

Practice Management

Marketing Strategies: School, Sports, and Camp Physicals

Urgent message: Sports physicals offered by an urgent care center can be a “win” for both the center and the community. The community gets a flexible source for a time-critical service and the center gets another way to attract new and repeat business.

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Schools, camps, inter-league and club sports programs typically require a pre-participation physical examination to evaluate a participant’s general health, fitness level, risk of injury and physical well-being. A “sports physical” allows a physician to identify any conditions that might keep an athlete out of the game or affect performance. For parents and coaches, ensuring that all participants are “compliant”—meaning everyone’s “form” is “complete and eligible”—can be a daunting task. An urgent care’s after-hours, walk-in convenience, therefore, can potentially meet a need in the community while also raising awareness of the center, leading to increased utilization when participants have future injuries or illness.

What Sports Physicals Entail

Sports physicals differ from “well child” exams provided by a pediatrician in that their focus is to “clear” the participant for a specific activity. By contrast, a “well child” exam goes much deeper into developmental, behavioral, psychological, nutritional, social and other factors that affect a child’s lifetime health. Most state high school athletic associations have a standard template for the sports participation examination, which is adopted by most school districts; otherwise



schools and camps create forms specific to their programs. Parents will generally arrive at an urgent care center with the form to be completed, but an urgent care provider should be familiar with the general content of the forms prior to marketing the service.

Sports physicals generally consist of two parts—a medical history and physical examination—which occur in five steps:

- **Medical History:** Understanding past illnesses,

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injuries, surgeries or conditions like asthma or diabetes will help the provider diagnose problems and provide advice about preventing future complications.

- **Vitals:** Pulse, blood pressure, height and weight should be checked. Understanding rapid changes due to growth spurts enables the provider to address the stress of an activity on joints, muscles and bones.
- **Eye Exam:** This check is for proper vision and evaluation of whether a participant needs prescription lenses or the current vision prescription needs to be adjusted.
- **Fitness:** Provider examines the participant's heart, lungs, abdomen, ears, nose and throat, checking the cardiovascular system and recommending any limitations on physical activity.
- **Joints & Flexibility:** Testing the patient's strength, flexibility, posture and joints enables the provider to identify any areas that may be prone to

injury and to suggest exercises and offer tips to help build a healthier body.

In addition, given the prevalence of concussions in contact sports, some providers are adding a "baseline concussion test" to the sports physical. Prior to the occurrence of a concussion and when the athlete is feeling well, the baseline test assesses the athlete's normal brain processing characteristics. When a concussion occurs, swelling of the brain changes how quickly the brain solves problems and reacts to stimuli. Having a "baseline" understanding of how the brain functions enables the provider to determine when an athlete's brain has returned to "normal," and thus, the athlete can safely return to the sport or activity.

Last, if the sports physical reveals chronic or longitudinal illness that is not under treatment—or if the child does not already have a pediatrician for wellness and prevention—the urgent care provider should refer the patient to a pediatrician for follow-up care.



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Table 1: Sports Physical Practical Considerations

Promote sports physicals ahead of each season:

- Determine whether students require a new physical for each sport or season. (Athletes usually play multiple sports or leagues, which could result in 2-3 physicals per year.)
- Visit schools prior to release for summer break.
- Get information into students' hands for fall or summer sports camps.
- Follow up with athletic director 6 weeks before school resumes.
- Visit schools 4 to 6 weeks prior to each season.
- Get information into coaches' hands during pre-season planning meetings.

Have the school's sports physical form on hand in the center:

- Get the form from each school or get school to approve your center's standard form. (There is typically a standard State High School Athletic Association form.)
- Familiarize providers with requirements for each school.
- Have forms on hand to help students who forget their forms.

The Marketing Value of Sports Physicals

For an urgent care operator, the marketing value of sports physicals is that they introduce parents and coaches to the center's providers, familiarize them with the facility and its processes, and create "top of mind awareness" should an injury or illness occur later in the school year. Although the physicals themselves can add incremental revenue, the focus is *not* selling sports physicals; it's capturing injury and illness visits later on. Thus, sports physicals are considered a *marketing tactic*.

As "marketing," sports physical promotions can be more targeted towards consumer segments with historic high urgent care utilization—families with children—and less expensive than mass media like billboards and radio. Sports physical promotions also lend themselves well to social media, public relations exposure, and word-of-mouth.

An investment in a sports physical promotion yields long-term returns for the urgent care center by cultivating patient loyalty:

- Student athletes return each year for their own physicals. A student participating in multiple activities, over 6 to 12 years, could result in 20 or more encounters between the student and the urgent care provider.

- In addition to individual students, there is loyalty within family households. Parents tend to follow with younger siblings the patterns they've established for their firstborn. Consider the recurring revenue from a family with four children, spaced 2 to 3 years apart, in middle/high school sports for 6 years each.
- Students continue to utilize urgent care centers into their 20s and 30s. Consider the "lifetime value" of a patient who is in the habit of going to the center whenever medical needs arise, including word-of-mouth within that patient's sphere of influence. College-aged students are often too old for their pediatrician but have not yet established a primary care relationship, making urgent care their default choice for health care.

The marketing of sports physicals differs from conventional advertising in that it requires a greater time commitment and relationship-building in the community. It also requires that the service be tailored to the specific needs of local sports programs.

Engaging Athletic Directors and Parents

When developing a sports physical promotion, start by reaching out to the athletic directors at local high schools and middle schools. They can provide insight as to participation requirements, forms, deadlines and the strengths and weaknesses of current providers. As the individuals typically responsible for participant "compliance," athletic directors also can be key allies in marketing the service because they control communications to coaches, trainers, teachers, volunteers, parents and athletes.

When meeting with an athletic director, it's important that an urgent care operator articulate the pricing and service advantages (i.e. after-hours accessibility, walk-in convenience, neighborhood location) over other providers. Be sure to provide flyers for coaches to distribute to students or to include in orientation packets.

Key messages for the athletic director include:

- The urgent care center can ensure that all participants are "compliant."
- The urgent care center is staffed with board-certified medical providers.
- The urgent care center can structure a sports physical promotion to meet the specific needs of the school or program.
- The urgent care center is available for sports-related injuries—including fractures, sprains/strains, and

cuts/abrasions.

- Urgent care centers are significantly cheaper than hospital emergency rooms (ERs), with co-pays typically \$25 to \$50 versus \$100 or more for an ER visit. Urgent care centers also have shorter wait times, with patients in/out in an hour versus 2 to 3 hours or longer at an ER.

Some urgent care centers, particularly those affiliated with hospital systems, partner with other provider groups interested in student athletics, such as Orthopedics and Sports Medicine, in promoting sports physicals. They position urgent care as the “entry point” to an integrated health system able to care for the “total athlete.”

In addition, in order to ensure that injury visits come to your urgent care center instead of the ER, consider extending the center’s operating hours to be open during major athletic contests. One network of urgent care centers extended its autumn operating hours to 11:00 pm on Friday nights to accept injuries from high school football games. It advertised its hours in the high school football program. This twist differentiated the center from competitors in the eyes of athletic directors and parents. Although few injury visits actually materialized, the promotion was still profitable because there was a steady stream of drive-by, non-injury urgent care patients taking advantage of the late-night hours.

Although athletic directors are highly effective at raising awareness of a sports physical program, an urgent care operator can also engage parents and athletes directly by way of:

- Flyers, posters or banners in the urgent care center aimed at raising awareness that physicals are available;
- Exterior signage at the center such as banners or yard signs to raise awareness among drive-by traffic;
- Advertising in local newspapers, parent-focused magazines, or via Internet search engines; and
- Press coverage in school newsletters or community newspapers.

Paid advertising that promotes sports physicals also promotes the center in general and can be considered a “seasonal marketing theme” in the center’s integrated advertising campaign.

Sports Physical Promotion Timing

Athletes should have a physical 6 weeks before the start of the sport season; however, that can vary due to changing sport seasons. This timing provides an oppor-

tunity to address an existing injury or improve conditioning prior to participation in the activity. How frequently an athlete must undergo a physical varies by program, with some schools requiring a physical for every seasonal sport or activity and others requiring one in advance of the school year.

Generally, the best time to contact an athletic director is in May prior to summer dismissal of the school year. It’s at this time that schools assemble and distribute materials for summer sports camps. After June, it’s likely that many of the coaches will be out on summer break and unavailable for contact. If a program can be devised in April or May, there is a time window to plan marketing and communication during June and July for a full launch coinciding with back-to-school in August. Ultimately, however, the timing will be unique to the needs of the specific school or program, so it’s critical to understand the deadlines they’ve established for participants. Table 1 outlines some practical considerations in sports physical promotion timing and execution.

Setting the Price

Urgent care centers are in the business of providing “episodic illness and injury care,” typically billed to a patient’s insurance. Student physicals are not intended to be a “core” product of the urgent care center—meaning the center is not in the “sports physical business.” A center does not have to turn a profit on the physicals themselves. If the center has capacity to perform the physicals—meaning no extra staff will be added—the incremental cost of performing a student physical is minimal. That means *any money collected* goes straight to the bottom line.

Unlike the well-child physical, which is performed by a primary care physician, covers a multitude of health issues, and is covered by insurance, a school, camp or sports physical is focused on meeting a specific requirement, less detailed in its scope, and typically not reimbursable under urgent care insurance contracts. Therefore, urgent care centers find that sports physicals are necessarily a cash-pay service.

As with any cash service, how much to charge is dictated by market conditions, so it’s important to understand what options are available to parents and how much they cost.

Some schools provide “mass” physicals at a specific date/time, typically by a volunteer physician who is a parent or athletic booster. If that occurs, an urgent care physician can inquire as to the volunteer physician’s interest in continuing the service. Often if his or her

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children have graduated, a provider is more than willing to “pass on” the responsibility. If not, then the only kids the urgent care center can expect to see are “stragglers” or “transfers,” so price the price point is less of a promotional issue.

If competitors are promoting sports physicals, then an urgent care center’s price should be on-par with other options. For example, if a competitor is advertising \$25, an urgent care center that charges \$50 will be seen as “unreasonable” by parents. But while an urgent care operator should be aware of competitors’ prices, he/she should never engage in a “price war.” Below a certain amount, time-starved parents are not particularly price-sensitive on an infrequent purchase. For example, if a competitor is advertising a “token price” of , say, \$12, the next price point is not \$11 or even \$5, but rather, is free or even free plus cutting a check to the school for the *privilege* of offering free physicals. If the physician does provide the service for free, he/she may be able to barter with the school for advertising in a printed program or a banner at the athletic venue.

Remember, the value proposition to schools and parents is convenience and compliance. If an urgent care center cannot viably compete due to well established options in a community, then it should abandon the opportunity and pursue other marketing tactics.

The Issue with “Free” Physicals

In order to provide a “service” to the community and raise awareness of an urgent care center’s offering, one urgent care provider partnered with a local children’s magazine and radio station to promote “free” sports physicals during the month of August. Although there was a tremendous response in terms of the number of physicals performed, analysis 6 and 12 months later revealed something quite troubling: Only a handful of those who had received physicals had anyone in their household return to the center for a paid illness or injury visit.

Now, one could assume that those households just didn’t have an urgent care need. But further mapping and demographic analysis of those who had received the physicals revealed a few trends:

- Households from low-income, inner-city areas outside the center’s suburban catchment.
- Households with a high likelihood of being on Medicaid, coverage that the urgent care center did not accept.
- Multiple households in the same public housing complex showing up at the same time.
- Households from rural and outlying communities outside the center’s catchment exhibiting the same behavior as the inner-city households.

Basically, the “free” sports physical promotion was effective in attracting people looking for something “free.” Families heard about the promotion, planned a special trek to the center, and brought along friends and teammates. Those patients never returned because had they actually needed urgent care after that visit, they

most likely would have used a provider much closer to their homes and schools.

Perhaps more revealing was the low volume of repeat business from households in the suburban catchment where the center is located. The psychology deterring those households is that if something is “free,” it must “have no value” or it must be “no good.” Parents—particularly those with three or four kids—were willing to take advantage of “free” to get a form filled out, but when it came to delivering medical care to a family member, their preference was for the “really good doctor”—meaning the one who “charges for his services.” The free sports physical promotion had branded the center as a low-quality “free clinic” in the eyes of these consumers.

Rebate Incentives and Other Promotions

Instead of offering sports physicals for free or at a highly discounted price, consider a price coincident to the value delivered—\$20 to \$35—and then “donating” a portion of the revenue to the school or athletic program. With constantly tightening budgets, schools are always looking for funding and the thought of receiving a seasonal check will co-opt athletic directors, coaches, and trainers in promoting an urgent care center as the “place to go” for physicals. It’s in the best interest of program leaders to increase the size of their donation.

The rebate promotion is driven by a flyer describing how the urgent care center will make a donation for every physical performed. Identify a charity for the donation—typically the school’s athletic boosters or general fund. For every paid physical, the center will donate a portion of its revenue—typically \$5 to \$10 on a \$20 to \$35 physical—to the charity. The center’s front office must establish a mechanism to track flyers redeemed and then issue a check to the school. In addition to working with each sports program, advertise the promotion in the community newspaper or school publication prior to the campaign. The check presentation should be planned to maximize public relations exposure—such as during a football game half-time—and be sure to submit a photo/press release of the check presentation to the community newspaper.

Conclusion

Conventionally the greatest utilization of urgent care centers is among family households with school-aged children. That’s because children are active and social, increasing the frequency of illness and injury. Although children should have a pediatrician for wellness and preventive care, time-starved parents often find themselves in a last-minute bind to ensure their children are compliant for their school, sports and camp activities. The walk-in, extended-hours convenience of getting a sports physical at an urgent care center thus can meet a real need in the community. And as parents and athletes become familiar with an urgent care facility, its processes and its providers, they are more likely to return to the center when future illness and injury arises. Therefore, sports physicals can be considered a “marketing tactic” and an investment in patient loyalty. ■

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