

# CONVERSION OF OCCUPATIONAL MEDICINE PATIENTS TO URGENT CARE

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# How Urgent Care Centers Drive Volume

- Whereas specialists depend largely on referrals from other providers, urgent care appeals directly to the general public
- Consumers must know about the center and intend to go there when an injury or illness occurs
- Achieving top of mind awareness entails:
  - ▣ Location/traffic counts/signage visibility
  - ▣ Conventional advertising
  - ▣ Grassroots tactics
- Good experiences drive loyalty and word-of-mouth
- Loyalty drives repeat business

# Cross-Selling or Conversion

- Patient understands the service they have come for:
  - ▣ Urgent care centers that see occ med patients
  - ▣ Occ med centers that see urgent care patients
- Patients incorrectly assume theirs is the only service offered (i.e. drug screen=no doctor present)
- Conversion entails “educating” occ med patients about other services offered in the center
- Unlike conventional advertising:
  - ▣ Conversion messaging is to a captive audience
  - ▣ Conversion messaging is to someone who has already found the center

# Occ Med Patients Mirror Employment at Risk of Injury or in Jobs Requiring a Physical

- Skews predominately male w/high school education
  - ▣ Median household income of \$50,000 to \$100,000/year
  - ▣ Employer-paid health insurance; ages in to Medicare
- Married with children
  - ▣ Younger has wife who works outside the home
    - Scarcity of time balancing family/job obligations
  - ▣ Older has wife who stays at home
- Wife/mother makes health care decisions for the family
  - ▣ Primary care physician for ongoing needs
  - ▣ Over-the-counter, pre-emptive care at first sign of symptoms
  - ▣ Emergency room for unexpected illness/injury

# Conversion Marketing Perspectives

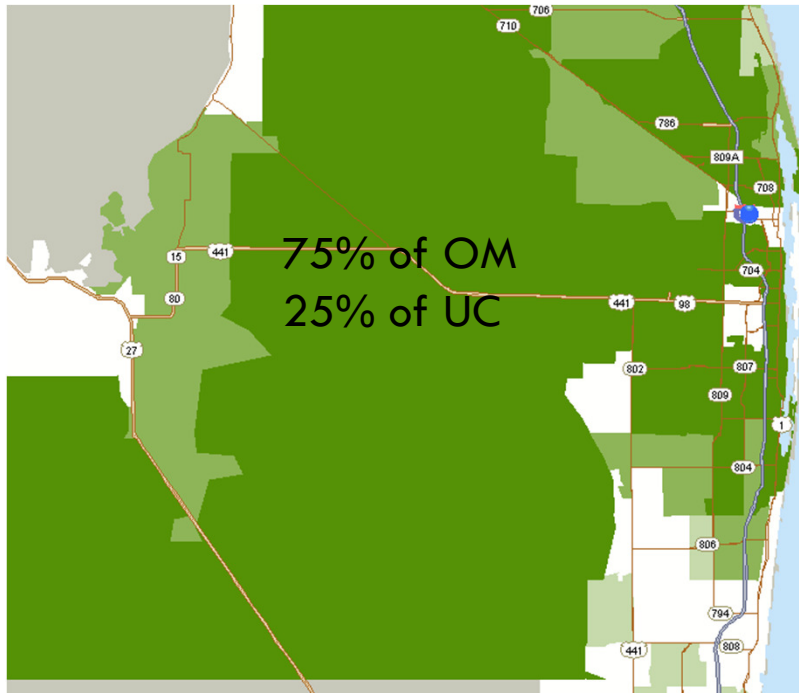


- Don't use the same materials used with employers
- Multiple exposures required for a message to stick
- Use photos and bullet points instead of text
- Don't use the term "urgent care" without context
  - ▣ Connotes speed of service
  - ▣ Name over the door—service they came for
- Communicate in English, Spanish or other language
- Devise tactics to get the message "home" to the primary health care decision maker

# Conversion Marketing Messaging

- Point of sale materials
  - ▣ Banners, Posters, Ceiling Danglers
  - ▣ Place in strategic areas—registration, waiting room, exam room, discharge
  - ▣ Hallway décor if patients won't stop to “read”
- Give-aways
  - ▣ Goodie bags, fliers, magnets
- Engaging providers and staff
  - ▣ Make message personal—i.e. “with your son in basketball, you know Dr. Smith can treat non-work ortho injuries”
  - ▣ Check-off on flow-sheet; use to also evaluate patient experience
  - ▣ Survey patients

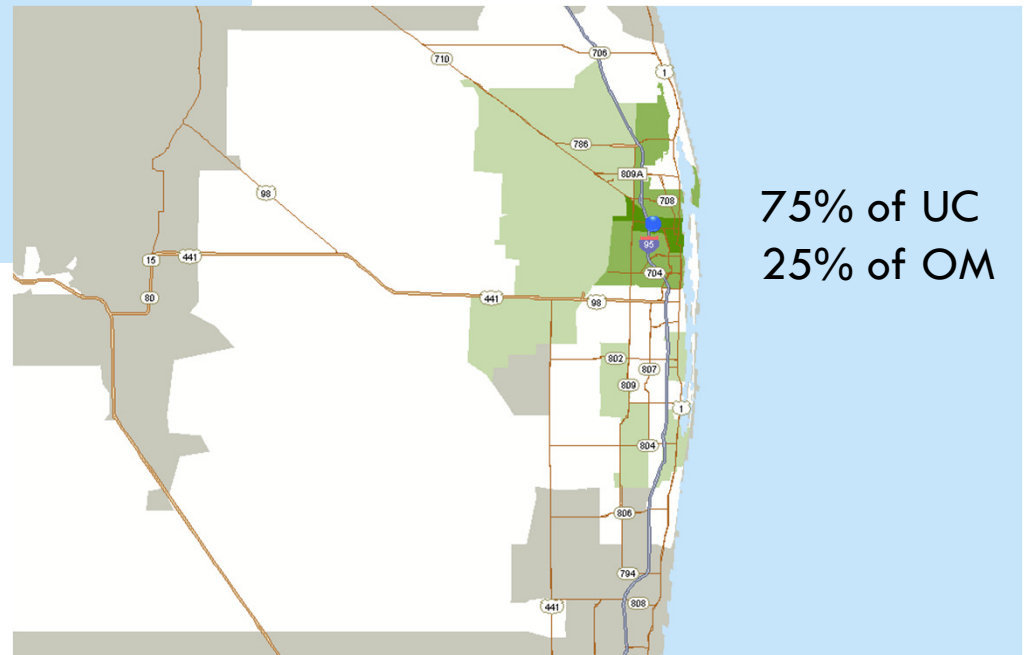
# Targeting the “Right” Patients



**Density of Occ Med Patient Home Zip Codes**  
Consumers are far more likely to commute for work than for urgent care.

## Density of Urgent Care Patient Home Zip Codes

If patients use the provider closest to their homes, most will never return to an occ med center for urgent care.



# Communicating w/Employers



- Value proposition:
  - ▣ Reduced absenteeism/presenteeism
    - Employee and family members
  - ▣ Reduced cost burden on self-insured health plans
    - Cost of non-emergent ER visits
  - ▣ Reduced cost burden on employees
    - Co-pay differential UC vs. ER
- Common objections:
  - ▣ Employees will become infected in your waiting room
  - ▣ Focus is shifting away from expertise in occ med
  - ▣ Managing dual flow results in long wait times



# Reaching Employees Through Their Workplace



- Employee pre-registration for urgent care
- Plan design w/co-pay differential
- On-site health and wellness fairs
- On-site benefits fairs
- On-site information table
- Educational programs/lunch-and-learn
- Flyer in annual enrollment materials
- Paycheck stuffers
- Breakroom posters
- Write-up in employee newsletter or Intranet

# Measuring Patient Conversion

- Number and percent of occ med patients who later returned for urgent care (forward looking)
- Number and percent of urgent care patients who were first seen in occ med (backwards looking)
- Based on patient need, not direct response
  - ▣ Measure 3-, 6-, and 9-months out
    - Time lag in reporting data
  - ▣ Assumption is causation
- Systems integration issues
  - ▣ Records-matching in separate systems (common key)
  - ▣ Single patient versus family household
  - ▣ May need to export data for analysis

# Appendix

## Business Case for the Convergence of Urgent Care and Occupational Medicine

# Convergence of Occ Med and Urgent Care



- Revenue from a new service line
  - Workers compensation injuries
    - Initials
    - Case management
  - Physicals
    - Compliance
    - Pre-employment
  - Drug screening
- Grow and diversify revenue base
  - Insulate from adverse trends
    - Employment—shift to service economy, offshoring of jobs
    - Reduced injury rates—investments in safety and prevention

## Convergence of Occ Med and Urgent Care, cont'd.



- Flattens ebb and flow of the walk-in model
  - ▣ Steer scheduled appointments to off-peak times
  - ▣ Contra-seasonality of hiring/injuries and cold/flu
- Enables new locations and extended hours
  - ▣ Suburban locations and secondary markets
- Extends employer relationships and value proposition
- Increases volume to improve utilization of the center's providers, staff, and fixed assets