



## Understanding and Embracing the Phrase ‘It Depends’

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Sales and marketing is an art, not a science. “Rules,” such that they are, are meant to be broken as the circumstances facing one marketer are likely to be different than those facing other marketers.

That is, sales professionals—or anyone tasked with selling or marketing urgent care occupational medicine services—should not view their world in black and white, but rather in gray as part of a full spectrum of tactics and approaches.

Six variables should be considered when you stake out market position:

### #1: Market Size

*Typical question:* “Given finite time and staff, how much emphasis should our clinic place on marketing vs. sales?”

*Answer:* It depends. Prudent market outreach is likely to vary markedly from a big city to a small and rural market.

The larger the market, the more your clinic should view sales and marketing as a “numbers game.” In larger markets, keep in close written (i.e., e-mail, as well as traditional correspondence) contact with hundreds of employer prospects, and place proportionately greater emphasis on marketing rather than direct sales.

In other words, the larger your market, the more time should be spent on marketing.

As you move along the continuum toward smaller markets, the opposite strategy holds true: place proportionately less emphasis on multiple high-touch marketing techniques and place greater reliance on direct correspondence and face-to-face meetings (sales).



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### #2: Market Position

*Typical question:* “How does our clinic determine what the highest priority marketing tactics are?”

*Answer:* It depends. Consider your position in the market.

If you are the market leader, your marketing tactics should emphasize your market leader position, your program’s experience, and a “why take a chance with a lesser option?” message.

If you are a “market challenger” (that is, an active clinic that is simply not the market leader), your tactics should focus on key points of differentiation (e.g., location, 24-hour service) and hammer away on the benefits of this unique feature.

If you are a recent market entry, you need to position yourself as something new and fresh.

### #3: Delivery Site Options

*Typical question:* “How does an urgent care clinic best compete against hospital-based or affiliated programs?”

*Answer:* It depends. If you represent a freestanding clinic (or network of clinics), you should emphasize such perceived advantages as easy access, fast service, and direct focus.

And, of course, there are hybrid models between these extremes that require some blend of these differentiation points. If your clinic actually represents a health system or hospital, you can put forth several perceived competitive advantages, such as breadth of services, short term—if not immediate—access to specialists, and (hopefully) a history of longstanding respect within your community.

### #4: Institutional Culture

*Typical question:* “How does our clinic deal with an organizational culture that is not hospitable to sales and marketing?”

*Answer:* It depends on the roots of your organizational culture. Is your clinic clearly conservative and resistant to

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"According to board documents, the 52-year-old man, identified in the board's order as 'Patient A,' came to XXX after having heartburn for three weeks. He described his pain as 'pressure-like,' according to XXX's office note. The man had a history of high blood pressure, used tobacco and alcohol and did not take his medicine regularly. His blood pressure in her office was 200/100. According to the board's findings, XXX failed to take and record a complete medical history of the man, did not repeat the blood-pressure test and did not do an electrocardiogram or perform lab tests to rule out heart problems as the cause of his distress.

"XXX told the medical board that she counseled the man about his diet. She prescribed a blood-pressure medicine and one for gastro-esophageal reflux. She also told the man to return for a follow-up visit in two weeks.

"Immediately after leaving Dr. XXX's office, Patient A was involved in a fatal single-car motor vehicle accident,' according to the board's order. The man's death certificate listed blunt head trauma as the cause of his death. The death certificate also said that his heart condition was a 'significant condition' contributing to his death. No postmortem exam was done.

XXX graduated from the University School of Medicine, according to her profile on the Board of Medicine' Web site....She also was an instructor at the XXXX School in 2006-07. She obtained her medical license in 2006."

Sound like any one of hundreds of patients who walk into urgent care centers across the country on any given day?

If this patient had gone to a practice which followed evidence-based care paths would he be alive today? Maybe. At the very least, however, he probably would have had the benefit of a complete evaluation.

Clearly, the doctor involved in the aforementioned medical misadventure is well trained and well meaning. This unfortunate incident simply reinforces the fact that good doctors, like everyone else, can make mistakes. What makes it so much worse for providers is that when we make mistakes, the outcomes can be catastrophic. Lives can be lost and careers ruined.

Practicing medicine, like being a professional pilot, is a challenging and unforgiving career choice inasmuch as the tolerance for errors, human or mechanical, is very narrow. We can learn something from our aviation brethren, where the use of automated check lists and standard protocols has been commonplace since the days of Wiley Post.

To finally get to that point, we have to leave our egos on the tarmac and accept the fact that even medical care providers are fallible. ■

## "Your clinic's approach depends on assessing your unique position in the market."

change, or is it forward-thinking and willing to do things innovatively and with a splash? Or is it somewhere in between? How deeply held and changeable is this cultural bias?

At the end of the day, your sales and marketing approach has got to be in line with your organizational culture and on the lookout for signs that this culture is open to change.

### #5: Personnel Characteristics

*Typical question:* "What sales and marketing responsibilities can I add to the job descriptions for various personnel in our clinic?"

*Answer:* It depends. Assume you are a basketball coach and your team is comprised primarily of small, quick players. Your strategy would be to run, press, and play the game at a frenetic pace. However, if your team is comprised of slow, tall timber, you would in turn slow the game down and work to get the ball inside.

The same principle is true in sales and marketing: play to the strengths of your personnel by designing marketing tactics that fit the collective personality of your team.

### #6: Your Clinic Vision

*Typical question:* "You suggest addressing both short-term goals and long-term positioning in our marketing plan. What percentage of the plan should address long-term goals?"

*Answer:* It depends. You need to go back to square one and reflect on why your clinic made a commitment to occupational health in the first place.

For example, is your commitment to occupational health's *raison d'être* to serve as a basic occupational health clinic or does ownership view occupational health as a foundation for a more highly integrated and continually evolving series of services? Finding the proper place on this basic service/integrated service continuum allows your clinic do place the proper short-term/long-term division in your marketing plan.

The common thread of this column is that your clinic's approach to sales and marketing *depends* on assessing your unique position in the market. Think of every variable as a continuum upon which your clinic may be at one end or the other or somewhere in the middle. When it comes to sales and marketing, one size does not fit all. ■