

# Marketing for Urgent Care Start-ups

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# Objectives

- 1. Understand the drivers of urgent care volume and describe what differentiates urgent care marketing from other consumer businesses.
- 2. Explain the impact of seasonality on urgent care volume and the types of advertising messages that drive consumer behavior.
- 3. Differentiate common urgent care marketing tactics including paid advertising, grassroots, business-to-business, digital media, and public relations.
- 4. Compare advertising opportunities using concepts of relevance, reach, and frequency of exposure.
- 5. Develop a basic marketing strategy and collateral to support marketing activities.

# **Urgent Care Marketing**

- Urgent care profitability depends on volume.
- Tomorrow's visits are driven by today's foot traffic.
- Word of mouth takes too long to reach critical mass.
- •Advertising is critical to drive the initial volume necessary for start-up success.
- •Advertising should be viewed as an investment (with a return) rather than an expense (to be controlled).

# **Urgent Care Marketing Challenges**

- Urgent care is not a planned purchase and is not a daily consumable.
  - •Not a "direct response"—consumers may intend to use the center but haven't yet had a medical need.
  - Return on marketing investment is difficult to quantify.
- •Urgent care marketing must "educate" consumers, correct misperceptions:
  - •How much it costs: it's expensive
  - •What it treats: its for emergencies only
  - •Services provided: *no doctor in the center*
  - •Patient experience: "urgent" means zero wait

# **Building Top of Mind Awareness**

- •Clinical capabilities and credentials that a physician feels differentiate a center are likely unimportant to consumers.
- •Instead, tap into the *primitive*, *fight-or-flight brain* where decisions are made:
  - Answer "what this means to me"
  - Use visual stimuli to grab attention
  - Focus on emotion over reason

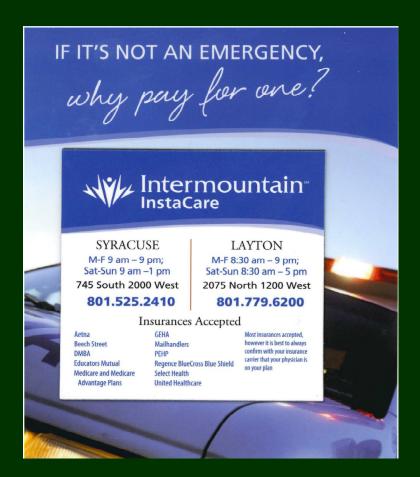


# Marketing Messaging

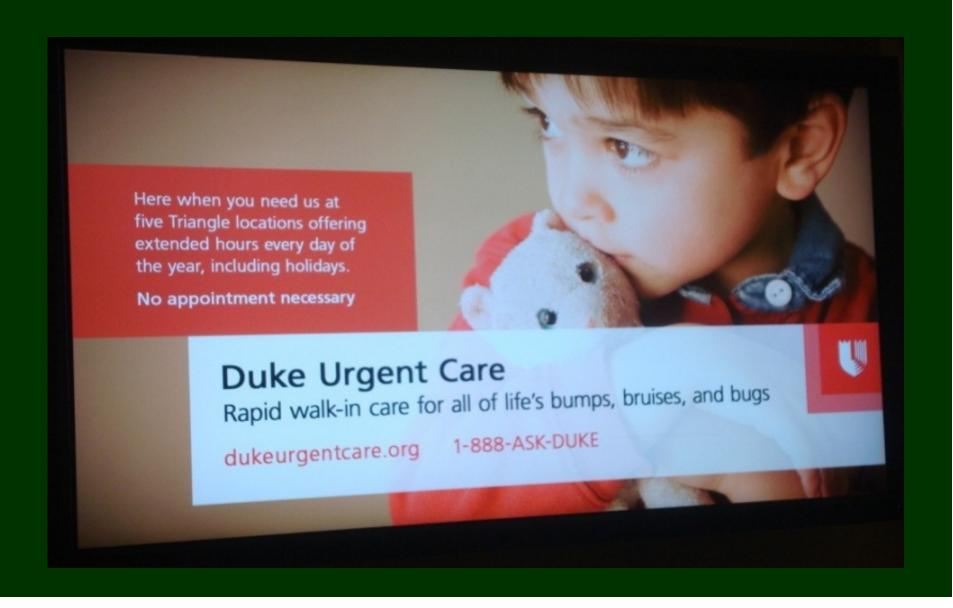
- •Vague terms like "convenient, high-quality, affordable medical care" can describe any number of health care options.
- •Rely on simple contrasts—before/after; now/later; with/without—that address consumer "pain points":
  - •Co-pay of \$100 for the E.R. vs. \$35 for Urgent Care.
  - •45 day wait for a primary care appointment vs. being seen immediately.
  - •Driving downtown to a general hospital vs. supporting a practice in your neighborhood.
  - Suffering an illness vs. returning to work and life.

# Messaging: Solve a Problem

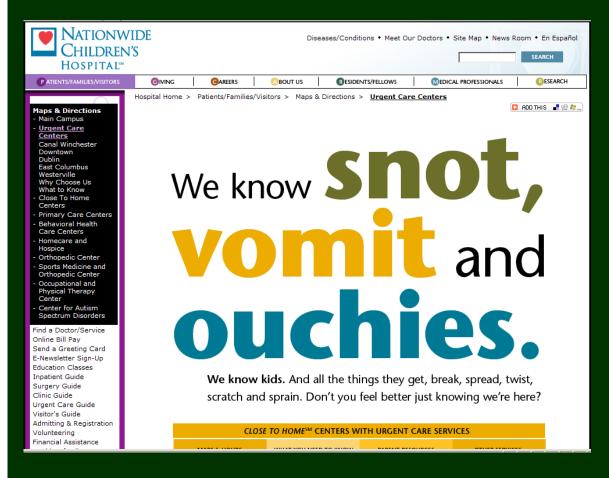




# Messaging: Strike an Emotional Chord



# Messaging: Capture Attention



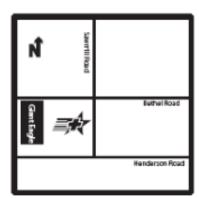




# Messaging: Understand the Patient

### 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

# Messaging: Differentiate with Humor

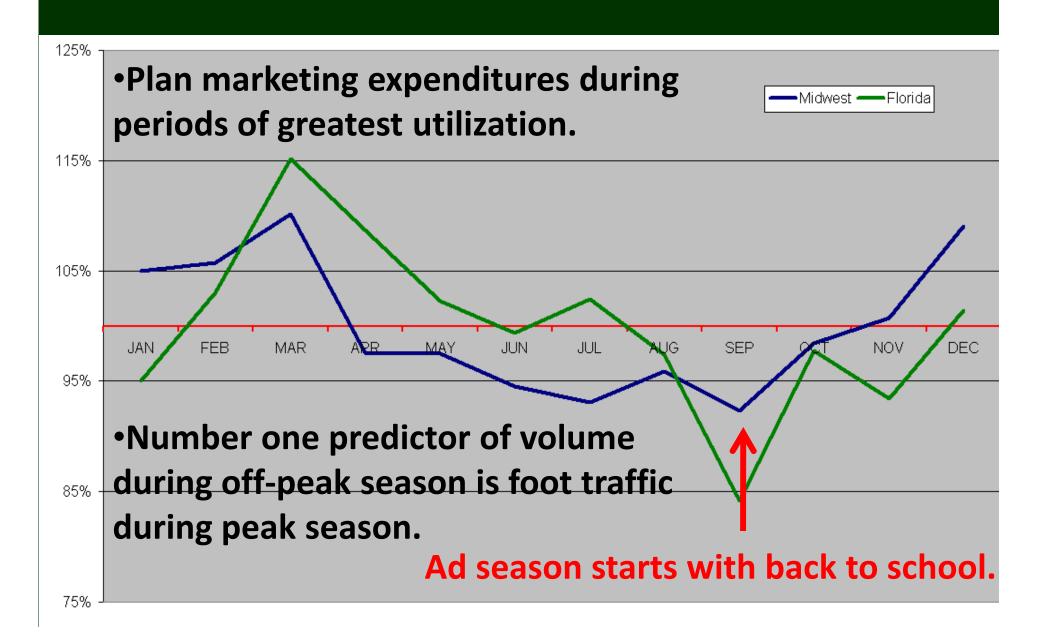








### When to Market: Urgent Care Seasonality



# Readiness Factor: Physical Plant









# Readiness Factor: Patient Experience







**Detractors**undermine
current business

**Passives**easily wooed by
the competition

**Promoters**extend sales and
marketing

Neutralize Convert Evangelize

# **Urgent Care Visit Drivers**

### Organic Growth

- •Insurance referrals
- Drive-by visibility
- Word-of-mouth

**Physician Referrals** 

**Public Relations** 

### **Paid Advertising**

- Billboards/outdoors
- Yellow Pages
- Internet
- Print media
- Direct mail
- Radio/Television

### **Grassroots Tactics**

- Community Events
- Sponsorships

# Critical Success Factor: Signage Visibility

- Same ad impact as a billboard
- Should include "urgent care" or connote services
- Boosts return of all other marketing investments







# Signage Should be Simple, Clear and Relevant





# Signage Should be Visible Both Day and Night







# Optimize Space on Monuments and Poles









# **Promotional Signs Boost Center Visibility**



# Promotions: Pre- and Grand Opening



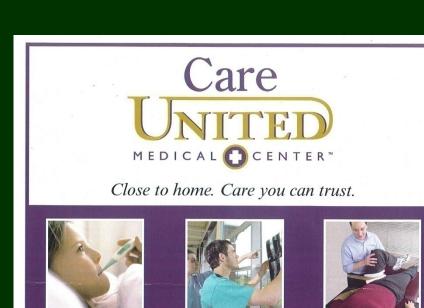
# **Promotions: Seasonal Campaigns**



# Municipal Directional Signage



# Starting Collateral: Brochure/Flyer



- Urgent Care
- Minor Emergencies
- Family Medicine
- Occupational Medicine Services
- Wellness Programs
- High-tech X-Ray Department
- Onsite Radiology & Laboratory Services
- Computerized self check-in
- Cyber Cafe
- Wireless Internet Access



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### Our Mission:

compassion, and provide prompt, affordable, quality

health care every day of the year



### **NextCare Urgent Care Values:**

Friendliness • Integrity Sincerity • Humility

Teamwork • Optimism **Empathy • Service Excellence** 

#### 1-877-7-WHAT NEXT (1-877-794-2863)

### **NextCare® What Next?**

## **URGENT CARE**

General Medical Care Physicals, X-Rays, Labs, Vaccines Occupational Medicine



#### 1-877-7-WHAT NEXT (1-877-794-2863)www.nextcare.com/whatnext

www.nextcare.com/whatnext

### **URGENT CARE**

### See a Doctor Today!

- NextCare Urgent Care Overview:
- · NextCare treats any non-life-threatening illness or injury that
- . Save time and money by using NextCare as an alternative to
- of all ages, including those who can't get in immediately to see their primary doctor, are visiting from out of town or are new to the area and currently don't have a doctor
- Comprehensive occupational health services offered to meet Compassionate, quality care provided along with many

### ■ When To Use NextCare Urgent Care:

Allergies, Sinus Infections Cold & Cough, Sore Throat

When To Use An Emergency Room

#### All major insurance accepted Walk-in nationts welcome Convenient online check-in Medical discount programs offered

#### Schedule An Appointment (Optional) For added convenience, request an appointment by c 1-877-7-WHAT NEXT (1-877-794-2863). Walk-ins are

### Conveniently Register Online

■ Prescriptions Offered On-Site

criptions at our clinic during the same visit! NextCare

### Value Care

■ No Insurance or Limited Coverage?

### AraCare

Recieve Additional Healthcare Discounts

1-877-7-WHAT NEXT www.nextcare.com/whatnext

#### Clinic Hours

Monday - Friday 8am-8pm Saturday - Sunday 8am-4pm

### Holidays - call for hours

#### Utilize Our Occupational Health Services

### Program Include:

Don't Wait For A Physical Exam

School & Sports Physicals **Employment Physicals** 





# Starting Collateral: Magnets





### Just Walk In!

6th Ave. Frontage Road, Between Simms & Kipling 605 Parfet Street, Suite 103 • Lakewood, CO 80215

p: 303-462-DOCS (3627) f: 303-462-2274

### www.medexpress.com





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Open extended hours 7 days a week
No Appointment Necessary

### www.phcurgentcare.com

Concord Mills Blvd. Across from the Mall (704) 979-8765 Harris Blvd. I-77 Exit 18 (704) 688-9650 Lake Norman I-77 Exit 36 (704) 660-9111

### **SAVE THIS MAGNET** Rocky Mountain 1 **Urgent Care** · No Appt. Necessary · X-Ray On-site Stitches • Broken Bones • Minor Illness Open days, evenings, weekends & holidays 1-877-889-1522 13650 E. Mississippi Ave. COMMERCE CITY 18240 E. 104th Ave. **ENGLEWOOD** 3601 S. Clarkson St. WESTMINSTER 5044 W. 92nd Ave. www.RockyMountainUrgentCare.com IMPORTANT NUMBERS ALL EMERGENCIES 303-342-2000 **DENVER INTL. AIRPORT** POISON CONTROL 303-739-1123 XCEL ENERGY 800-895-1999 CDOT ROAD INFO. 303-639-1111



# Search Engine Optimized Website



# Advertising Reach and Frequency

- Mass media reaches many consumers who will never use the center due to location, insurance, and other factors.
- Target segments most likely to use urgent care:
  - Married families with children
  - Above-average household incomes
  - Employer-provided health insurance
  - Owner-occupied housing
- •The "right" people must hear the message a sufficient number of times to achieve "top of mind."
- Multi-tactic campaigns are most effective.

# Out-of-Home Advertising

•\$750-\$5,000/month depending on location, traffic, and visibility.

Directional message enroute to center.



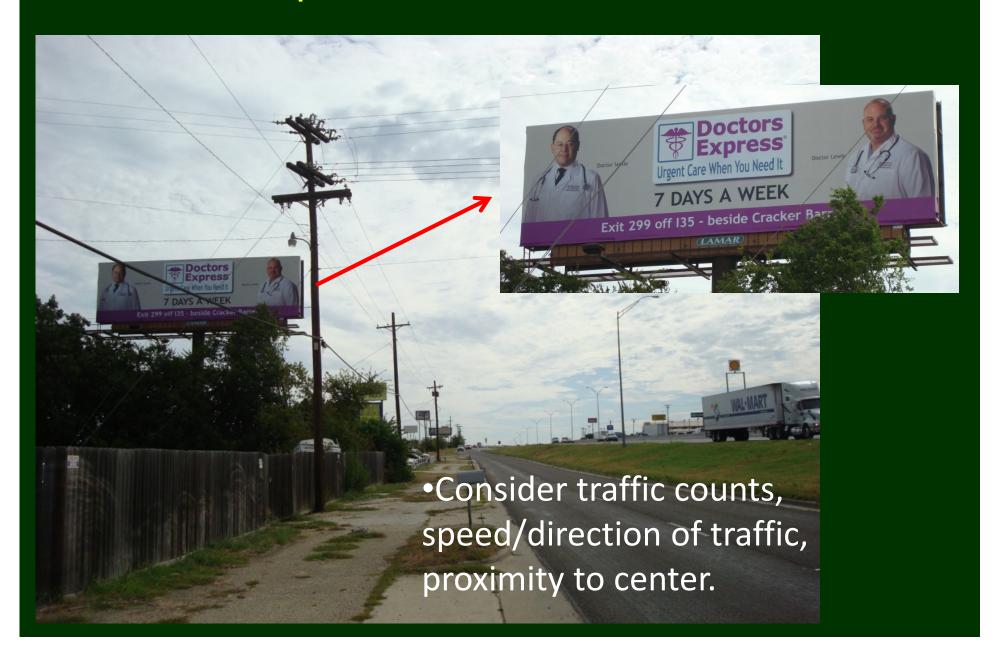


Brand-building message raising awareness.

# Limit Billboard Content, Simplify Design



# Drive All Proposed Billboards Before Purchase



# Effective Billboards Extend Center Signage



# Out-of-Home Also Encompasses Public Transit, Airport, Mall and Sports Venues

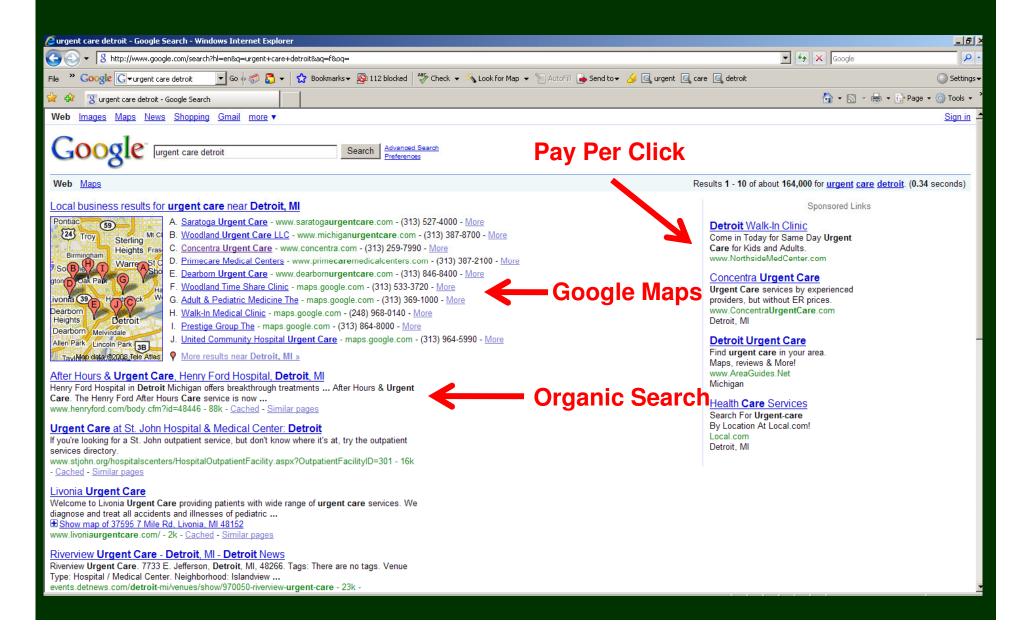


Advertising effectiveness depends on frequency of exposure.

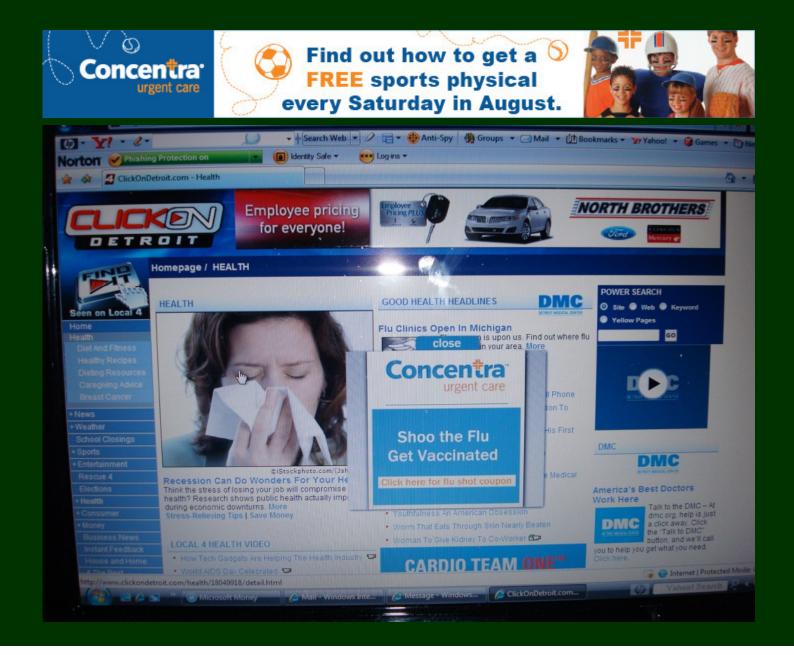
# Yellow Pages

- •\$200 to \$5,000 per month depending on:
  - Size of market, distribution of book
  - Color, graphics, size of ad
  - Section placement: Urgent Care, Physicians, Drug Testing
  - •When multiple publishers, choose the primary book.
- •12-month commitment, long lead time, no updates:
  - Difficult to plan for grand opening.
  - Providers, hours, services may change.
- •Diminishing in importance:
  - •Mobile users, Internet, handheld devices.
  - Appeals to seniors, travelers.
  - Defense against competition.

# Internet Listings: Google



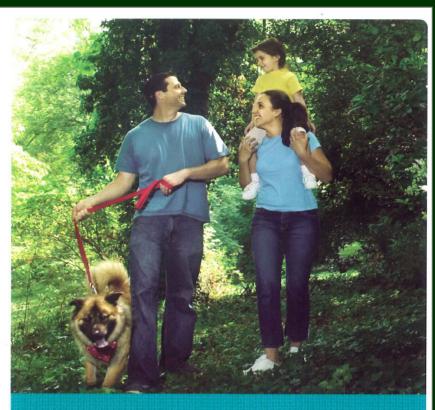
# Internet Banner, Pop-up and Sidebar Ads



### Social Media: Facebook, Twitter, YouTube, etc.



#### **Direct Mail: Postcard**



Don't let minor injuries ruin a seriously good time.



minormed.baptistonline.org 800-4-BAPTIST



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  - Most visits under 45 minutes
- ✓ BOARD CERTIFIED PHYSICIANS
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#### **Direct Mail: Postcard**

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FREE STARBUCKS® GIFT CARD



REAL ER. REAL FAST.SM

Personal and professional full-service emergency care.

FCER.COM



EXP 8/31/2012

One STARBUCKS\* gift can't per person. Original mailing place must be present that 8/31/2012 to receive Gift Carit. This promotion is not opposited as surfaces or USE CARIA.

# Print: Community News or "Shopper"





#### Print: Magazine or Niche Publication







# Radio/Television

- •Advertising to people who cannot or will not use the center is a waste of money.
- •Generally viable for multi-site operations spanning a metro area or in small markets where a single center is accessible to the majority of the audience.
- Families are spending less time watching TV—except for news, "Soccer Moms" often record shows and watch commercial-free.
- •Not a single tactic—needs to be integrated with other media (billboards, print) to attain sufficient frequency of exposure.

# **Grassroots Marketing Activities**

- Chambers of Commerce
- Community Organizations
- Community Events
- Apartment Complexes
- Hotels/Motels
- Parks/Recreation Facilities
- Health Clubs
- Churches/Religious Congregations
- Local Schools (PTA, Athletic Boosters)
- College Campuses
- Ethnic Groups/Advocacy Organizations



## Parks and Recreation Sponsorship



# Event Participation: Flash Mob





## **Event Participation: Games and Giveaways**



### **Sports Physical Promotions**

- Relationships with athletic directors backed by advertising and public relations.
- Keep State High School Athletic Association or school-specific forms in center.
- "Free" is often viewed as "no value"—
   attracts people looking for something free.
- Promotional pricing maintains value of the service but offers an inducement to trial:
  - •>30% of patients return for urgent care
  - Average utilization is 1.7x/year





# Start-up Marketing Budget

| <ul> <li>Chamber of Commerce Membership</li> </ul>         | \$        | 350    |
|--|-----------|--------|
| <ul> <li>Coming Soon and Grand Opening Banners</li> </ul>  | \$        | 350    |
| •Magnets (8,000 @ .15)                                     | \$        | 1,200  |
| •Brochures (3,000 @ .30)                                   | \$        | 900    |
| <ul><li>Letterhead and Envelopes (2,000 @ .25)</li></ul>   | \$        | 500    |
| •Postage   | \$        | 1,000  |
| <ul> <li>Website Design and Hosting</li> </ul>             | \$        | 2,500  |
| <ul> <li>Internet and Search Engine Advertising</li> </ul> | \$        | 4,500  |
| <ul><li>Post Card Mailings (2x 9,000 homes)</li></ul>      | \$        | 7,000  |
| <ul><li>Post Card Mailer with Magnet (9,000)</li></ul>     | \$        | 5,300  |
| •Mailing Lists   | \$        | 900    |
| <ul><li>Door Hangers (2,000 homes)</li></ul>               | \$        | 1,500  |
| •Community Newspaper Ads (26 @ \$500)                      | \$        | 13,000 |
| <ul><li>Grand Opening Event</li></ul>                      | \$        | 3,500  |
| •Community Events  | <u>\$</u> | 7,500  |
| TOTAL  | \$        | 50,000 |
|  |           |        |

#### The Sky is the Limit to What You Can Spend







## **Contact Information**

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# Appendix

## Provider and Facility Referrals

- Develop peer-to-peer relationships personal visit, breakfast meeting
- Meet a need of the referral practice:
  - Weekend, after-hours, overflow
  - Services—lab, x-ray, workers comp
  - Refer new patients for primary care
- Simplify process for referring providers
- Understand and overcome objections:
  - Duplicative services
  - Forward chart for existing patients
  - •In-network insurance



#### **Public Relations**

- Cost-effective substitute for some (but not all) advertising
  - Don't know whether news will appear, when or in what form
  - Difficult to link publicity to consumer behavior
- Create press releases for grand opening, events, 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
- Develop relationships with news reporters
  - •Make personal introduction, provide bio, references
  - •Write letters to editor on ER accessibility, rising costs, etc.
  - Comment on articles online; write a blog
- •Make donations, sponsor and appear at high-profile events

#### **Public Relations Examples**



12A · TUESDAY, DECEMBER 9, 2008 · USA TODAY

"USA TODAY hopes to serve as a forum for better understanding and unity o help make the USA truly one pation -Allen H. Nouharth, Founder, Sept. 15, 1982



Today's debate: Medical care

#### Sleep-deprived residents still pose risks for patients

varies by country

Lineits on how many hours

supposed to work vary widely

Denmark - 37

Prantos - 52.5

USA -- 80

United Mingdom --New Zealand -- 72

Culture of expectation' and lax enforcement thwart changes.

Few passengers would board an air plane if they knew that the pilot had been on duty for 30 straight hours. You don't need a medical denote to know that sless deprivation causes fatigue that impairs judgment and

Unfortunately, that fact seems to escape: educators at hospitals where the nation's the council gives them more time to comp 108,000 medical residents - doctors in training who make critical decisions affecting more unannounced visits. Tougher whistle

work such punishing hours The long-standing but wrongheaded tradition in medicine is that young physicians need to tol round the clock to "tough, en up" and provide conti nuity of care for potients. Never mind all the studies that show how exhausted tially more serious medical mistakes, such as sticking a tube in the wrong vein or ordering 10 times the correct dusage of a medication. Or that going 24 hours without sleep is compara-

ble with having a blood alcohol level of .10% hours, demand greater supervision by expe-legally drank in every state in the country.

To auduce the danger to patients, the Acreditation Council for Graduate Medical Education (ACGME) required, in 2003, that week (down from 100-plus), averaged over like in extra medical costs of treating drug-four weeks, and no more than 30 hours related injuries resulting from errors that oc-

aren't following even these minimal rules. A report lost week by the institute of Medicine Allowing residents to get adequate rest (IOM), an expert panel that advises the government on health lauses, found number medicine to provent injury to patients.

duty hours, partly because the "culture of expectation, if not overt intimidation, results in pressure on residents to work more than their assigned hours."

A prime reason for the lack of progress is ACCMES weak months by of residency pro-grams. The average program is reviewed once every 3.7 years, and this utilis are an-nounced in advance. Only 25% as the \$8,000 challens it issued in 2006-07 were box precompliance issues. Instead of fining vision the council store the

Monitoring must be strengthened with

ed because residents was ry that complaints will Residents' workweek amage their careers ACGME also needs to insist on overlapping schedules during shift changes to reduce the chances for error during the handoff of patients from one ductor to

another. IOM sensibly recommends that medical residents got at least five hours of sleep after working 16 bours. It also would infive per month, restrict

mounlighting during off-

rienced physicians and limit caseloads Reform won't come easily or cheoply. The cost for extra personnel to handle reduced resident work could be \$1.7 billion arrurally residents work no more than 80 hours a. That's a lot of money, but it's holl the \$3.5 kd our each year, not to mention the cost in mai Rive years later, though, some hospitals practice lawsiits and patient suffering that

#### Teaching hospitals excel

We're reviewing our standards to improve education, patient care.

By Thomas J. Nesca

The community of educators responsible for training America's future physicians ap-preciates the work of the Institute of Medicine (IDM) committee in preparing its report on resident physician duty hours.

Durry hours are one element within a complex matrix of educational and health care

dards, and about unintended educational consequences of compliance with these same standards. ACCME's responsibility and challenge are to create and enforce according case physician's office, and in less tion standards that will enhance, and not de-tract from, the development of the knowl-Urgost care is a growing alternative edge, values, skills and behavious required of physicians.

It is reported that the quality of care in America's teaching hospitals (where suident physicians train) is bigher than that in non teaching hospitals (which do not have resi dent physicians). By learning to deliver high actors that the Accreditation Council for pitals, residents bring these advances to the



Big wint Jeff Demps' fourth-quarter touchdown Saturday belps No. 2 Florida

#### In BCS system, wins in regular season lose meaning

Bowl Championship Series, offered up actly is 5 wolfon?

the common defense against momentum for a true college Bootball playoff num in a view congruence payon by ching the need to protect "the unique significance of the regular sea-sor" ("BCS failths its goal," Opposing wenc College football debate, Priday). But in practice, what actually hap-

nens in the BCS system is that more negodar season games are not impor-tent at all, even for conference teams that never lose.

hat never lose, in 2004, Autonn went undefested in what many copsider the nation's foughest longue, scoring "big" wirs the season games were replaced by in what many consider the nation's toughest logue, scoring "big" wins over LSU, Termessee, Georgia and Ala-bonna. But when the BCS left Auburn out of the title game (opting for unheaten Oldahoma and USCL these games — in fact, the entire season — had no impact on the national charapionship. Ultimately, the work put in

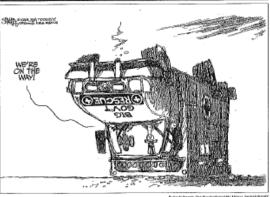
tobul Swarfred, coordinator of the little inspect of a playoff, then why ex-

#### Playing conference games

Bridge's debate was well out by both sides, but more needs to be said about how the regular season might be altered to accommodate playoffs C'Egrapoine, BCS, with playoffs is ("Replacing BCS with playoffs is drange we can believe in," Our view,

"in conference" games, forcing teams

This would also clear time for the playoffs without extending the sea soil. Everyone would be on equal footing because no team would be



#### Letters

#### Make shift from emergency care

In the Forum piece "Base BR over-load," Kevin Pho pointed out that the strain on our nation's emergency rooms is growing. Although this is correct, the problem is not a new one (The Forum, Wednesday).

Pho was correct when he state that 'the appeal of a one-stop shop and the limited availability of primary care physicians after hours and o woodcords have led to an increase i ER visits. But when he suggests that easing this strain involves cleacing se-

rious hurdles, I must object.

When a more convenient, lowercost alternative to the emergeacy morn is made available, consumer day in the form of urgent care. A 200 New York University study stated that ed in a low-acuity setting and do no represent actual emergencies. The proliferation of urgent care clinics is helping to reduce Ell overload, allow-

ing ductors to focus on trauma can ing dictors to focus on trauma care and true emergencies. What urgent care clinics provide is more than just everiflow paint. These facilities are largely staffed by board-certifled physicians, experienced in family medicine, trauma care and other seculcities.

other specialties.

One such organization is Concen-tia, which has hundreds of urgent care clinics. It is delivering expert care for conditions such as fractures, speaks, lacerations and pediatric is Sections diseases. Dispenticate treats a variety of injuries and linesses, in a setting typically found in a primary

to the emergency room that offers more than just immediate care; it de-livers quality and sidiled treatment and a hope for better care for all.

Alan Avers