children with pyelonephritis does not seem to affect the development of renal scars compared with delayed treatment. Children should be treated promptly, but after appropriate laboratory studies have been performed and a presumptive diagnosis has been made.

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Helical CT is More Accurate Than Clinical Judgment for Diagnosing Appendicitis

Key point: Even in cases of clinically apparent appendicitis, CT is more accurate.

Citation: Kim K, Rhee JE, Lee CC, et al. Impact of helical computed tomography in clinically evident appendicitis. *Emerg Med J*. 2008;25:477-481.

The role of multidetector computed tomography (MDCT) scanning in the diagnosis of appendicitis is evolving as technology and resolution improve. Researchers in Korea compared the diagnostic accuracy of 16-detector MDCT scanning and clinical impression in 157 consecutive patients who presented to two emergency departments with signs or symptoms that raised concern for possible appendicitis.

All patients were evaluated by emergency physicians and senior residents who determined whether the clinical diagnosis was appendicitis. All patients then underwent MDCT with intravenous contrast only. MDCT scans were read by two radiologists who specialized in CT interpretation. The final diagnosis of appendicitis was based on surgical pathology or clinical follow-up.

The positive predictive value of the examining physician's clinical impression was 73%, and the negative predictive value was 56%. Corresponding values for MDCT were 97% and 97%.

These findings suggest that MDCT scanning is more accurate than clinical judgment for diagnosing appendicitis, even in cases that are considered to be "clinically apparent."

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