



## Make Connectivity Part of Your Marketing Strategy

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We live in an entirely new business world these days: a world in the midst of rapid change and new rules. Three words seem to embody this new reality:

- *leverage*
- *integration*
- *alliances*.

These three words apply well to urgent care clinic sales and marketing. They can also be viewed as essential to the concept of connectivity.

Here, we will review how connectivity can be used to enhance an urgent care clinic's occupational medicine sales and marketing practices.

### Leverage

Given that your clinic has—or will soon have—an external contact base, the question becomes how you can best leverage these relationships to expand your book of business.

Here are some ways that you might gain leverage from existing relationships:

1. Ask supportive human resource directors at client companies to send an e-mail blast to other human resources directors recommending your clinic. You could even provide them with a sample "script" to jumpstart the process.
2. Obtain *personal* e-mail addresses from the main contacts at your client companies. With job turnover in excess of 20% annually, chances are that many of your best contacts will be "here today/gone tomorrow." Staying in touch via personal e-mail positions your clinic to cultivate a relationship with your contact's next employer.



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3. Send an e-mail to multiple people within your own clinic organization asking them for the names/e-mails of appropriate contacts they may have with local employers. Or, depending on your colleagues' seniority and dependability, you might even ask them to call/e-mail contacts on your behalf.
4. Leverage your own organization's directors. Board members tend to be well-connected and respected, and to know a disproportionate number of CEOs. Ask board members if they are willing to send an e-mail (or letter, or make a phone call) to several of their best business contacts.

### Integration

In recent years, many new services have been integrated into the occupational health fabric, and urgent care providers have increasingly aligned with other provider groups to offer more synthesized and packaged services.

I believe that we are poised for yet another phase, in which vastly more services will be packaged within the typical occupational health umbrella, and considerably more innovative delivery systems will emerge.

### Breadth of Services

An occupational health component within an urgent care clinic that limits itself to traditional core clinic services is unlikely to prosper. Yet these core services do provide a clinic with an instant client base and a platform upon which to add other services.

In many cases, appropriate add-on services may already be offered piecemeal. The list of potential services is almost limitless, including women's health, sports medicine, and a galaxy of wellness services. However, clinics often sacrifice compelling economies of scale (and their associated savings in unnecessary expenses) by offering many potentially related services independently of one another. Considerable

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savings are possible through more centralized delivery and a more synergistic approach to sales and marketing.

#### *General branding*

Branding or creating a common brand name across multiple offerings within a clinic or clinic network in order to enhance the brand name provides a “halo effect” for each delivery component. Yet urgent care clinics often get in the way of pulling related services together by offering them separately even though they are branded similarly; this is an inherent contradiction in terms.

Branding, of course, is a good idea and an occupational health component is an ideal setting for pulling together and leveraging multiple services under a common banner. It is another example of effective integration.

#### **New Alliances**

Economic recessions tend to trigger new alliances, and a deep recession renders even more creativity in developing such alliances.

Alliances can be with other healthcare institutions (e.g., a local specialty group), non-institutional healthcare players (e.g., the local chapter of the American Heart Association), or even organizations outside of healthcare (e.g., the Chamber of Commerce).

Well-conceptualized alliances create win-win scenarios. Often, one organization can provide skills or expertise that the other lacks. Or, the alliance can generate economies of scale in such areas as sales and marketing, in which you basically double down on your sales and marketing effort.

Further, an alliance offers an opportunity to merge each organization’s client or prospect base, thus creating a considerably larger and highly qualified client universe.

The aforementioned halo effect applies to alliance building, as well. For example, assume your clinic has created an alliance with the local Chamber of Commerce to jointly sponsor a community-wide wellness initiative. In most cases, the Chamber name would add credibility to your clinic name and your clinic would inherit much of the goodwill that the Chamber name is likely to represent in your community.

In sum, it would be foolhardy for most urgent care clinics to cast their lot with the old 1990s “go it alone” strategy. Challenging times call for innovative solutions. As we enter the second decade of the millennium, organizations that master leverage, integration, and alliance building are poised to significantly increase their likelihood of success. ■

had his photocopied note attached as an addendum.

What he should have written or said to the patient is, “I am sorry that you suffered a stroke and all the problems which go along with that condition.” He may have even gone on to say, “We did everything medically indicated to rule out a stroke in the emergency department; however sometimes these can be very subtle or manifest themselves after a few days, which is why we caution you to follow up with your primary care doctor.”

The other small issue he had was that he sent the later on April 15, and the law did not go into effect until July 1. Who knew?

To be effective, an apology should be:

1. heartfelt
2. genuine
3. remorseful
4. fully disclosed.

Here is the rub: medical providers should apologize as soon as the error is known, admit responsibility, not deflect blame, communicate all known information clearly and without medical jargon, and not make excuses. Statutes like the aforementioned do not protect providers who admit fault. Consequently, there is an inherent tension between offering a heartfelt, sincere apology and not hanging yourself out to dry.

If an apology is warranted, consider the following:

- Use an appropriate setting. Do not sit across from the patient or their family. Having a desk or table between you creates a barrier. Instead, sit on a couch next to the patient or pull your chair up so that you can sit side-by-side.
- Body language speaks clearly. Do not sit with your arms folded across your chest or your legs crossed. Again, this creates a barrier and appears defensive.
- Touch the patient when appropriate. Use your judgment; if you do touch the patient, be mindful of where your hand falls. Restricting the area you touch to an area between the elbows and hand is safe.
- Offer the patient the ability to manage the encounter. For example, let them choose the time to come discuss and also allow them to bring others into the discussion if appropriate.
- Don’t make excuses. Excuses do not sit well with most people, and give the appearance that you are not sincere. Saying, “If the lab had not screwed up your results, this would have never happened” is not an apology.

At the end of the day, a sincere and honest apology is an appropriate way to begin the process of resolving untoward outcomes. However, before venturing down the path, consult with your attorney and your medical malpractice carrier. They will undoubtedly know the laws in your state and will be able to offer clear guidance on how best to offer an apology. ■