



Say 'Arrivederci' to Printed Materials

■ FRANK H. LEONE, MBA, MPH

An interesting title for a book addressing the impact of the electronic information age might be *The End of Paper*. Look around. Daily newspapers are dramatically down in circulation and shutting down at a rapid rate.

That 20-volume encyclopedia that used to sit on your parents bookshelf? No mas.

Those written assignments at every school level? A thing of the past.

Seems like a no brainer. Out with the paper and in with the electronic medium. Yet when it comes to the marketing materials most urgent care clinics use, the paper trail has far from disappeared.

This month's column will propose numerous areas in which your clinic might transition from paper to electronic media in order to more effectively get your message across in a less costly manner.

Collaterals

In many respects, old-fashioned collateral materials are counterproductive. People do not have time to read much of anything these days. Consequently, a big folder of collaterals will almost certainly never be read and most likely be quickly discarded.

A waste of your clinic's money and a squandered opportunity to place information before your clients and prospects.

I believe the origins lay in the recent evolution (or lack thereof) of healthcare marketing. The 1980s were the heyday of healthcare marketing; healthcare organizations were throwing money into marketing, marketing officers and staff was being hired at a dizzying rate, and radio, television,

print ads, and billboards proliferated.

Then the new electronic age (email, attachments, and websites) kicked in and the old guard didn't quite know what to do. Thus, a continued reliance on printed matter from Marketing Central.

What to Do?

- Consider eliminating *all* paper collaterals. Use your cost savings to upgrade your website, enhance your salesperson's incentive compensation, and/or pay for a spiffy open house.

If you must commit something to paper, make it a simple one-page flier replete with photos, phone numbers, and third-party testimonials.

- Create an electronic library. Send clients or prospects exactly what *they* need and nothing more. There are numerous advantages to this approach compared with traditional hard materials:

- You are giving them something that is customized, and customization is invariably a leading reason why employers select a provider ("Urgent Care Plus considers the nuances of *our* workplace!").
- You are not handing off a generic "one size fits all" packet of information.
- You seize an opportunity to show client/prospects how quickly you can react. For example, if your clinic can email appropriate information sheets within a few hours of a sales call, you invariably create a halo effect of responsiveness that reflects favorably on your clinic.
- You can customize within your customized forms. That is, you can not only pick and choose the information you wish to send on, but you can customize that information to reflect the prospect's special needs and utilize buzz words appropriate to a particular company.
- You can update information at any moment. Your clinic cannot make such changes in written materials, which are often obsolete the moment they arrive from the



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.

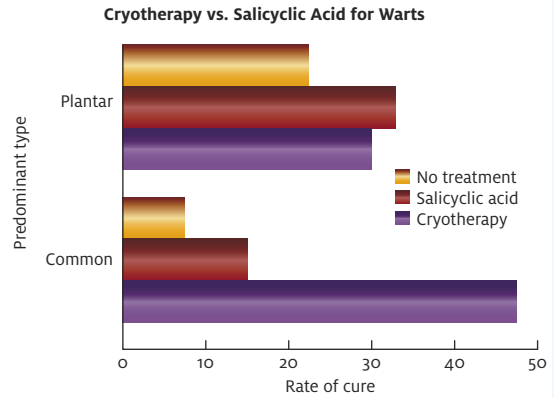
printer. An electronic library renders material (including staff and staff bios) suitable for immediate updating.

- Develop multiple opportunities to distribute selected materials. In the old paper days, material had to be either mailed or hand-delivered. The electronic age opens up new opportunities:
 - Through your website. You can add many of these materials directly to your website or link readers to a printable version of various documents. Product descriptions, legal explanations, staff biographies, clinic registration materials, and seminar registrations are but a few of the materials or links that could be made available on your website.
 - As email attachments. You can and should load up your professional email correspondences with direct links to various information sheets and forms as appropriate.
 - Mass email blasts. Do you need to introduce a new or revitalized service, a new staff member, or a new policy? An email blast with a proper link or attachment is a quick and costless way of getting such information out.

Don't Stop There

While you're at it, consider looking at other areas of your operation with this same mindset. The use of almost any paper can and should be minimized.

- Work toward a paperless office. Backing up computer files has become so sophisticated that we have little to worry about. Paperless is not perfect, but paperless perfection is getting closer all of the time.
 - Minimize direct mail. This includes most letters that can be sent via email for immediate delivery to (gulp) the bulk mailing of promotional materials supporting your program. Remember, *bulk* mail is *junk* mail and is seldom, if ever, read by the recipient.
 - Collect survey data electronically. Regardless of purpose or length, it is wiser and more effective to gather survey data (e.g., annual employer survey) via an email attachment or link. This brings in some responses which makes life less difficult—and less expensive—on the back end.
- The rule of the road is clear: Time-strapped people have little time to read, review, and absorb. You have to hedge your bets by providing clients and prospects with only the information that they absolutely need. Such targeted information, expense, and time and is likely to resonate more clearly with the recipient. ■



Citation: Bruggink SC, Gussekloo J, Berger MY, et al. Cryotherapy with liquid nitrogen versus topical salicylic acid application for cutaneous warts in primary care: Randomized controlled trial. *CMAJ*. 2010;182(15):1624-1630.

Cutaneous warts are seen often in primary care, particularly among children, but a recent Cochrane review was inconclusive on the relative merits of the two most common treatments, salicylic acid and cryotherapy.

Dutch researchers randomized 250 patients (43% younger than 12 years) who were recruited from 30 primary care practices with one or more new cutaneous warts (<1 cm diameter) to receive cryotherapy with liquid nitrogen every two weeks, daily self-applications of 40% salicylic acid gel, or no treatment for 13 weeks.

Half the patients had predominantly common warts (mainly on the hands), and half had predominantly plantar warts. Among patients with predominantly common warts, warts were significantly more likely to resolve completely with cryotherapy than with salicylic acid or no treatment (49% vs. 15% and 8%, respectively).

Patients with predominantly plantar warts had similar cure rates regardless of treatment (30%, 33%, and 23%, respectively) and were more likely to be completely cured if they were younger than 12 years (50% vs. 3%) or if their warts had been present for <6 months (46% vs. 10%).

Cryotherapy caused more local side effects than salicylic acid did, but more patients who received cryotherapy were satisfied with their treatment.

This pragmatic primary care-based trial suggests that cryotherapy is the preferred treatment for common warts. Persistent plantar warts in adolescents and adults are unlikely to respond to brief therapy with either cryotherapy or salicylic acid.

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