



## Protecting Your Position as Market Leader

■ FRANK H. LEONE, MBA, MPH

**I**t's great to be on top, but when a clinic is "fat and happy," its focus on sales and marketing can lose its intensity. Consequently, your clinic may be in danger of losing its crown without realizing your leadership position is in jeopardy.

This month's column addresses this dilemma faced by urgent care clinics that are market leaders.

Instead of assuming that the "best offense is a good defense," in some cases the best defense becomes a good offense.

The following suggestions can help all urgent care clinics that offer occupational health services—leaders and followers—guard against complacency and secure a more dominant position in the marketplace.

**Protect your base.** Implement a plan to ensure that your market share remains intact. Too often, a clinic *assumes* that patients or employer clients are satisfied and fails to learn about dissatisfaction until the patient or client has moved their business elsewhere.

Protecting your base means keeping your ear close to your customers. It is advisable for all players to continually assess consumer satisfaction through multiple modalities.

Examples of consumer opinion-gathering mechanisms include annual employer surveys, quarterly telephone blitzes, and universal, (i.e., every patient, every day), albeit simple, patient satisfaction surveys.

Many clinics gather such data but fail to:

- ask the right questions. Remember to always ask consumers what your clinic can do to improve.
- follow up. Always follow up on concerns or suggestions.
- be relentless. Sustain the effort, month after month,



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year after year.

- provide inordinate attention to employers who generate an inordinate amount of business.

**Emphasize horizontal expansion.** "Horizontal expansion" means increasing market share by developing relationships with new companies.

As market leaders become fat and happy, there is inevitably less impetus to extend into the prospect fringes to acquire business from less proximate or smaller companies.

**Begin expanding vertically.** The greater your market share, the greater your need to think more in terms of vertical expansion—selling new services to existing clients.

The vertical/horizontal choice is really a continuum, and a prudent clinic should pursue both. For example, a clinic should tilt toward the vertical end of the spectrum as it attains a greater market share or if it operates in a smaller, less competitive market.

**Use market leadership as a competitive advantage.** Prudent buyers are more comfortable with proven market leaders (i.e., "They must be doing something right."). Yet market leaders seldom use market leadership as a competitive advantage.

There are many ways to tout your market leadership in tasteful yet clear terms:

- Create exhaustive reference lists. List virtually all of your employer relationships.
- Use tag lines such as "The leading provider of occupational health services in Crescent City."
- Mention your dominant position in both oral and written sales presentations.
- Emphasize that your clinic has relationships with key companies in your market.

**Encourage growth through a viable incentive plan.** Incentive pay should be built into sales professionals' com-

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pensation. Such incentives should promote gross revenue, whether it is generated through vertical or horizontal sales.

**Differentiate by focusing on competitor vulnerabilities.** Ahead by two touchdowns early in the fourth quarter? Don't run the ball into the line. Open up your passing attack, especially if that strategy plays into your opponent's greatest liabilities.

In occupational health sales, stick with the playbook that got you in the lead in the first place: selling on your competitive advantages vis-à-vis your prime competitors.

**Leverage down times through a survival-of-the-fittest mentality.** There is a silver lining out there for market leaders dealing with our current economic downturn. Market leaders are in the best position to quickly regain their strength in the next economic upswing because survival-of-the-fittest principles either weaken or put more vulnerable competitors out of business.

As a market leader, you should invest in more intense sales and marketing to take advantage of your weaker competitors' likely inability to respond in turn.

**Watch for signs of slippage.** Few clinics proactively monitor metrics such as lost market share, decreasing revenue, or client movement. Monthly scrutiny of such metrics is essential, and immediate action should be taken to stem negative tides.

Building on market leadership rather than letting it slip away should be central to the strategic thinking of every market leader. Market leadership provides many compelling competitive advantages, yet most urgent care occupational health programs take it for granted, thereby setting themselves up to slowly but surely lose their grip on the market.

If not taking advantage of a great mind is a notable tragedy of mankind, then not taking advantage of your market leadership's inherent advantages may be a notable downside of your clinic's strategic plan. ■

Researchers compared two scoring systems for predicting level of risk in patients presenting with upper GI hemorrhage to four U.K. hospitals—the widely used Rockall score and the newer Glasgow-Blatchford bleeding score (GBS). The GBS is based on lab values—namely, blood urea and hemoglobin—along with systolic pressure, pulse, and presenting signs. Patients with normal values and no melena, syncope, or evidence of liver disease or heart failure are considered to be at low risk and thus eligible for outpatient management.

The GBS outperformed the Rockall score at identifying low-risk patients in the ED, resulting in fewer hospitalizations. ■

**Utility of Lumbar Puncture for First Simple Febrile Seizure Among Children 6 to 18 Months of Age**

*Key point: The risk of bacterial meningitis presenting as first simple febrile seizure at ages 6 to 18 months is very low.*

*Citation: Kimia AA, Capraro AJ, Hummel D, et al. Utility of lumbar puncture for first simple febrile seizure among children 6 to 18 months of age. *Pediatrics*. 2009;123(1):6-12.*

The American Academy of Pediatrics consensus statement recommendations for lumbar puncture for cerebrospinal fluid analysis are:

- consider **strongly** for infants 6 to 12 months of age with a first simple febrile seizure, and
- consider for children 12 to 18 months of age with a first simple febrile seizure.

A retrospective cohort review was performed for patients 6 to 18 months of age who were evaluated for first simple febrile seizure in a pediatric emergency department between October 1995 and October 2006.

First simple febrile seizure accounted for 1% of all emergency department visits for children of this age, with 704 cases among 71,234 eligible visits during the study period. Twenty-seven percent of first simple febrile seizure visits were for infants 6 to 12 months of age; 73% were for infants 12 to 18 months of age.

Lumbar puncture was performed for 38% of the children. Samples were available for 70% of children 6 to 12 months of age (131 of 188 children) and 25% of children 12 to 18 months of age (129 of 516 children).

Rates of lumbar puncture decreased significantly over time in both age groups. The cerebrospinal fluid white blood cell count was elevated in 10 cases (3.8%). No pathogen was identified in cerebrospinal fluid cultures. Ten cultures (3.8%) yielded a contaminant. No patient was diagnosed as having bacterial meningitis.

The risk of bacterial meningitis presenting as first simple febrile seizure at ages 6 to 18 months is very low. Current American Academy of Pediatrics recommendations should be reconsidered. ■