



# Good To Great: Taking Your Marketing to the Next Level

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# Course Objectives

- 1) Assess the business factors common to successful urgent care operations and recognize the most frequent reasons urgent care ventures fail;
- 2) Describe the demographics, attitudes, behavior, and media preferences of the population segments most likely to use urgent care;
- 3) Develop a marketing plan that integrates paid advertising with non-conventional tactics including Internet, social media, grassroots activities, provider referrals and public relations;
- 4) Implement measures to assess the efficiency and effectiveness of the center's marketing plan; and
- 5) Understand the role of repeatable processes in achieving consistency in execution, scalability in operating model, and predictability in results.





# Urgent Care Success Factors

- Location/location/location: retail adjacencies, traffic visibility, consumer density and demographics
- Market Coverage: marketing scale, operating synergies, payer leverage
- Insurance Contracts/Credentialing: in-network, all major payers in the market
- Mass Media Advertising: widespread brand awareness, frequent messaging
- Grassroots Marketing: dedicated staff, community involvement
- Customer Service Culture: experience to spur repeat visits, positive word-of-mouth

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# Urgent Care Success Factors (continued)

- Lower Cost Staffing Model: part-time, mid-levels, shift flexibility, control costs (PTO, benefits), cross-training
- Extended Operating Hours: consistency, sticktuitiveness
- Smaller Center Footprint: greater flexibility in finding retail space, more efficient use of space
- Lower Cost Buildout: reduces up-front capital, ongoing depreciation hit to P&L
- Integration of Occupational Medicine







# Reasons for Center Failure

- Bad Location—lack of visibility, high rental rates, too much competition, absence of consumer demand.
- Payer Contracting—not getting contracted with major payers, soon enough, or at unfavorable rates.
- Marketing—not spending enough money, choosing ineffective tactics, or not aggressively marketing the center starting with pre-opening.
- Staffing Costs—not controlling costs including staffing to capacity instead of demand and not cross-training employees.





# Reasons for Center Failure (continued)

- Facility Costs—spending too much money on the build-out, going “all out” on furnishings, fixtures and equipment.
- January or First Quarter Opening Date—effectively missing out on the January-March “busy season.”
- Exhausting Working Capital





# Urgent Care Forecasting Model

- Households or Establishments
- Population or Employees
- Demographics or SIC Codes
- Propensity to Utilize Services

**Density:  
Trade Area Factors**

- Adjacencies/Draw
- Signage Visibility
- Traffic Counts/Accessibility
- Aesthetics

**Site:  
Real Estate Factors**

- Operating Hours
- Medical Providers
- Equipment/Training/Capabilities
- Customer Service

**Operations:  
Delivery Factors**

**Marketing:  
Limiting Factors**

- Payer Penetration
- Competition
- Marketing Budget

**Volume Projection**

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# Consumer Urgent Care Demographics



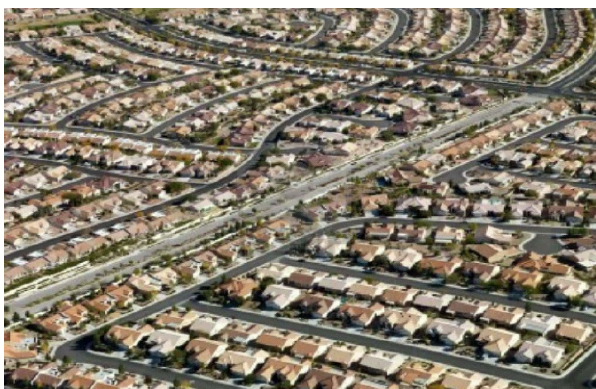
**Married Couple with Children Present**



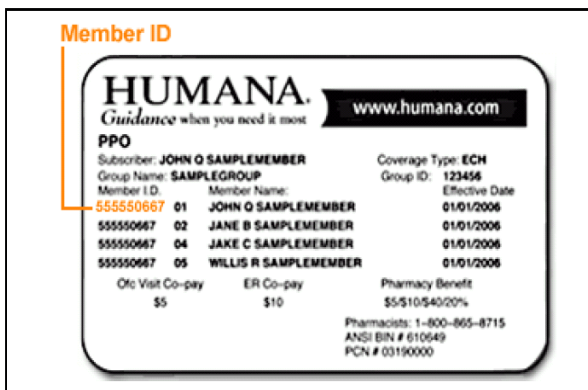
**College Graduate Age 35-54**



**Owner-occupied Single Family Housing**



**Growing Suburbs of Major Metro Areas**



**Employer-Provided Health Insurance**



**Household Income \$50,000 to \$100,000**

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# Urgent Care Retail Adjacencies



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# Capturing Word of Mouth

- Starts with a good patient experience.
- Patients must have a sufficiently good experience to want to:
  - Return for services themselves.
  - Recommend the urgent care to others.
- A “good experience” is defined as:
  - Earned with the co-operation of patients
  - Delivers value for the price paid
  - Exemplifies “Golden Rule” behavior
  - Fosters trust and engages employees





# Net Promoter



## **Detractors**

*undermine current  
business*



## **Passives**

*easily wooed by the  
competition*



## **Promoters**

*extend sales and  
marketing*

*Goal is to “neutralize” detractors and “convert” passives.*

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# Drivers of Urgent Care Visits

- Insurance referrals
- Drive-by visibility
- Clear signage
- Repeat visits
- Word-of mouth
- Paid advertising
- Grassroots tactics
- Employer referrals
- Physician referrals
- Media exposure
- Internet search



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# Signage Visibility



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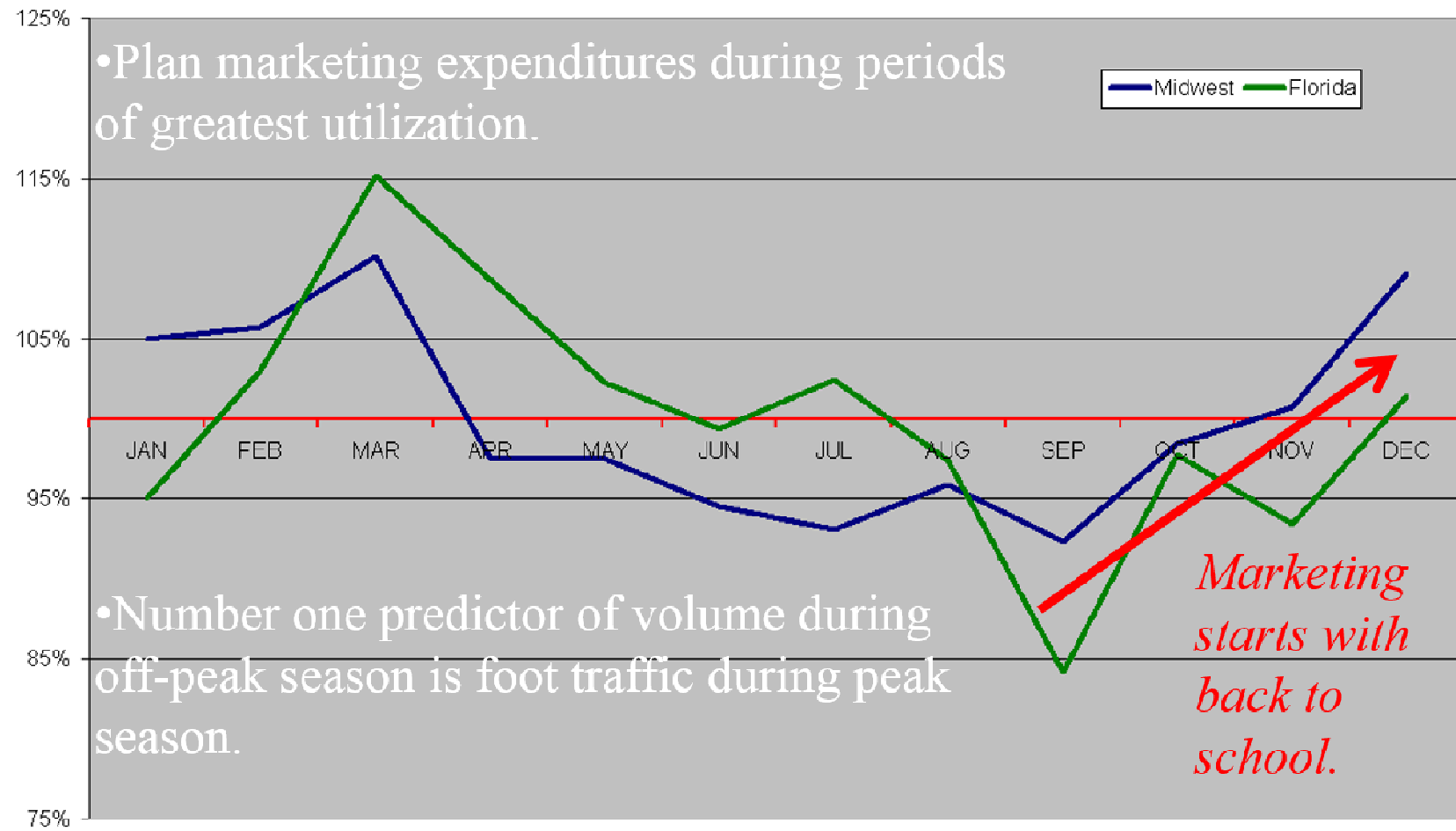
# Municipal Signage



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# Urgent Care Seasonality



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# Reach and Frequency

- Is your advertising reaching the “right” people?
  - Target segments most likely to use urgent care:
    - Married families with children
    - Above-average household incomes
    - Employer-provided health insurance
    - Owner-occupied housing
  - Reaching people who can not or will not use the center is a waste of resources.
- How often is your advertising reaching target segments?
  - The “right” people must hear the message a sufficient number of times to achieve “top of mind.”
  - Multi-tactic campaigns are most effective.

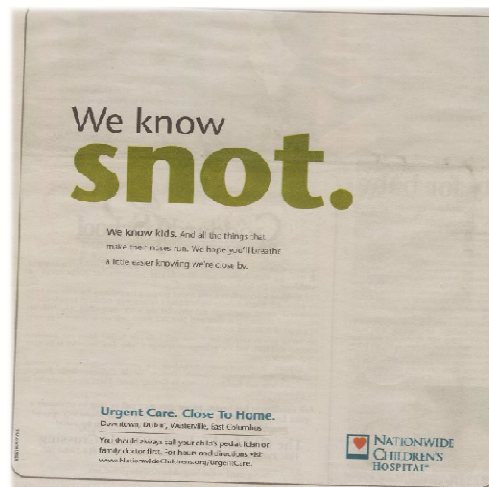
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# Conventional Advertising Limitations

- Multi-tactic campaigns require scale
- It's expensive to get adequate frequency of exposure
- It's inefficient to reach people unlikely to use the center
- It's difficult to measure Return on Investment



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# Grassroots Marketing

- When properly executed, grassroots marketing can be less expensive and more effective than paid advertising.



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# Grassroots Marketing Activities

- Primary Care/Specialist/Retail Health Referrals
- Chambers of Commerce
- Community Organizations
- Community Events
- Apartment Complexes
- Hotels/Motels and Convention/Visitors Bureaus
- Parks/Recreation Facilities
- Health Clubs
- Churches/Religious Congregations
- Local Schools (PTA, Athletic Boosters)
- College Campuses
- Ethnic Groups/Advocacy Organizations

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# Grassroots Marketing Activities

Grassroots marketing reaches people where they live, work and play...

- Demonstrates a commitment to the community.
- Engages providers and staff in marketing.
- Extends business relationships.
- Strengthens referral relationships.
- Spurs word of mouth and creates “buzz.”



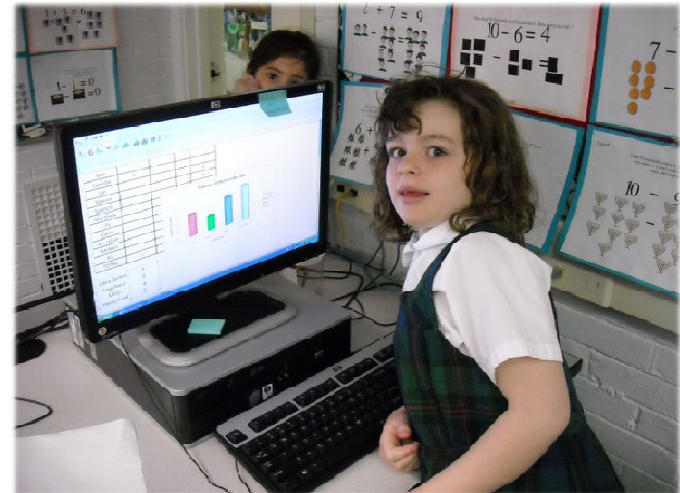
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# Primary and Secondary Schools

- Parents with school-aged children are the prime urgent care demographic—even when kids have a pediatrician for primary care, after-hours illness and injury still occurs.







# Primary & Secondary School Activities

- Sponsorship of school events, “mothers” groups, parent-teacher associations, and athletic boosters.
- Sports and camp physical promotions.
- Flu clinics or wellness screenings.
- Referral relationship with school nurse.



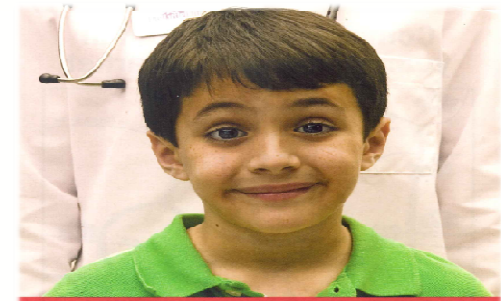
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# Sports and Camp Physical Promotions

- Incremental revenue from cash-pay physicals.
- Familiarizes families with the center and its providers—when people are sick they use what’s “tried and true.”
- Leads to utilization for sports injuries and personal illness.
- Builds loyalty in families—a family with three children playing multiple sports could require 40-50 physicals in a 12-15 year period.



**“Hey Mom,  
I need a  
physical by  
Monday!”**

**Let The Little Clinic help —  
camp and school sports  
physicals for only \$29!**

- No Appointments little or no waiting time
- Located inside your neighborhood supermarket
- Open 7 days including nights and weekends
- Professional, caring Nurse Practitioners

**The Little Clinic**  
Convenient Neighborhood Medical Care

Located inside select Kroger Supermarkets  
See reverse side for locations.

For additional locations and general information, visit [www.thelittleclinic.com](http://www.thelittleclinic.com)

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# Sports and Camp Physical Strategies

- Understand State High School Athletic Association requirements.
- Introduce in the Spring, prior to summer break and sports camps:
  - Athletic directors (directs coaches and trainers)
  - School communications (parent newsletters)
  - Local media (community newspapers)
  - In-center promotion
- Have school physical forms on hand in the center.

**When Feeling Great Can't Wait!**  
Athletes and Sports Enthusiasts

- See a skilled and compassionate medical provider TODAY - don't get behind on homework or work from being sick!
- **WAHOO!**™ - call us or register online and wait at home or anywhere you choose; we'll call you when your exam room is ready.
- Convenient, affordable school and sports physicals are available today - no appointment is necessary.
- We will treat your minor breaks, sprains, cuts and more to help you get back in the game.
- All major insurance is accepted or a medical discount program is available.

**Locations:**

**FREDERICKSBURG**  
**HARRISON CROSSING**  
6825 Blank Rd., Ste. 105

**WHITE OAK**  
330 White Oak Rd.

**GATEWAY**  
15 South Gateway Dr., Ste. 101

**WOONNONG**  
12001 Millwood Way, Ste. 103 Open January 12, 2015

**DUMFRIES**  
3890 Fetter Park Dr. Open February 2015

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- **WAHOO!**™ - Skip the lobby, we'll call you when your exam room is ready!
- Insurance accepted or a medical discount program is available.
- M-F 8am-8pm, S-S 8am-4pm at multiple locations.

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**Sports Physicals \$25\*\***  
Must present coupon at time of visit. Normally \$45!

1-888-364-8024  
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\*\*Offer subject to change. \* \$25 with ID. \* Offer valid at all NextCare locations. Not eligible to employees/members of governmental health plans (e.g., Medicare, Medicaid). Code: ABA SP 15

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# College Campus

- Student health service:
  - Often limited in scope (nurse or mid-level only; no x-ray or procedures)
  - Inconvenient (weekday hours)
  - Inaccessible (to off-campus students)
  - Unaffordable (uninsured, part-time students)
  - Embarrassing



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# College Campus Activities

- Student health referrals for after-hours, weekday overflow, and special needs.
- Direct advertising in student media.
- Athletic, club, or event sponsorship.
- Travel health and immigration physicals.

**Discreet, Private Health Care**  
Just 10 minutes from Campus



Open Seven Days a Week  
No Appointment Necessary  
OSU Health Plans Accepted  
Visits Starting at \$69\* for Uninsured

**Private Health Care:**  
Colds & Flu  
Sinus Infection  
Bladder Infection  
Yeast Infection  
Cold Sores  
Gonorrhea & Chlamydia  
Athletes Foot  
Other Personal Health Conditions

**Convenient Access:**  
4661 Sawmill Road  
Sawmill & Bethel  
(614) 583-1133

\*Subject to limitations. See program brochure for details.  
[www.AmericasUrgentCare.com](http://www.AmericasUrgentCare.com)

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# Community Events and Parks & Recreation Sponsorships

- Recreational activities bring increased risk of personal injury and may require pre-participation physicals.
- “Soccer moms” are interested in health information and make medical decisions for the entire family.
- Parks and rec departments hire many part-time, seasonal workers.



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# Parks and Recreation Activities

- Event participation and sponsorship including festivals, parades, and fun runs.
- League, team, or club sponsorship.
- Medical presentations and screening programs to community organizations.
- Banner placement at recreation venues.



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# Banner Sponsorship



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# Event Participation



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# Event Participation Requires Engagement



1. Location/Foot Traffic
2. Attract People to Booth
3. Share Message Face-to-Face
4. Meaningful Take-Away

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# People Line Up at Prize Wheels



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# Game Attraction



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# Mascot



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# Center Grand Opening/Ribbon Cutting



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# Center Grand Opening/Open House



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# Center Open House



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# Literature Drops, Information Tables & Health Clubs

- Venues with heavy foot traffic - retail stores, shopping centers, office buildings, and health clubs.
- Retailers are looking for activities to drive consumers in to their stores and keep them in their stores longer.
- Retailers welcome and even cross-promote activities that add value to their customer base.



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# Retail/Health Club Activities

- Distribute literature, set up literature displays, and canvass nearby retail businesses.
- Information tables, health screenings, and flu clinics at mass merchants, in shopping centers, office buildings, movie theaters or health clubs.
- Medical presentations on clinical topics of interest (like sports injury prevention and recovery).



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# Apartments and New Movers

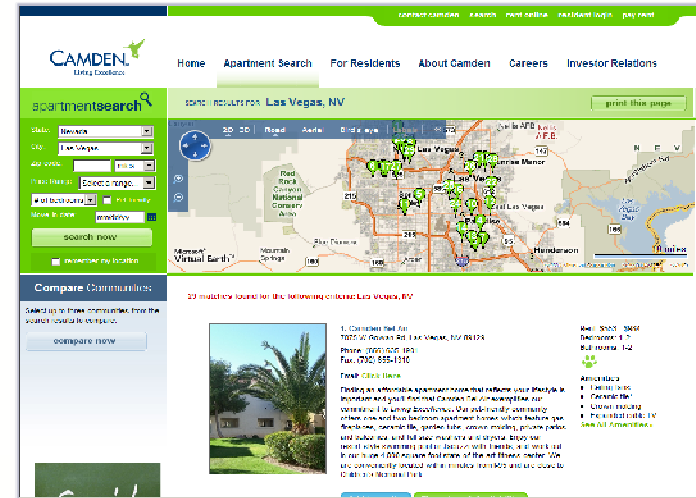
- Apartment communities have a high proportion of residents who are transient, uninsured, and do not have a relationship with a primary care provider:
  - Young adults in mid-20s
  - Empty nesters older than 50
  - The 75% of all households that are single adults, childless couples, non-family households, and single-parent families...





# Apartment and New Movers Activities

- Literature rack in apartment leasing office
- Presentation to apartment, condo or homeowners association
- Flyer in welcome kit and/or magnet on refrigerator
- Resident newsletter or event sponsorships
- Word-of-mouth through realtors, movers, and homebuilders



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# Religious Organizations & Ethnic Marketing

- Describes communities of interest—concentrated in a geographic area—with shared values, culture, and language.
- Reaches segments who are less influenced by conventional advertising and more swayed by word-of-mouth.





# Religious Organizations & Ethnic Marketing (continued)

- Appeals to demographic segments with high urgent care utilization—namely families with children.
- Meets immediate needs of participants including:
  - Urgent care for illness and injury
  - Travel medicine for mission trips
  - Camps/sports physicals



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# Mega-Church



*Prestonwood Baptist Church and  
Schools - Plano, Texas*



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# Ethnically-Focused Church



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# Religious and Ethnic Activities

Generally the provider must be culturally affiliated with the target group.

- Festival/Event Sponsorships
- Health/Wellness Screenings
- Newspaper/Newsletter Advertising
- Presentations on a Relevant Topic
- Marketing collateral at frequented businesses



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# Referral Relationships

Referral relationships can generate increased visits for urgent care but must be mutually beneficial to the referral provider.



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# Physician Referrals

- Focus on higher-volume family practice, internal medicine and pediatric practices
- Relationships must be peer-to-peer
  - Personal visit, phone call, breakfast meeting
- Overcome objections
  - Episodic versus longitudinal care
  - Duplicative services
  - Competitive threat
- Consider in-network insurance limitations





# Physician Referrals (continued)

- Identify and meet a need of the practice
  - New patients
  - Weekend, after-hours, overflow coverage
  - Specific services such as lab, x-ray, or Workers Comp
- Communicate to patients
  - Written correspondence about after-hours
  - Marketing collateral/maps at front desk, waiting room
  - After-hours notice on door, answering machine
- View referrals as a strategic resource
  - Reduce time, simplify process for referring providers
  - Refer back urgent care patients for longitudinal care
  - Forward chart, progress updates for existing patients







# Pharmacies and Retail Health Clinics

- 39,000 pharmacies operated by drug, supermarket, and mass retail chains; 17,000 independent pharmacies, and 1,100 retail host model clinics in the United States.
- Patients are increasingly seeking health care advice from pharmacists—in regards to OTC products or where to go for more serious conditions.
- Retail clinic services are limited by 100-300 sq. ft. space, equipment, and the practice scope of mid-level providers.



# Pharmacy/Retail Health Activities

American Academy of Family Practice Guidelines:

*“Retail health clinics must have a referral system to physician practices or to other entities appropriate to the patient’s symptoms beyond the clinic’s scope of work.”*

- Urgent Care materials on display at the pharmacy counter.
- In-store information table, flu clinic or screening event.
- Referral relationship with mid-level provider in retail health clinic.



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# Public Relations

- Public relations is a cost-effective substitute for some (but not all) paid advertising—problem is it's difficult to control where, when and in what form the news will appear.





# Public Relations (continued)

- Create press releases for grand opening, expanded hours, events and promotions
  - Consider spin, media interest to potential patients
  - What's news differs in a community weekly vs. a city daily
  - Post news online to raise search engine visibility







# Public Relations (continued)

- Make donations; Sponsor high-profile events & activities



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ARIZONA STATE UNIVERSITY

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EVENTS / CALENDAR  
LAW SCHOOL HOME

### Two \$1 million grants fund Diane Halle Center for Family Justice and NextCare Urgent Care Family Violence Legal Clinic

A \$1 million grant from the Bruce T. Halle Family Foundation has established the Diane Halle Center for Family Justice at the Sandra Day O'Connor College of Law at Arizona State University. And a second \$1 million grant from NextCare Urgent Care will fund the NextCare Urgent Care Family Violence Legal Clinic, which will be housed within the Center.

The Center and Clinic were established in partnership with the AVON Program for Women and the O'Connor House Project, committed to furthering the vision of U.S. Supreme Court Justice Sandra Day O'Connor (Ret.) to encourage purposeful civic talk which will lead to positive civic action.

"It is wonderful news that the Halle Foundation, the AVON Foundation for Women and the ASU College of Law have made significant financial commitments to work on the issue of domestic violence," O'Connor said. "Solutions for domestic violence require a comprehensive approach to connect the wealth of resources that are needed to tackle this issue – from legal to social welfare to health services. This is a challenging issue that fits with our mission at the O'Connor House which is to bring people and ideas together so we can reach consensus and take action on difficult issues that affect us all."

Diane Halle, President of the Bruce T. Halle Family Foundation, said the Center will serve an urgent need.

"Providing access to justice both for victims of family violence and for other poor families who are in need of legal service is often a matter of life and death," Halle said. "To make real change happen for our families, we need to make sure that all who are in need have access to justice. There is real urgency to take action now."

The issue is one that NextCare Urgent Care has been involved with for many years.

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# Public Relations (continued)

- Develop relationships with news reporters
  - Looking for a “pool” of experts to call upon
  - Make personal introduction, provide bio, references
  - Maintain consistent contact to establish your reputation





## A decorative banner at the top of the page featuring a close-up of a straw hat's brim and palm fronds against a bright, sunny background.

- 

[illegible]



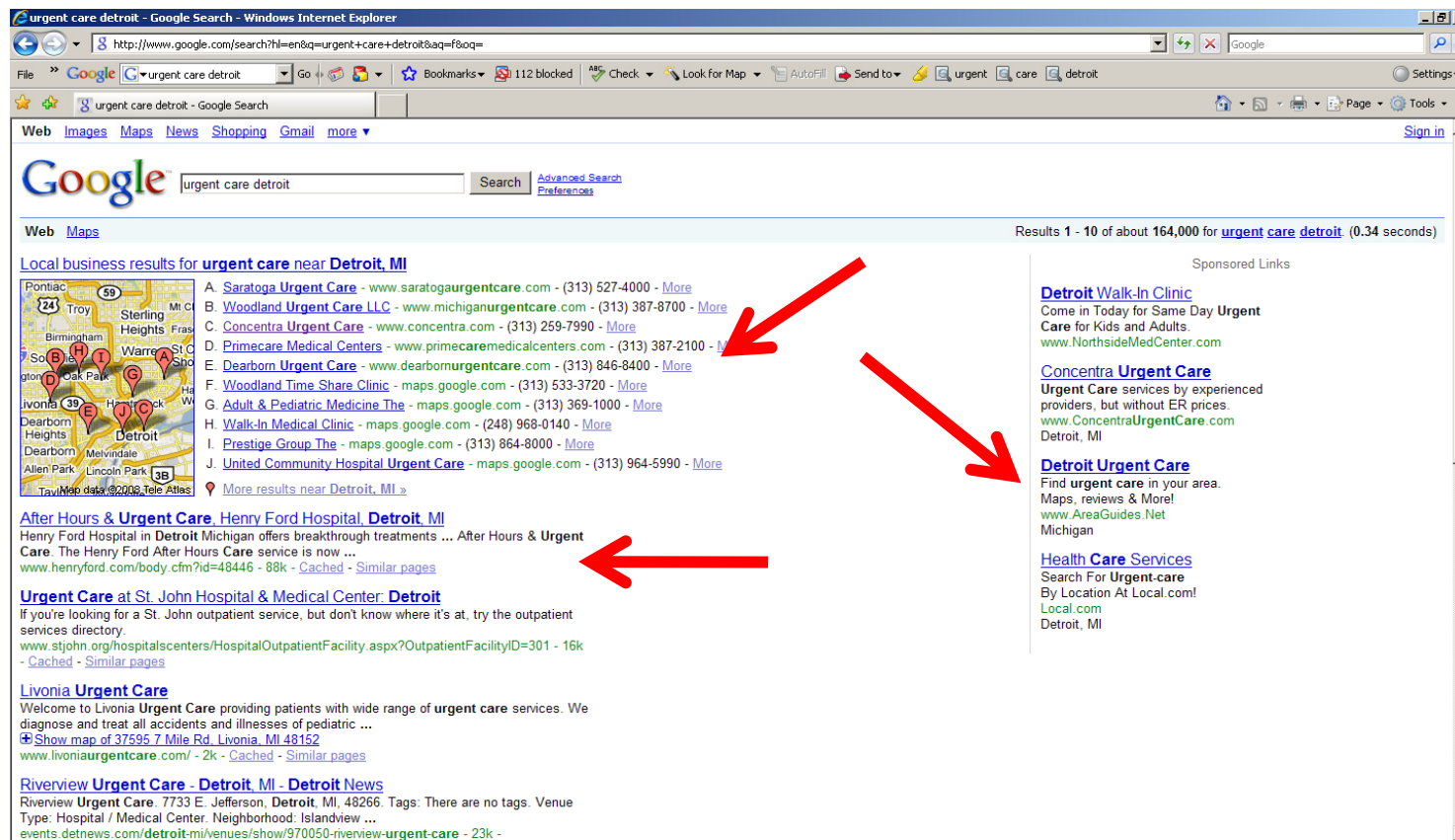
# Internet Tactics

- The Internet has replaced yellow pages, word of mouth and primary care as the first place consumers turn for health care information.

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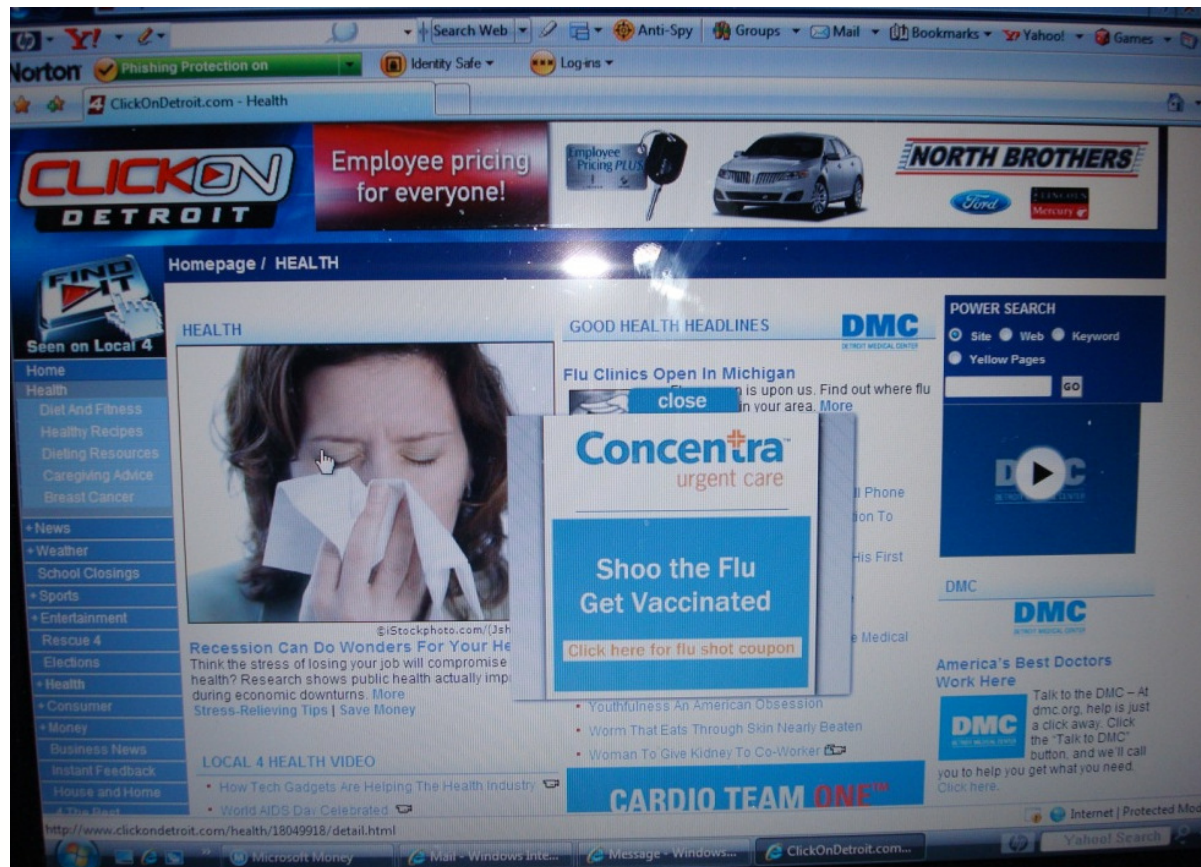


Key to a successful Internet strategy is a high search engine ranking.



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# Targeted Internet Advertising: Banner & Sidebar Ads



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# Social Media: Interacting w/Patients



The Facebook page for MedExpress Urgent Care features a header image of a woman kissing a child on the cheek, with the text "today we're helping to build healthy hearts." and the MedExpress logo. The page has 4,445 likes and 1,671 people talking about it. The navigation bar includes links for About, Photos, Likes, Find A Center, and Events. A post section at the bottom shows recent posts by others, including a congratulatory message from Chris Fuller and a new location announcement from Marlee Fitzgerald.

facebook Search for people, places and things Alan Ayers Find Friends

**today**  
we're helping to  
build healthy hearts.

**MedExpress**  
URGENT CARE Great Care. Fast.

**MedExpress Urgent Care**  
4,445 likes · 1,671 talking about this

✓ Liked Message

Hospital/Clinic  
Visit our website for Center contact information.

About Photos Likes Find A Center Events

Highlights

Post Photo / Video

Write something...

Share

Recent Posts by Others on MedExpress Urgent Care See All

**Chris Fuller**  
Congratulations to Culpeper VA on a very successful soft op...  
2 · Yesterday at 1:27pm

**Marlee Fitzgerald**  
YEAH! NEW location in LaVale MD! Across from Wendy's.  
2 · Yesterday at 12:00am

**Marlene Grasha**



The Twitter profile for MedExpress (@MedExpress) shows a bio stating "MedExpress Urgent Care delivers fast, affordable, high-quality care for episodic illness and injury. Open 12 hours/day, 7 days/week. Always a physician on duty." and a website link. The profile has 360 tweets, 271 following, and 361 followers. The tweets section shows recent posts, including a tip for fighting the cold and a New Year's message.

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**Tweet to MedExpress**

@MedExpress

**MedExpress**  
@MedExpress  
MedExpress Urgent Care delivers fast, affordable, high-quality care for episodic illness and injury. Open 12 hours/day, 7 days/week. Always a physician on duty.  
WV, FL, MD, PA, VA · <http://www.medexpress.com>

360 TWEETS 271 FOLLOWING 361 FOLLOWERS

Following

**Tweets**

**MedExpress** @MedExpress Jan 19  
For our fans fighting the cold, these 10 tips can help keep you and your family active in the chilly winter months. [ow.ly/gFFpv](http://ow.ly/gFFpv)  
Expand

**MedExpress** @MedExpress Jan 12  
January is Learn to Ski and Snowboard Month! As you hit the slopes, check these guidelines for smart, safe fun! [ow.ly/gFG1A](http://ow.ly/gFG1A)  
Expand

**MedExpress** @MedExpress Jan 1  
Happy New Year! Do you have any resolutions for 2013? What are they?  
Expand

**MedExpress** @MedExpress Jan 1  
Happy New Year's Eve! As 2012 comes to a close, we'd like to thank all of our patients for choosing us for their urgent care needs!  
Expand

Who to follow · Refresh · View all

**Fox News** @FoxNews Followed by Michael Soukup and ...  
Follow

**Silence Dogood** @TJ\_Hancock Follow

**Deetz** @tahDeetz Followed by deadvoter and others  
Follow

Browse categories Find friends

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# Return on Marketing Investment

## Traditional Accounting Definition:

Percentage of bottom-line attributable to owner's share of the business.

$$\text{ROI} = \frac{\text{Net Income} - \text{Expenses}}{\text{Owners Equity}}$$







# Effort Return on Investment

Revenue (net of costs) that comes from a specific marketing endeavor.

$$\text{ROI} = \frac{\text{Net Income} - \text{Expenses}}{\text{Owners Equity}} \times 100$$

Net Revenue = Revenue collected from patients who come from the specific effort, minus the cost of services delivered.





# Issues w/Urgent Care Marketing

- There are no consistent or industry standard benchmarks for Effort ROI on specific marketing tactics.
- The urgent care operating model varies widely:
  - Single-location, hospital-affiliated and multi-location operators
  - Definition of urgent care
  - Minor emergency or accident/injury center
  - Overflow/after-hours coverage for primary care
  - Primary care that accepts walk-in patients
  - Competition, payer recognition and consumer acceptance of urgent care in a market







# Issues w/Urgent Care Marketing (continued)

- Utilization is dependent on having a viable clinical need—patients may intend to use the center but just haven't become sick or injured.
- Urgent care patients typically self-triage and self-refer—alternatives to urgent care include retail clinics, PCP, ER, Internet, OTC and self-care (as well as doing nothing).
- Urgent care needs cannot be predicted in terms of which person will require services at a specific point in time.
- Payer contracts leave little control over pricing.





# Engaging Finance, Marketing and IT

The following are required to measure ROI:

- Financial results for the marketing period
- Direct operating costs or loaded costs of specific services sold
- Systems information to connect patients to a specific marketing effort
  - Participant information collected at events
  - Inquiries tracked via the website
  - Patient registration data entered at the front desk







# Timeline of Marketing Efforts

- Call to Action:
  - Consumers will hear and quickly act upon the marketing message.
  - Examples: Couponing, discounts, seasonally-relevant services.
  - Works well for one-off services—school/camp/sports physicals, flu shots, event participation.
  - Typically one modality—direct mail, print ad, email blast.
  - Easiest to measure due to immediate response while campaign is active.
  - “Return” is utilization of advertised services.





# Call to Action



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# Timeline of Marketing Efforts (continued)

- Brand Building:
  - Prospective patients come to believe the urgent care center is the best option when a need arises.
  - Examples: July 4 parade float, logo on little league t-shirts, ad in high school musical program.
  - Focus is on awareness, attitudes and understanding.
  - Utilizes multiple modalities.
  - Difficult to measure and requires long time horizon.
  - “Return” is visibility and goodwill.



# Brand Building



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# Maintenance vs. Growth

- Unless a center or service is new, there was some volume before the campaign began.
- A center will always get some visits by virtue of being open—drive-by signage, word-of-mouth, and insurance referrals.
- ROI needs to focus on volumes and revenues gained instead of total volume.





# Integrated Marketing Campaigns

- Advertising effectiveness requires frequency.
- Simultaneous multiple modalities (radio, billboard, promotions manager, etc.) are more effective than a single tactic (i.e. direct mail).
- Each marketing tactic likely does not have its own distinct call-to-action channel.
- ROI measures should focus on the whole campaign rather than individual tactics.







# Integrated Marketing Campaigns (continued)

Asking patients “how you heard about us” produces unreliable information:

- Front desk may skip over (or select first option) if the field is not required to register the patient.
- Consumer recall may be faulty. For example:
  - Patient is aware of the center due to a high-frequency radio/billboard campaign.
  - Patient has an urgent care need and goes online to find the center’s hours and phone number.
  - Patient lists “website” as the referral source.
  - Center determines that the radio and billboard were less effective at driving patients than the Internet and shifts its spend online.





# Seven Steps to Marketing ROI

1. Agree upon the program or service being marketed
  - Any and all revenue through the center
  - Physician injury/illness visits only
  - Certain types of physician visits (i.e. seasonal allergy consults)
  - Specific services like flu shots and sports physicals
  - Certain distinct patient groups (i.e. members of a health plan, students at a university)







# Seven Steps to Marketing ROI (continued)

2. Get consensus as to which revenue to count
  - Direct: Use of a specific service during the measurement period as a result of the marketing of that service (i.e. received flyer for flu shot, redeemed coupon for flu shot)
  - Indirect: Use of a non-marketed service during the measurement period (i.e. received flyer for flu shot, saw the doctor for a urinary tract infection)
  - Non-Credited: Use unrelated to marketing (i.e. patient received flyer for flu shot, employer sent patient in for a random drug screening)





# Seven Steps to Marketing ROI (continued)

3. Measure the cost of the marketing effort
  - Allocated internal staff time (staff who wouldn't be necessary or would work on other things if not for marketing)
  - Costs of designing promotional-related materials
  - Costs of media advertising placements (including agency fees)
  - Costs associated with event participation (vendor fees, giveaways, transportation)







# Seven Steps to Marketing ROI (continued)

4. Link patient visits to marketing activities
  - Paper or electronic coupons
  - Coupon-like mechanisms (i.e. physician referral forms)
  - Unique phone number or website
  - Patient identification
    - Collected at an event or through the website
    - Purchased mailing/marketing list
  - Questions at registration





# Seven Steps - Question 4 (continued)

When Unable to Track Returns...

- Evaluate whether volumes have moved from historical activity or revenue levels
  - Subtract a “base” growth rate of 5 to 15%
  - Anything above the base growth is attributed to marketing
- Consider use of a control group
  - Equal in size and demographic but not exposed to the marketing
  - Only works with targeted tactics (direct mail, email blasts, community events) not mass media (radio, billboards)







# Seven Steps to Marketing ROI (continued)

5. Determine how long to measure
  - Must allow sufficient time to:
    - Impact key audiences w/sufficient frequency
    - Allow key audiences to incur an urgent care need
  - Six month minimum for illness/injury utilization
  - Conduct interim measurements





# Seven Steps to Marketing ROI (continued)

6. Agree upon what constitutes “new business”
  - Center counts all volume that can be connected to the marketing effort—it doesn’t matter if the patient has been in before
  - Center considers “new” vs. “established” classifications in E/M coding—no provider visit within 3 years
  - Only patients who have never used the center before are counted
  - Consider reducing visits by a factor of “business we would have gotten anyway”—5 to 15% over historical levels







# Seven Steps to Marketing ROI (continued)

## 7. Evaluate net revenues and cost of services

- Net Revenues: revenues collected net of contractual allowances and bad debt
  - Gross charges are irrelevant—attracting money-losing patients benefits no one
  - Issue is time delay in cash collections cycle
  - Must be able to link revenue from specific patients ( or groups of patients) to marketing effort





# Seven Steps - Question 7 (continued)

Evaluating net revenues and cost of services...

- Cost of Services
  - Direct Variable Expenses: Directly connected to patient utilization of services (clinical staff time, medical supplies, billing fees).
  - Do not include:
    - Indirect variable expenses (allocated administrative costs)
    - Fixed (overhead) expenses (rent, utilities, depreciation, malpractice premiums)
- New patients who cover their incremental costs should contribute to the overhead costs of the center







# Summary Steps to Marketing ROI

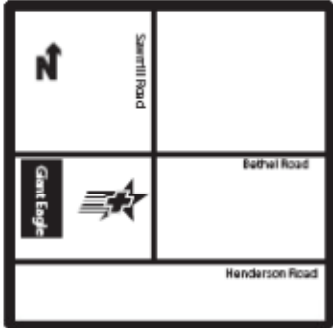
1. Agree upon the program or service being marketed
2. Get consensus as to which revenue to count
3. Measure the cost of the marketing effort
4. Link patient visits to marketing activities
5. Determine how long to measure
6. Agree upon what constitutes “new business”
7. Evaluate net revenues and cost of services




# Case Study #1: Targeted Campaign

## Discreet, Private Health Care

Just 10 minutes from Campus



From Campus: Take 315 North to Bethel Rd. West on Bethel (3 miles) to Sawmill.



Open Seven Days a Week  
No Appointment Necessary  
OSU Health Plans Accepted  
Visits Starting at \$69\* for Uninsured

**Private Health Care:**

Colds & Flu	Cold Sores
Sinus Infection	Gonorrhea & Chlamydia
Bladder Infection	Athletes Foot
Yeast Infection	Other Personal Health Conditions

**Convenient Access:**

4661 Sawmill Road  
Sawmill & Bethel  
(614) 583-1133

\*Subject to limitations. See program brochure for details.

**www.AmericasUrgentCare.com**

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# Case Study Steps to ROI

What is the ROI on a campus newspaper ad during the first week of school?

1. Agree upon the program or service being marketed
  - Physician services for minor illness and injury
2. Get consensus as to which revenue to count
  - Net revenues from patient encounters
3. Measure the cost of the marketing effort
  - Cost of the newspaper advertisement for two weeks
  - \$1,500 including creative
4. Link patient visits to marketing activities
  - Patients using university health insurance
  - Patients residing in three campus-area zip codes

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## Case Study Steps to ROI (continued)

5. Determine how long to measure
  - Start of Fall Semester through December 31
6. Agree upon what constitutes “new business”
  - Any patient who presents for the very first time
7. Evaluate net revenues and cost of services
  - 65 visits at avg collection of \$100
  - \$6,500 cash collections
  - Direct variable expenses per patient = \$40
  - Net revenues generated by ad = \$3,900







# Case Study ROI Calculation

$$\text{ROI} = \frac{\text{Net Revenue} - \text{Marketing Expenses}}{\text{Marketing Expenses}} \times 100$$

$$\text{ROI} = \frac{(\$3,900 - 1,500)}{\$1,500} \times 100$$

$$\text{ROI} = 160\%$$





# Case Study #2: Occupational Medicine

- The urgent care center currently offers occupational medicine defined as:
  - Workers compensation injury care
  - Pre-employment and compliance physicals
  - Pre-employment, random and post-injury drug screens
- Center markets occupational med through:
  - Paid sales person who routinely cold-calls area businesses
  - Educational programs supported by direct-mail invitations
  - Website, Google and Yellow Page advertising
  - Chamber of Commerce and Trade Association Memberships







# Case Study Steps to ROI

What is the ROI on participation in an industrial trade show?

1. Agree upon the program or service being marketed
  - Workers comp injury care visits
  - Non-comp (physical/drug screen) visits
2. Get consensus as to which revenue to count
  - All revenue from employers (non-current clients) who were leads generated at the trade show.
3. Measure the cost of the marketing effort
  - Trade show booth, giveaway materials, entrance fees, staff time
  - Total Cost=\$11,500





## Case Study Steps to ROI (continued)

4. Link patient visits to marketing activities
  - Billing system report for injury cases linked to the employer
  - Invoicing for non-comp services to the employer
5. Time period for tracking results
  - Six months from trade show through December 31
6. Agree upon what constitutes “new business”
  - All comp and non-comp services for employers who had not previously utilized the center for two years.
  - Assume that since the employer was not previously using the center, it would have continued using other options.







## Case Study Steps to ROI (continued)

7. Evaluate net revenues and cost of services
  - Number of inquiries coming from the trade show: 14
  - Number of clients converting (utilizing services): 6
  - Services revenue generated by 12/31: \$41,500
  - Cost of services sold factor: 40%
  - Net revenues from volumes generated at the trade show: \$24,900





# Case Study ROI Calculation

$$\text{ROI} = \frac{\text{Net Revenue} - \text{Marketing Expenses}}{\text{Marketing Expenses}} \times 100$$

$$\text{ROI} = \frac{(\$24,900 - \$11,500)}{\$11,500} \times 100$$

$$\text{ROI} = 116\%$$







# Issues of Credibility

- If there are no measurable revenues, there is no ROI.
- If you can't factor out a reasonable degree of business you would have gotten anyway, the ROI will be overstated.
- If you use gross charges instead of net revenues, the ROI will be overstated.
- If you can't factor out the cost of services delivered, the ROI will be overstated.





# When ROI Cannot Be Calculated...

- Operational or Production-Oriented Metrics
  - Number of pieces of marketing collateral produced/distributed
  - Media placements picked up and used by local media outlets
  - Number of participants in community events
  - Number of hits to our Website
  - Size of email marketing database
- Result or Outcomes-Oriented Metrics
  - Patient volumes
  - Market share
  - Payer mix
  - Top-of-mind awareness
  - Number of contracts closed (occ med)
  - Number of referral sources/number of referrals received

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# Scalability of Marketing Spend

- A marketing program shows a strong ROI—is it scalable?
  - Markets are finite in size so there are always diminishing returns
  - Competitors will respond to your marketing efforts with their own
  - Once all consumers are aware of your center and its services, the potential for new business becomes saturated
- Over time, marketing expenditure ROI will decline if not turn negative.





# Growing Your Urgent Care Center

- Extending Hours
- Expanding Square Footage
- Hiring Additional Providers
- Introducing New Services
- Opening Additional Locations



- Increased Complexity
- Overwhelmed Staff
- Distracted Management
- Stalled Growth
- Reduced Profitability

Key to scalability is simplicity and flexibility—systems and processes that are easy to use and can be modified to fit new business scenarios.







# Operations Playbook

- Goal should be a “playbook” for every position in the center
- A playbook is a collection of tactics and methods
  - Roles and responsibilities
  - Policies and procedures
  - Workflows, checklists, templates, forms and job aids





# Operations Playbook, cont'd.

- Document all processes and procedures in the centers
  - Utilize flow charts and
  - Engage providers and staff for a 360-degree view
  - Identify measures and triggers for corrective action
- Periodically review and suggest improvements to processes
  - Playbook provides the structure and context for updates
  - Pilot processes prior to implementation







# Processes Facilitated by Technology



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# Operational Consistency/Scalability

Tribal Knowledge	Repeatable Processes
<ul style="list-style-type: none"><li>• Passed down from other employees, learned by doing, trial-and-error</li><li>• Long productivity ramp-up time for new hires</li><li>• Knowledge leaves the organization when people quit</li><li>• Changes based on people's ideas and perceptions</li></ul>	<ul style="list-style-type: none"><li>• Documented, tested, and integrated with other processes before staff is trained</li><li>• Facilitated by technology</li><li>• Built around metrics</li><li>• Facilitates internal communication</li></ul>





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