



The Herd Mentality and Occupational Health Sales

■ FRANK H. LEONE, MBA, MPH

The Merriam-Webster dictionary defines *herd* as “a group of individuals usually having a common bond” or “a number of animals kept under some type of human control.” So let us think bulls (to some, a fitting metaphor for a piece on sales).

For every early adaptor or contrarian, there seem to be 10 other people who prefer to follow the leader. For every buyer of urgent care occupational health services who buys offensively out of desire, there appear to be 10 who buy defensively out of fear.

The secret to playing the herd mentality card to your advantage is twofold:

1. to discern to what degree your prospect is a defensive buyer
2. to understand and employ the “herd mentality” selling approach when you do identify such a defensive buyer.

More people see the world as stark black or white as opposed to a more realistic gray. For example, a preponderance of Hollywood movies simplistically portray characters as either a hero or a villain to the core. Left behind is a balanced portrait of the human spirit. We seem to live in a world in which the bandwagon is a convenient place to land.

There are usually abundant signs to suggest where one fits along the early adaptor/market follower continuum. For example, early adaptors tend to “march to the beat of their own drummer.”

Size up your prospect; does he appear, act, or dress differently than other prospects in similar positions? What does her office look like; does it make a statement or is its décor generic? If the answer is the former, save the herd mentality approach for the next prospect.



Frank Leone is president and CEO of RYAN Associates and executive director of the National Association of Occupational Health Professionals. Mr. Leone is the author of numerous sales and marketing texts and periodicals, and has considerable experience training medical professionals on sales and marketing techniques. E-mail him at fleone@naohp.com.

Prospects most amenable to a herd mentality approach are easy to spot. They tend to be cautious, preferring to fit in with their surroundings. Check out their clothes, jewelry, haircut, or office décor. These prospects are more likely to make decisions out of fear and follow the lead of others.

Once you’ve identified which prospects are likely to follow the herd, you can employ a couple of strategies to appeal to their comfort zone based on your position within the marketplace.

Market Leader Strategies

If your clinic is the market leader (or the only viable player) you need to make the most of your leadership:

- *Frequently call attention to this leadership position.* Be prepared to tell the prospect why your leadership will benefit them in case they have not or cannot make this connection themselves. For example:

“Gotham Urgent Care provided occupational health services to 81 of the 100 largest employers in Gotham City during the past year. I believe you will find that this strong endorsement from your fellow employers will provide your company with confidence regarding our ability to manage your health and safety and lower your associated costs.”

- *Use testimonial quotes.* Obtain and use quotes from satisfied clients in promotional literature or proposals. These quotes should convey a benefit statement to the prospect (e.g., “After two years, the Gotham Urgent Care approach has made a demonstrable decrease in our company’s health/safety costs.”). The more prospects recognize that a testimonial comes from a company or job title just like theirs, the more comfortable they will feel in working with your program and jump on your proverbial bandwagon.

Gathering testimonials can be done through an annual questionnaire. Build a library of such testimonial quotes, dividing them by such categories as industry type, job title, and testimonial message. Correspondence to herd

listed in CPT is for 73600 (radiologic examination, ankle; two views).

- **-76: repeat procedure by same physician**—Use this modifier when you perform the same film series on the same day. Examples include films retaken after fracture reduction, after foreign body removal, etc.

Q. I have a question about a Medicare patient. The patient’s daughter came in alone to discuss her mother’s care with the physician, and we’re not sure how to bill it because the G codes for Medicare don’t cover this. Any suggestions?

Question submitted by Tiffany, San Antonio Urgent Care

A. I don’t believe that there is any method (reimbursable by Medicare) to code for discussions with the family of a patient, when the patient is not physically present. Medicare recognizes time a physician spends counseling a family member and/or other care decision maker only if the patient is present. The physician cannot count any time for counseling when the patient is not physically present in the room.

Medicare makes only one exception to this requirement, and this exception is rarely applicable to the urgent care situation.

When, and only when, a physician is providing critical care to a patient, the physician time involved in obtaining a history or discussing treatment options with family members or other surrogate decision-makers may be counted toward critical care time, and only when the chart documents all of the following:

1. that the patient is unable or incompetent to participate in giving a history and/or making treatment decisions;
2. that the discussion is absolutely necessary for treatment decisions under consideration that day; and
3. the treatment decisions for which the discussion was needed; and
4. the substance of the discussion as related to the treatment decision.

Sorry that I don’t have a better answer on this one, but we continue to wish you great success in your clinic. ■

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mentality candidates should be peppered with appropriate testimonials.

- *Create a knockout reference list.* Develop a broad client reference list to share with prospects at just the right time. Typically, occupational health salespeople provide a prospect with three or four references. This does little to inspire confidence or create a sense of differentiation from other programs; who couldn’t come up with a list of three or four friendly users?

Venture well beyond the norm by listing as many references as you can. If you have 400 clients dating back to 1985, list them by industry type. The thinking is to let the prospect know that you have an exceptionally broad client history, which in turn suggests a “400-plus programs can’t all be wrong” sense of confidence.

Develop this list by formally asking employers if you can use their company name as a reference during an annual client survey. Rotate the order of references so the names at the top are not “bothered” too often.

Remember, the herd mentality kicks in when the defensively minded prospect feels that he cannot afford *not* to use the market leader.

Market Challenger Strategies

Most markets also have numerous market challengers who offer viable services, but do not possess a plurality of market share. If you represent such an urgent care occupational health program, you should embrace herd mentality selling as well—but with a different emphasis.

Whereas the core strategy for the market leader is to mention being number one at every turn, the inherent strategy for the market challenger is to emphasize market share growth and industry-specific expertise. If the market leader’s basic recurrent message is, “Come with us, we are the leaders, and the bulk of your fellow employers can’t be wrong,” then the inherent message from the market challenger should be, “Come with us, for many of your fellow employers have done so recently, so we must be the best choice.”

Indeed, you receive bonus points in this instance; not only will the herd mentality prospect view your program favorably because of this momentum, but they are likely to view the (unnamed) market leader *less* favorably because of presumed client attrition.

In sum, a significant number of your prospects buy defensively and are easily swayed to a safe course of working with the market leader. Market *leaders* must realize this mindset and take full advantage of it. Market *challengers* can also capitalize on the herd mentality mindset by selectively citing their successes.

In both cases, a far more aggressive approach than is typical is recommended. ■