



# The A-B-Cs of Change

Peter Francis

06-17

If there exists one simple truth about sales, it's that every salesperson sells the same thing: change. For those that market laboratory testing services, they know the bulk of customers don't want—or see the need—to change anything about the labs they use.

As a result of this infrequent desire to change, lab reps find it difficult to spend a few minutes talking to an office manager (or anyone else) about their lab. Sure, the rep can “buy” his/her way into the client's domain with providing lunch for the staff; that's about the only sure-fire methodology to speak to the provider(s) and staff in one sitting. But, even after spending money to have this idyllic audience, the vast majority of practices continue on their merry way—without making any change in the lab(s) they use.

*Oh, well, claims the salesperson. I'll keep periodically stopping in to check on service levels and, hopefully, I'll catch them on a day when things aren't going well.* Upper management expects that kind of visibility to occur, but the question remains: how long is *that* strategy going to take for the situation to develop into a positive one for the rep? Frankly, if “checking in” is the rep's strategy, that could translate to *years*.

If you should ask a rep who is his/her biggest competitor, one typically hears a specific lab name (or two). I submit that a rep's *biggest* competitor is not a rival lab at all. It is (a) practice ownership by a healthcare entity or (b) the status quo. The former equates to a client's obligatory sentiment to support the “hand-that-feeds.” But, it's the latter scenario that challenges field marketers and acquiesces (so frequently) to the sales rep's strategy mentioned in the previous paragraph.

## Marketing Materials

If you were to examine various labs' marketing materials, the messaging is fairly similar (lab specialty dependent):

- High quality testing,
- Fast turnaround time
- Convenient patient collection centers
- Electronic reporting
- State-of-the-art instrumentation/methodologies
- Professional consultation
- Patient care and health provider focus

These descriptions have no statistically measurable impact on changing customer buying behavior. Every lab must offer comparable amenities if it wants to compete. Yes, a lab should have a nice 4-color general piece, but it's simply indicating your lab is an active player. Frequently, the client instructs the rep to "*.... just leave us with some information. We'll look it over and call you if we're interested...*" The unsophisticated marketer visualizes the doctor later that day holding the promotional piece, leaning back in his office chair, putting his feet up on the desk, sipping his coffee, totally spell-bound—*unduly* impressed (sorry folks, don't bet the ranch on that scenario)! Alternatively, it would be better for the salesperson to respond with, "*The information contained in our brochure is only part of our story. I really need to speak directly to \_\_\_\_\_ so I can ask a few questions and find out if there is a good fit with some of our unique services that address patient care. May I make an appointment?*"

Bottom line: don't think marketing materials will win you clients. You have it to demonstrate legitimacy.

## Insight Selling

So, if we're going to discount marketing collateral as having no true impact on winning business, what does? There exist four different scenarios: (1) ownership or political situations, (2) exclusive insurance contracts, (3) the customer is knee-deep in dissatisfaction with some aspect(s) of their lab and (4) a salesperson's effectiveness. The first three describe a sports term called an "easy lay-up." Number four, however, is where a lab rep has to do two things:

1. Educate the client about something new/compelling that relates to the client's business
2. Provide clients with convincing reasons to take action

That's about it in a nutshell. Customers anticipate people from different companies to stop in their facility throughout the day. But, if there exists nothing new and of substance to talk about, it won't take but a couple of "empty" visits for the office manager, the doctor or anyone else to become "sales rep anesthetized." They will quickly fabricate excuses to avoid any future interaction—and, quite frankly, can you blame them?

This is where “insight” selling comes to bear. It’s obviously not solution selling, because (more frequently than not) the customer claims there *are* no problems that are significant enough to go through the hassle of changing labs. Using insights demonstrates that, despite the provider’s own previous learning, he/she may have missed something in the recent news that’s relevant to office operations and/or patient care. Or your lab has instituted a new policy that pertains to convenience to patients or the office staff. There are important topics such as a state-of-the-art methodology, a new test, profile or transport supply, a recent clinical abstract, announcements from the CDC, CMS, FDA, WHO, fraud alerts from the OIG, a testing algorithm, information on the proper application of certain tests, etc. Providing up-to-date medical material and/or having the rep think of out-of-the-box suggestions that benefit the customer’s internal processes can lead to higher credibility and generate rapport. You can freely find the latest news, especially from the government agencies, on the Internet. Another suggestion is to investigate with the lab’s vendors about utilizing their printed marketing materials pertaining to tests, technologies or supplies *they* use in the selling process. An optimal approach is to have the vendor co-brand their hand-outs with your lab’s name and logo.

### **Mental Models**

When customers state emphatically there are no major issues with the lab(s) they use, what some marketers fail to fully appreciate is that current client behavior remains significantly entrenched more than they might realize. An underlying set of assumptions, perceptions and habits constitute the customer’s world. Psychologists call this a “mental model.” A mental model matters significantly, because *that’s* what drives the customer’s behavior in the first place.

So, it stands to reason: if you want to change behavior of an otherwise “satisfied” client, you first have to change the mental model. Or, another way to say it: the only way to change how a client *acts* is to first change the way that client *thinks*. Through my own personal experience and observing top representatives, I’ve found the importance of understanding a customer’s mental model. *It stands as the primary leverage point for driving customer behavior change.* Consequently, rather than engaging prospects in a debate on the merits of your lab’s wonderful qualities, the best approach is to initially involve customers in a discussion of their perceptions about their lab.

There exists a critical question that can help at this point: what the client *likes* about their laboratory service. The answer reveals evidential volumes that delineate that person’s impressions (emphasis on *that* person—not every employee or provider). Not only is their response important, but so is his/her expressive manner. I remember a situation in which I asked a Director of Nursing what she liked about her laboratory service. Her expression was stone-faced as she said, “*nothing.*”

Baring that extraordinary reaction, people typically have positive—albeit maybe perfunctory—comments: good turnaround time and client service communication, quality results and reliable pick-ups. Hey—doesn’t *every* lab need to offer those things to stay in business? So, it’s during this discussion where the representative can diplomatically

deconstruct the client’s current mental model by reviewing those (for lack of a better word) “me-too” categories.

### Breaking Down the A, Building Up the B

To simplify this idea, I’ll distill it into a binary thought: the customer’s *current* beliefs and behavior on one side and their *desired* beliefs and behaviors on the other side. And when I say “desired beliefs”, I mean what a lab rep essentially *wants* a prospect to believe and do—because that behavior will most likely lead to the choice of the proposing lab. Let’s represent this simplistic model with a large A connected to a large B:

A



B

Current beliefs/ behavior

Desired beliefs/behavior

If you look at your sales collateral (or even website), as I’ve said before, it’s probably a list of services. The messaging attempts to convince customers that whatever they’re doing on the left (A) couldn’t *possibly* be as good as what life *could* be on the right (B). So, it’s really a battle for the B side. Right? Uh-uh-uh—not so fast.

Being in the lab sales business for many years, I’ve come to conclude the real challenge in changing customer buying behavior is *not* a crisper articulation of the B benefits. It’s an insightful uncovering of the rudimentary, the incomplete or maybe even pain of A. By *not* doing this, the B may seem terrific, but the A still remains “good enough.” Winning the sale, in other words, isn’t so much an initial crusade for B nearly as much as a re-positioning of A. Thus, the important—the *significant*—lesson becomes: break down the A before you build up the B.

It needs to be stated that simplifying the A may not always be possible. That’s why initially asking what the customer likes about their lab(s) remains such a valuable question. It lets you know where your contact person’s mental model sits—and how your lab positions itself within that framework (understanding your lab’s position stands as a critical early step in the sales process, anyway). If the client’s response includes either (1) an overconfident behavior (perceives reality as outstripping the desired results) or (2) something specific your lab can’t match, you know you are starting on the bottom rung.

But, if the “likes” discussion circles around the ho-hum and me-too lab services previously described, it’s possible to attack these routine features and reposition the competition. Let’s pick up at a point within the conversation between a master-class rep and an office manager. It should be noted that, from a psychological standpoint, asking about *likes* will typically be viewed as a surprising and encouraging question to a client; it has a non-threatening, non-salesy ring.

**Rep:** “Mary, given this initial background information you’ve just described, I’d like to ask another question: what do you like about XYZ’s lab service?”

**Mary:** “Well, let’s see now. They have integrated their results into our EMR and their turnaround time is good; Dr. Johnson has no complaints about result quality; they have convenient patient draw centers; we’ve never had a missed courier pick-up, and Johnny, the rep, comes by every so often to check on service. Everything just seems to work. We really don’t have any major issues with XYZ Lab.”

**Rep:** “It’s nice to know things are running smoothly for Dr. Johnson and the office. Do you think most competitor labs offer the same things?”

**Mary:** “Well.... yes. I mean, I’ve heard the same story from competing labs. There’s nothing they tell me that’s significantly different from what we’re currently getting from XYZ Lab.”

**Rep:** “Are there any additional services you would like to see from a lab vendor that you’re not getting now?”

**Mary:** “I can’t think of any..... I’ve never really given it any thought. What I’ve mentioned is all we expect—you know: specimen out, report back.”

**Rep:** “Let me take a deeper dive into my previous question: if a laboratory offered support tools that may help lower healthcare costs and/or improve patient care and/or helps the doctor stay abreast of new tests and methods, would you consider that an expansion of the role a laboratory could play in your practice?”

**Mary:** “Well, sure. But XYZ Lab doesn’t do any of that. Is that what your lab does?”

Do you see what’s happening in this conversation? Our intrepid representative has started to commoditize the A (current beliefs) by getting Mary to admit that XYZ Lab does just the basics. It repositions the incumbent lab as just plain and ordinary. Mary begins to *think* differently—and *that’s* the fundamental heart of the matter.

And, by the way—where sits the *rep’s* lab in his A to B questioning? The answer is: it’s nowhere. The A-to-B isn’t a story about the salesperson’s laboratory; it’s a tale about the customer’s current mental model. It exists as a value proposition designed to describe what the customer *could* have—it “sets-the-table” for the payoff.

We, therefore, need to assign a letter to the proposing lab, and that’s obviously going to be C. If a lab person effectively breaks down the A and then successfully builds up the B, that customer may say something similar to Mary’s last statement. And, the lab rep must be able to say (because of pre-thought, internal research and practice), “Yes. *Let me show you how we are the lab that can help you.*” That is the power and magnitude of insight selling.

### **Building the Case for C**

The marketer needs to articulate in very clear terms the distinctiveness of his/her lab and the role he/she plays in helping the client. In current healthcare publications, conferences and webinar/training events, the messaging revolves around providing healthcare *value*. Specifically, topics such as:

- improving patient outcomes
- keeping healthcare costs in check
- offering clinical decision support tools (professional consultation, reprints, algorithms, etc.).

It remains the marketing person's and laboratory management's responsibility to unearth the lab's differentiators. What does their lab do (or can do) that fall into the above classifications? Then the rep's job evolves into an "interpreter" that connects the dots, employing show-and-tell examples (third-party and/or home-grown) and explaining how their lab tailors its services into at least one (or preferably all) of those categories.

If I were a physician (or an administrative person), and a representative specifically described how his/her lab differentiates itself by demonstrating ways it can add value over-and-above a simple commodity service, I would think to myself: *This person gets it—and understands my business. His discussion is unlike what I hear from other lab reps that all say the same thing about great turnaround, quality results and EMR interfacing. Those are my basic expectations that I can get from any lab around here. I'd rather deal with this person that adds value by focusing on me and my practice.*

I previously suggested "keeping healthcare costs in check." Please do not translate that solely into lowering test prices in client bill situations. There are other ways to show how a lab can help lower healthcare costs (e.g., testing algorithms for certain diseases; various medical society's test recommendations, the proper use of genetic tests, etc.).

Yes, repositioning the competition and adroitly progressing from A to B to C takes (1) resourcefulness and "digging-in-the-weeds", (2) internal discussion with members of management and (3) practicing your message prior to interacting with customers. In a nutshell, it takes work; but articulated professionally in the field, it turns a commodity lab marketer into Cinderella or Prince Charming.

### **Summary**

After spending 44 years in the sales and marketing of laboratory services, I have learned a number of things. One of the important points is that my slick-looking capability piece is not going to win new clients, irrespective of how proud I am to show it to someone. Another important realization is that "checking in" with a prospect (without having a valid reason the client would appreciate) isn't the most productive use of my time—nor the client's. Agreed, it's a common strategy, but it's also a shotgun approach of trying to be at the right place at the right time.

Besides uncovering the sporadic client experiencing serious service issues with their lab (and thus receptive to change), the real challenge in shifting a prospect's buying behavior is *not* about an initial discussion of the superlative attributes of your lab (C). It distills down to a better verbalization of the commodity perception—or maybe even pain—of A. Without that, the B (and even C) may seem great, but the A is still "good enough." Who wants to hear *that* from a client? You have to systematically and diplomatically commoditize the A before you build up the B—and then shine the spotlight on C. It's simply a matter of re-learning your A-B-Cs.

*Peter Francis is president of **Clinical Laboratory Sales Training, LLC**, a unique training and development company dedicated to helping laboratories increase their revenues and reputation through prepared, professional and productive representatives. He has*

*authored over forty-five articles on the subject of laboratory sales. Visit the company's web site at [www.clinlabsales.com](http://www.clinlabsales.com) for a complete listing of services.*