



The A-B-Cs of Change

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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 the name of a specific lab (or two). I submit a rep's *strongest* competitors are either practice ownership by a healthcare entity or 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 (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 laboratory should have a nice 4-color capabilities 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 afternoon holding the promotional piece, comfortably reclining in his office chair, putting his feet up on the desk, sipping his coffee—*unduly* impressed (sorry folks, don't bet the ranch on that scenario)! It would be better for the salesperson to respond with, *"I'd be happy to leave my brochure. But, the contents are only part of our story. I really need to speak directly to _____ so I can ask a few questions. May I make an appointment?"*

Bottom line: it's extremely rare for a marketing pamphlet to be the *deciding* factor in winning a client. You have it primarily 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 basketball 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 representatives from different companies to stop in their facility throughout the day. But, if there exists nothing of substance to talk about— and the client is (ostensibly) satisfied—it won't take but a couple of "empty, nothing new" visits for the office manager, the doctor or anyone else to become "sales rep anesthetized." They will easily fabricate excuses to avoid any future interaction. 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 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, testing algorithms, proper use of genetic tests, etc. Providing up-to-date, relevant information will lead to stronger credibility and generate rapport at the same time. One can freely find the latest news, especially from the government agencies, on the Internet. Another suggestion is to investigate the lab’s vendors about utilizing their printed marketing materials pertaining to tests, technologies or supplies *they* use in the selling process.

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 more entrenched than they might like to think. 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, as well as 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, a strategic approach is to initially involve customers in a discussion of their perceptions about the incumbent lab.

There exists a very good question that can be used to uncover a mental model: what the client *likes* about their laboratory service. The answer reveals testimony of 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 when 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 perfunctory comments: adequate turnaround time, quality results, EMR connectivity and reliable specimen logistics. Hey—doesn’t *every* lab need to offer those things to remain competitive? 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 the *desired* beliefs and behaviors on the other side. By "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, it's typically 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 my friend.

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 (1) an overconfident behavior ("*I love my lab—they're perfect*") or (2) something specific your lab can't match, you know you are in a less-than-ideal position (again, according to that individual).

But, if the "likes" discussion circles around ho-hum, me-too lab services, it might be possible to attack these routine features and reposition the competition. To demonstrate, 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 a client about their *likes* will typically be viewed as a positive and interesting question; 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: "That's an intriguing question I've never been asked before! Well, let's see now. They have integrated their results into our EMR and their turnaround time is good; Dr. Johnson hasn't complained about their testing quality, so I assume that aspect is good; they have convenient patient draw centers, and, oh, yes—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. And I say that 'cause I hear the same old story from other reps. There's nothing they tell me that seems significantly different from what we're currently getting. They ask me if I'm happy with our lab service, and I tell them yes. They give me their brochure, request that I call if service degrades, and then they leave. I hate to admit it, but the brochure is usually tossed in the trash after they leave."*

Rep: *"My lab also offers all of the necessary amenities you've mentioned before—we must in order to be competitive. Besides, we have many satisfied clients to prove my point. But, 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.....and, frankly, I've never given it any thought. What I've mentioned is pretty straightforward and all we expect: 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 showed ways to improve patient care and helped 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 our lab doesn't do that. Does your lab?"*

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 essentials. He *repositions* the incumbent lab as me-too. Mary's curiosity begins to rise; she starts to *think* differently—and *that's* the fundamental heart of the matter (in many sales situations, experts agree that elevating a client's curiosity stands as a *very* good strategy. Clients want to know more, so *they* ask the rep questions).

And, by the way—where sits the *rep's* lab in his A to B questioning? It's nowhere. The A-to-B isn't a story about the salesperson's laboratory. 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 prior internal research and practice), *"Yes. Let me show you how my lab differentiates itself and how it can help this practice."* That is the power and elegance 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. For example, in current healthcare publications, conferences and webinar 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 consists of connecting 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 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 presentation is unlike what I hear from other lab reps that say the same old thing about great turnaround, quality results and EMR interfacing. Those are my basic expectations that I can get from anybody. 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." Do not translate that concept 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 conversation with lab management and (3) practicing your message prior to interacting with customers. In summary, it takes work. But, articulated professionally in the field, it turns a commodity lab marketer into Cinderella or Prince Charming. One may not close business on his/her first call, but, with the right messaging, future interactions can be productive—and exude a cumulative, positive effect.

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 time-consuming "throw-of-the-dice" approach.

In addition to 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.” What competitor rep wants to hear from a prospective client that their current lab is “good enough?” You have to systematically and diplomatically commoditize the A before you build up the B—and then shine the spotlight on C. Yes, it takes time and work to excavate value-add aspects of your lab. But, after that, it’s as simple as A-B-C.

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