

MARKETING YOUR SERVICES TO INDUSTRY

MARKETING 101... BASIC (BUT VITAL) CONCEPTS
MARKETING PREVENTION TO INDUSTRY

THIS IS KEY TO YOUR SUCCESS... YOUR SURVIVAL !!

THE MOST CRITICAL FACTOR TO YOUR SUCCESS:

Providing MSD prevention services is relatively easy....HOWEVER.... getting a workplace to realize they need you is not at all easy! MARKETING is the most critical skill you need to succeed in this business.

MARKETING these services to industry will be your greatest challenge. It will be challenging and often frustrating, as client workplace decision-makers (the individual who decides whether to hire you) usually do not have a clear, accurate understanding of their problem. Their view is often clouded by their ignorance about MSD and distorted by misconceptions about workers with MSD (most think that most workers are actually faking). This must be overcome if you are to succeed in this business.

When we compare those therapists who succeed with our programs versus those who do not succeed, we see a sharp trend... the ability and talent and effort at MARKETING. We cannot emphasize this enough!

Many PT's complain they do not want to do marketing. But you are already a marketing professional. You market to MDs for patients. You market to insurers to pay for your services. You market the public about your profession at every opportunity. Most importantly, every day your patient treatment is an ongoing marketing process whereby you market to your patients to do their exercises and control their ADL risks. This is marketing you already do every day.

Patients are easy to market because their problem is clear to them and it is easy for them to understand what you can do for them. And it is easy to market to them to do their exercises. Physicians and other referral sources such as insurers or case managers have a degree of understanding as to their needs and how you may help them meet those needs. This marketing is relatively easy.

But the workplace presents to you a different challenge, as they do not have a clear understanding of what is wrong or how you can fix it. They are ignorant about their issues. They may even not believe MSD exists, or that it is ever work-related. They are often more than passively ignorant; they are often hostile about their problem. They may even see you, the PT, as part of their problem, as someone who enables these lazy workers to fake their MSD. You, therefore, often start with a lack of congruence with your potential client. You need to educate the workplace client decision-maker about the true nature of their problem and your value in fixing the true sources of their problems.

So you must have a substantial and flexible plan to educate them as to a clearer perception of their needs and of how you may meet those needs. This can be a tremendous challenge! It can be a challenge because the client may have a rather distorted, ignorant, inaccurate, hostile perception of what is their problem and what you may or may not be able to do for them. You will need to overcome that.

It comes down to this... the MSD Worker Comp problem has its roots in ignorance. Ignorance created the problem and made the problem far more expensive than necessary. And ignorance can be fixed, rather easily, and with dramatic positive outcomes.

THIS ONE OF OUR KEY PRINCIPLES. THE MSD WORKER COMP PROBLEM IS CAUSED BY AND MADE EXPENSIVE BY IGNORANCE. AND IGNORANCE CAN BE FIXED RATHER EASILY, RESULTING IN A GREAT REDUCTION IN THE PROBLEM.

YOUR CLIENT POOL

Just for now, ignore your local mega-companies with several thousand employees. This is NOT where you should focus your efforts... no matter how much "potential" business they may represent ! (we'll come back to this issue later)

Your true target audience is... Business, factories, institutions with more than 30 employees... how big a pool of clients is that? And how far are you willing to travel at \$300 per hour? (I have served workplaces in 18 states, for example, based out of Dixfield, Maine.) Manufacturing factories, offices, warehouses, public utilities, state and local government agencies.

Here is a partial list of my clients:

Colleges & universities (groundskeepers, library staff, cafeteria, housekeepers, janitors, many offices)

Public school (janitors and kitchen staff)

Electric companies (offices, call centers, repair and construction crews, generator stations)

Bread bakeries (big commercial factories)

Paper mills (going through them department-by-department)

Sawmills and other wood product manufacturing factories

Electronics manufacturing and assembly

Grocery store warehouses

Grocery store retail settings

Shoe manufacturing

Textile mills

Leather tanneries

Bridge construction

Shipbuilding

Yacht building

Commercial office construction

Commercial plumbing & heating construction

Logging

Mining

Medical laboratory

Hospitals and nursing homes (many departments!)

State & local government (police, game wardens, EMS, motor vehicle and other offices, road crews)

Furniture factories

Semiconductor manufacturers

Data processing centers

Insurance offices

Drug manufacturers

Food manufacturing (MANY!...)

Refineries

Beverage bottling plants... warehouse & delivery operations

Metal fabrication

Automobile components manufacturing

Airlines baggage handlers

Home heating oil delivery and repair

Agri-businesses

Biomedical research labs
Publishing (newspapers, magazines, books, advertising media)
Public transportation
Nursing schools, police academies, vocational schools (some for free for PR)
Many, many office settings in all business sectors
Temp agencies
Unions
Self-insurance management agencies

MANY, MANY MORE... we have done over 600 locations so far

MARKETING 101: (from Ron Bates at Key FCE Systems)

This is the basic foundation of marketing. There are five steps to the selling process:

1. **OPENING:**

This lasts between 15 and 30 seconds only. Introduce yourself by a very brief definition of who you are, illustrated by your uniqueness (uniqueness sells!). This is critical as this is when the client makes an initial impression of you! Assume the client may have hostile views of these types claims and perhaps even of health providers who they see as ripping them off. Use terminology that they are likely to be comfortable with. The objective is for the client to be COMFORTABLE with you.

"Hello. My name is Lauren. I am a workplace physical therapist (that's unique), specializing in teaching companies how to reduce their Worker Comp claims and costs for back and neck-arm problems." Enough said? Uniqueness and comfort are illustrated here by using the terms "Work Comp claims and costs" rather than "injuries" to illustrate you are not necessarily accepting all claims as valid. You are not immediately positioning yourself in conflict with a frustrated or hostile manager. You are seeking to empower them to fix their own problems. You "specialize in" (implies high degree of competence) in "teaching them" (they want to learn to take care of their issues themselves) how to reduce claims and costs (claims and costs are the problem... not injuries... because injuries are faked in their eyes)

2. **EXPLORATION:**

Ask open questions; let the client tell you what they perceive their problems to be and what they perceive their solutions may be. Let the client teach you how to sell to them. Listen for their point of view; this is what you must use to sell to them. Agree with the client: validate their point of view: keep listening, asking open questions that invite the client to open up about their problem. The key is to shut up and listen. This is essential research you need to give them an acceptable proposal. This is critical to selling. You must learn the client's perspective on their issues before you can address their issues.

3. **PRESENTATION:**

You granted them the rare courtesy of listening to them; now they will sit back and openly listen to you. You now use the information they gave you during exploration to describe the VALUE of what you have to propose to them. Anticipate all possible objections they may have (as indicated from their information during exploration) by describing how you will meet their needs. Validate the client! Do not debate or argue. Also know when to shut up. Don't talk until you say something they don't like and, thus, don't hire you. Someone who says too much is ineffective.

Describe not the FEATURES of what you do; rather, describe the BENEFITS of what you do!! Avoid discussing details of what you will do. This invites disagreement and debate, killing the deal. Instead, describe how you will benefit those issues they are most concerned with, as you discovered during exploration. See our marketing samples.

4. **OVERCOMING OBJECTIONS** (also called REASSURANCE):

The client may present objections you must answer; they are stating reasons your proposal is not acceptable. This means you missed something during exploration. You must now re-explore to get to the bottom of why they object, so you may re-present to overcome their objection. Tip: Seek to make any objection actually become a reason they should hire you. And: The better your exploration, the better your presentation, then the fewer the objections.

5. **CLOSE THE DEAL!!**

CLOSING is a mutual decision to act. This is a weakness of most therapists. They are too shy or unsure to ask for the contract. It sounds simple but many fail at this: close the deal, ask to schedule whatever is

next to make it happen. Ask for a purchase order number (this PO is your contract) and starting date, or when you may call for the next step. Do not leave without asking what's next. If no go now, then when do we discuss the next step. At every contact, never leave without scheduling what happens next.

MARKETING PREVENTION SERVICES

STARTING POINT WITH A CLIENT COMPANY: TREATMENT or PREVENTION?

It is clear that investing in a good prevention program is the most cost-effective approach for the client. Clients can experience on the order of ten-to-one returns on investment, or more, with a good prevention program. Injury and cost reductions can be dramatic. Prevention services is the first-choice approach, with establishing a good treatment program as a follow-up to the prevention program.

But some clients with runaway MSD problems want very much to put out the fires that are burning today. They demand we help them with the cases they are struggling with right now through referrals to our clinic for treatment, consultation on return to work and restricted duty assignments, perhaps some second opinions or FCE's. This is good. But a prevention program is critical to eventually gaining control of the MSD problem. We accept the request for treatment, but push for proceeding with prevention.

Building a preferred provider relationship for a spectrum of injury treatment services is a good. It is a common starting point. But, if given a choice, developing a good prevention program is the better first step for the client to save the most money, as well as for the therapist who seeks a long-term relationship with the client company. Your clinic should end up doing both prevention and treatment.

One ideal approach is for you to first provide a **Needs Analysis**. This includes MSD risk analysis of jobs, an OSHA 300 Log analysis to ascertain injury claims trends and their implications; analysis of their restricted duty process (and attitudes), injury reporting and management policies, and utilization of medical community resources. This is to build a list of problems-needs-priorities to discuss.

This analysis becomes the basis for educating the client on the scope and depth of their problems. This allows you to present a proposed Action Plan. That plan may include manager-supervisor seminar on controlling injuries-claims-costs. This is typically presented in the format of a Neck-Arm MSD School and/or Back School. This is typically-ideally followed by employee training, in the form of the employee version of Neck-Arm MSD School or Back School. Prevention education such as No-Lost-Time is critical to establish prerequisite knowledge and attitudes to streamline implementation of an Action Plan.

Subsequent to, or parallel with the prevention program, you and the client may develop an early-intervention injury treatment process, emphasizing keeping the worker at work on restricted duty with a goal of zero lost work days. This may involve a preferred therapist provider arrangement or even some on-site clinic hours at the company for injury evaluation, treatment, ergo consulting, light duty advice.

Other services may spin off from these: you attend Ergonomics Team meetings once per month, you provide some injury prevention screening and orientation of new hires, FCE's, case reviews, second opinions, develop or oversee a more formalized and aggressive restricted duty program. The comprehensive injury claims control plan may be titled, "NO LOST TIME."

STEP-BY STEP PROCESS OF SELLING YOUR PROGRAM

WHO ARE YOUR CLIENT WORKPLACES?

*** First, consider where your patients work. THIS IS YOUR BEST STARTIUNG POINT for building your client list. You already know plenty about their situations via working with their employees as patients. You can ask these patients who to contact at the company to discuss prevention services, even how to approach these people and what is their attitude or perspective on the topic. Gather intelligence from patients.

*** Some therapists assume they can find lots of success by targeting big employers with thousands of employees. NOT SO. These big clients are the most difficult to market, burdened by cumbersome bureaucracy and complex politics. Furthermore, the large proposals that may be offered to these companies will be met with overwhelming scrutiny, marching you through multitudes of committees, each one demanding its own modifications, and eventually seeking bids from your competitors (which is a huge hassle). You may anticipate huge amounts of business from big employers, but you are most likely wrong. An employer with more than 1000 employees typically takes 2 to 3 YEARS to act on a proposal. That is our experience.

The richest supply of clients actually resides with smaller employers. We concentrate on employers with 50 to 500 employees, with the most business coming from 30-150 employees. Smaller workplaces are easier to get into to make a proposal, quicker to agree to give our program a try, and most committed to implementing our suggestions, yielding the best outcomes.

It is far better business to work ten small client companies over a six month period, than to work one big company during that period. This is especially true when you reserve three months of work for a large employer, only to have them cancel the work a week or a day before you were scheduled to start work. Then you are stuck with an empty schedule, unable to fill it under such short notice. That can be a business disaster. Been there and done that. We now avoid filling our schedule with one big client. Rather, we scatter their work among work scheduled with other clients, to preserve our cash flow in the event of a last-minute cancellation. Diversify your work!

There are numerous sources of client lists. Our best source is to belong to the Maine Safety Council, our state's chapter of the American Safety Council. This is the organization all the safety managers join. Try to purchase their membership list. Advertise in any publication they may issue. Attend their conferences. Call them and ask to have them sponsor you to give a No-Lost-Time seminar for the membership! This is one of our very best marketing activities. They gain a quality seminar to help serve their members, while you gain excellent exposure to exactly the right people!

Seek out similar organizations. Ask a safety manager if there are other organizations they belong to. Ask the HR manager and the occupational health nurse at local companies about organizations they belong to. Do not seek to join the organization, but seek to offer a one-hour talk or even a six hour No-Lost-Time seminar. This generates lots of business. We included the outline and description of that seminar in your materials here.

MAILINGS and CALLS

Mailings to employers can produce results. You first need to inform the client population that you are open for business, that you offer the workplace an effective MSD Claims Prevention Program. Write this up as a press release on your letterhead and send it out to the local newspapers. Also mail it to each workplace in your community with more than 50 employees, addressing one letter to the HR manager and another letter to the safety manager. If it is a company with 300 or more, also address another letter to the occupational health nurse. Target hundreds of companies. A response rate of 1-2 percent is actually good.

Keep this letter very brief, no more than a page, inviting them to call for more information. A week later begin to call some key locations that you wish to aggressively target and ask to speak to the HR or safety person. Ask them if they received your announcement and if they are interested in discussing the issue. Call them at 7:45 AM. Before they turn on their voice mail. The executives are usually at work early but do not take calls during the day.

Make direct calls to those people you know at companies where your patients work. Ask to see the jobs of your patients, for you to familiarize yourself with their work demands. Then, during that visit ask about their interest in a prevention program.

KEY !!! ** WHO TO MARKET TO AT THE COMPANY?

Different companies delegate decision-making authority among various people on this issue, so the answer to the question will vary. But there will be a minimum of two parties to consider... your primary contact person at the company... and, later, the person who actually has the budget authority to hire you.

Your opening contact person may be with the human resources manager, safety manager, occupational health nurse, or even a specific department head. It will vary according to facility size and command structure. We target any company with more than 50 employees. The smaller the company, the higher up the command ladder will be your contact person. You may even deal directly with the plant manager or company owner at a smaller site of 50-150 employees.

Somewhat larger sites (200 - 400 employees) may allow these decisions to come from the human resource manager, safety manager or occupational health nurse. Much larger companies may allow decisions to come from the human resource manager, safety manager, occupational health nurse, worker comp loss control manager or even individual department heads acting as your opening contact person. Many larger companies (1000+) may be best marketed a department at a time. This is about the only way to get into a big plant.

Your opening contact person is of these people listed above who initially brings you into the facility. This person's role is to initially determine if you may be of value to the company. They are the initial screening of you and what you offer. If this person decides you are of value to the company, that does not mean they can actually hire you, as they may not have budget authority.

The role of the contact person is to put you in from of the person with budget authority. It should be your objective to enable the contact person to get you in front of the person with budget authority. Only then can a deal be struck.

And there may be intermediate steps between the contact person and the person with budget authority, such as a safety committee or ergonomics committee or even union leadership.

THE PLANT TOUR

When you make your initial visit to a facility, you will be invited to tour the facility. This is critical because you will learn everything you need to know to win the deal during this tour. The person giving you the tour should tell you everything about their MSD problem, its history, what various parties think about the problem, what has been tried, what failed (and why), what succeeded, the political complications (important because they are always there and always a big part of the problem). This is the "exploration" phase of the selling process discussed earlier.

Be sure to be properly dressed and equipped for this tour (your own hard hat, safety glasses, ear plugs, no open shoes, high heels, etc., remove your tie). LISTEN and ask questions you need answered about the issues we just listed in the preceding paragraph.

ADDRESSING THE NEEDS OF VARIOUS PARTIES IN THE WORKPLACE:

Each party will have his-her own perception of the problem, experience dealing with it, belief system around the topic, and perception of what can or should be done. It is critical that you LISTEN and LEARN these critical issues for each party with whom you deal at the workplace. This is the critical exploration phase of Marketing 101 described earlier.

Once you learn these parameters, then you can use these parameters to DESCRIBE THE VALUE of what

you offer them to meet their needs, in terms they can relate to.

The plant manager, safety manager, HR manager, nurse, and individual department heads each has his-her own beliefs, experiences, priorities, perceptions on MSD claims and costs. Learn these for each so you can discuss with each in a manner that each can relate to comfortably. They each need to see you as a someone they can be comfortable with.

One may see MSD as a rip-off, a scam, everyone is faking. This is a person who will prefer you use the term "claim" rather than "injury" because they do not have injuries; they have claims. You and I may see injuries and claims as the same thing. This person does not. You need to relate to them your value at reducing claims by educating managers and supervisors so they can deal with the claims better, by making everyone aware of what is real and what is not, what is work-related and what is not.

One may see MSD as a barrier to breaking even, denying them the profits they need to survive. This is not greed. It is survival. They see the problem as a COSTS issue. We would emphasize how to reduce costs per claim. Another may see MSD as a barrier to production, because of lost employees or too many people on light duty for months at a time. Another may see the injuries as real and devastating and are concerned for the welfare of the worker.

Each party defines the problem and needs differently. So before you present what you have to offer, simply ask the party what they perceive their problem to be. Explain that the MSD Worker Comp problem is rather diverse and complex, and you want to know what are their perceptions and experiences.

YOUR CONTACT PERSON versus THE PERSON ACTUALLY WHO HIRES YOU:

The contact person is the one who brings you to the workplace to discuss what you have to offer. The contact person is usually the one who is closest to the problem, deal with workers with MSD claims on a daily basis. They are likely the best educated about MSD at the company (but not always well educated about it). They may be more worker-oriented, or they may be the most burned out on the subject.

They are the one who responded to your mailing or attended your employer seminar. They are the company's point person on the issue. Their role is to screen you to see if you should be brought upstairs to the manager with budget authority to hire you.

One common complication: They may come to you seeking a proposal for prevention services that are not the right way to proceed. We often advise them (after thorough exploration and discussion and tour of the facility) to defer making firm decisions about how they should proceed until they learn all they can about critical nuances to the MSD problem.

We seek to get them to deliver us personally to the executive with budget authority to hire you. You do not want the contact person to present your proposals to the budget authority on their own. You need to seek to be there personally to answer all possible questions that will arise.

Once they agree to deliver you to that executive, you should seek to gather some intelligence on the executive with budget authority... what is their perception and experience on the issue, so that you will be prepared to present to them what they need to hear. Simply ask your contact person for this information. Be aware that this executive may have a very different perception and set of priorities.

YOUR TERMINOLOGY IS CRITICAL

We therapists may see our target as "injuries". But the client often does not agree with this. You may have to address "injuries" with one party, "claims" with another party, "costs" with yet another party. There may yet be other priorities among various parties: preservation of production, employee relations, OSHA compliance, or "they are all faking".

Semantics is important. It is critical that you understand the client's perception of their problem. In the eyes of the workplace executive, the problem is not really "injuries." The problem, more precisely, is two-fold... Worker Comp claims and Worker Comp costs. They need to learn what causes claims and how to reduce claims. Costs are a separate issue. They need to learn what is exaggerating costs and what can be done to reduce costs. Describing your efforts as addressing "injuries" does not precisely fit their definition of their problems.

MAKING THE PRESENTATION

You use the information gained from your EXPLORATION efforts to define the VALUE of what you have to offer them. We do not go into much detail on specific prevention tactics (stretching, job rotation, sit-stand options, ergonomics changes) as this will result in a debate during your presentation. You must avoid that debate.

What follows now is what we propose and how we propose it...**our presentation:**

"We first assess the problem, to examine the workplace to determine the specific causes of the claims and the factors that make those claims too costly. This is the NEEDS ANALYSIS. This allows us to build a suggested ACTION PLAN, a list of various actions the company may take to fix their problems. This allows us to prioritize that list of actions to assist the company in making the most cost-effective decisions on how best to proceed.

"This usually leads to the next step which is to educate all members of the management team, from top management to production supervisors [as well as union leadership, if this is a union environment] on our findings and what they can do to take control of the problem. This presents not only a description of what is wrong and how to fix it, it also corrects attitudes and policies that may have been contributing to the problem

"The next step is usually a unique employee training format where employees are educated on how to protect themselves from MSD problems and how to take care of the working, aging body.

"Once this education has been accomplished, you will find that everyone (with perhaps a few exceptions) not only has a better understanding of the problem and how to deal with it, they will also have a more constructive ATTITUDE toward the issues.

"And this is critical, because the number one issue that determines the cost of a Worker Comp claim is the attitude of the injured worker's supervisor where the employee reports the problem. This determines whether the employee will commit to getting better or will have to deal with conflict over the claim. And that determines what this claim will cost you.

"MSD is a complex and expensive problem. You succeed in dealing with it through knowledge. You have to become an expert on it in order to control it. Our job is to make the management team experts on dealing with MSD claims and cost, plus make employees committed experts on taking care of the working, aging body.

(That is the minimum presentation. This is usually all it takes. A longer presentation may include these...)

"The MSD problem is more than just injuries. It is Worker Comp claims. It is Worker Comp costs. It is production issues. It is very often an employee relations crisis. All these can cost you a lot. Our program emphasizes managing the workplace politics and employee relations issues as part of the MSD problem.

"This is far more than an 'Ergonomics' issue. Ergonomics is a small part of MSD. We go beyond

ergonomics to address worker health and fitness and body mechanics. How many of your employees are physically fit for their job? That can be a scary question to consider. We go straight to the employees with this issue, showing them what they can do to take care of the working , aging body. And we do our part to scare them really good about taking responsibility for the only body they have with which to feed their family.

“The vast majority of MSD claims are not the result of poor job ergonomics. The vast majority are the result of worker body mechanics and posture habits, independent of the design ergonomics of a the job. We educate and motive employees to use their working body as properly as possible so they can make it to retirement without disability.

“Yes, we look at ergonomics and make ergonomics suggestions. But then we go beyond ergonomics to suggest other prevention tactics where ergonomics is not the issue or not practical to implement. The bottom line is we provide you a long list of prevention alternatives so you may select whatever is most practical to each job.

(Notice this... we do NOT go into specifics such as discussing stretching exercises, which invites a debate or an argument. If asked for such specifics, we reply by saying ...

“This program has been under research and development for 25 years. We have examined every possible prevention tactic or trick. We have learned what does not work and what does work under what circumstances. We know that certain 10-second micro-stretching techniques are extremely effective against certain MSD’s in certain types of jobs. We have learned when to recommend switching between sitting and standing on certain jobs, when to recommend job task rotation, and other prevention alternatives. But these need to be carefully assessed, carefully selected, carefully instructed according to the risks that we identify and the politics that may complicate the issues.

This is how we make a presentation. We do not describe the specific techniques of what we do. Rather, we describe the benefits of what we do. What we do is not as important as the results of what we do. We describe the value of what we offer. That is the criteria the client uses to decide to hire us.

UNDERSTAND THEIR POSITION

This person at the company who hires you is taking a huge risk to bring you in to address a very expensive problem. They fear you may make matters worse by teaching workers to make more claims. They fear you could, in that scenario, cost them their job if you screw up. This person must be made to feel very comfortable hiring you for this issue.

A Safety Committee is often a lateral rung on the corporate ladder you must climb with your proposals. They may have yet different needs, such as coming up with a prevention or ergonomics program that is acceptable to production requirements. This committee is usually made up of workers and production supervisors. That committee may have already defined for itself, perhaps erroneously, what they need or want for a prevention program. They often have as a mandate to come up with a prevention program that absolutely does not impair production. Their approval may be required for you to proceed. Their level of authority will vary, but it usually falls just above or just below that of the HR manager.

Many corporate managers believe that most Worker Comp claims for MSD and back injury are faked. Even many workers believe many or most claims are not legitimate. Some of these workers are on that safety committee you may have to face. These are the people to whom you must market your services for treating or preventing injuries-claims-costs.

FEE DISCUSSION AND NEGOTIATION

NO NO NO. We do NOT discuss fees at a presentation. What? Is that not important to the client? Actually, NO, it is not. The COST of your program is not really that big a deal to the decision-making process. What is important is the FINANCIAL VALUE of what you are proposing. It is not how much it costs... it is how much money they are likely to save. This statement sounds a bit sarcastic, but it is real.

Keep all discussion on the topic of the VALUE of what you offer. When a client asks (early in the presentation) what this program costs, we reply that we do not yet know the cost. We first need to determine what the company needs, then we can build a budget around that. This is laying the groundwork for proposing a pilot project where we provide our program in one small work area or department for them to see how it works... or a pilot project where the company hires us just to do a NEEDS ANALYSIS where we assess the workplace and write a report of problems and recommended actions for MSD prevention on a department-by-department basis.

When a client asks (later, near the end of the presentation) what this costs, we then reply that we have prepared a BUDGET PROPOSAL recommending a Pilot Project for Department C where MSD claims seem to be worse so they can observe a small sample of our program in action... and another proposal for us to provide just the MSD Risk-Needs Analysis for the company so they can decide what should be implemented for prevention and what timetable is easiest ad least disruptive.

We then let them know that a comprehensive No-Lost-Time program averages about \$30-40 per employee once we have provided the whole program. Always quote the per-employee cost, to keep the number small and acceptable. Note that we do not say their program will cost \$27,550. That is a big number that will plunge the proposal into several committees and lead to lots of altering suggestions or even ask for bids from your competitors.

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O WE DO NOT REALLY NEGOTIATE OUR FEES... REALLY? REALLY... We do not get into a game of dickering over our fees. Negotiation is not for them to gain the cheapest rate. Negotiation is to build the most effective and efficient prevention program. Our rates are not open to negotiation. Our fees reflect the professional quality of what we do. The cost of a prevention program is tiny compared to the costs they are already spending, and tiny compared to the costs they can save. We stand firm on our fees.

Our fees run \$300 per hour. That may sound high to an employed PT whose salary may run about \$30 per hour. But consider this. What does the clinic employing that PT at \$30 per hour actually charge for services provided by that PT? It is about \$300 per hour. Furthermore, our consulting rate is about half the industry average for industrial consultants. We are a bargain at \$250 per hour, even more so in light of the money we save a client company.

What about when the company says the local hospital or chiropractor or insurance company will do the same thing for free, or at least for a whole lot less? Easy. First, is it the SAME program? What is their level experience with that program? Does the company really want to be an experiment for them to try to create a new and untried program? Is it a professional program like ours that has 25 years of experience at hundreds of workplaces, with exceptional outcomes, provided by a prevention specialist?? Spending a few extra dollars on a highest-quality program with decades of experience at hundreds of workplaces provided by MSD prevention specialists is the best way to gain the most cost savings.

“The objective is NOT to minimize costs of a prevention program. The objective is to realize maximum cost savings on MSD Worker Comp. The average MSD claim costs about \$8000 in this country. A cheap program that reduces injuries by 2-3 cases is not even close to a professional program that reduces claims by 20-30 cases! That is our reply.

YOUR PROPOSAL: (ALWAYS START WITH A PILOT PROJECT IN A LARGER WORKPLACE)

You may think you want to propose a company-wide comprehensive prevention program that includes MSD Risk analysis, supervisor training and employee training in all departments. You may desire the big dollars that would bring you. But do NOT offer such a proposal. That would be a huge mistake.

The bigger the proposal, the slower it moves ahead, and the more likely it is there will be complications. Even when a company calls us and requests such a comprehensive proposal, we ask them to defer such an important and potentially costly decision. Big proposals generate big concerns... sending you to make repeated presentations to every committee in the facility who wants input... plus prompting someone to suggest they go out to bid, asking your competitors to bid on the project

We always seek to limit our initial proposal to a very small PILOT PROJECT proposal for one work area, where the company can see our program in action in one small trial project. This is very effective! Whenever we are making a presentation to the person with budget authority, we have in our pocket two prepared proposals... one proposing a pilot project in their worse department (MSD Risk Analysis, supervisor training, employee training)... the other proposing we only do the MSD Risk Analysis for the whole facility and let the findings educate and guide them on how best to proceed with any prevention program. Our best tactic... offer a small, affordable, manageable, try-it-out initial proposal.

We explain that we propose that we proceed in a deliberate, cost-sensitive, well-managed manner so as to gently implement the most effective prevention efforts with minimal upset in workplace politics and production. This is to allow the company to control its costs while maximizing its results. They love this.

Client companies are often relieved and pleased that we suggest this gradual implementation. They are impressed that we respect their need to be financially prudent. This approach wins friends at the workplace and sidesteps those who may want to defer action due to costs and political risks.

THIS WORKS.... We never offer an initial proposal costing more than \$5000. This low sum is often within the budget limits of a decision-maker lower on the corporate ladder (perhaps even your initial contact person), and thus easier to win over. It also avoids having the company ask other providers for bids. This is a problem because there will always be those chiropractors or hospitals that will offer to do Back Schools for free, just to gain access to the employees as patients. And the client company doesn't know any better, not understanding the specialized experienced nature of the No-Lost-Time program. They assume a program is a program.

We also impress the client with a pilot project proposal by asking that our pilot project be applied to their WORSE department or work area where the MSD issues are the most difficult, so we can really show them what we can do. The client is surprised we are so bold. But in reality, doing their worse department is the easiest area in which to look good. It is a target-rich environment with lots of problems. It is easy to make substantial improvements here.

The alternative proposal is to do just the MSD Risk Analysis for the company so they can learn exactly the scope and nature of all their problems so they can prioritize their prevention investments. In other words, we suggest they not proceed with a comprehensive prevention program until they have become experts on what are their problems and what are the alternatives for fixing them. This analysis will require a few days on-site for us to assess jobs and policies and issues, write a report of our findings and then offer our recommendations (including proceeding with No-Lost-Time from department-to-department). Clients love this approach also.

When a company wants to go out to bid, we explain we will not bid if the primary criterion for selection is price. We provide a very good program that is worth our price because the client gains a huge reduction in costs. We will bid if track record and experience is criteria, because the No-Lost-Time program is built on a ton of experience and track record. That is when we suggest the pilot project (one or both methods) to learn how best to proceed before requesting bids. That way they know what to request in their bids.