

# Healthcare selling

ADDRESSING THE NEEDS OF MANAGEMENT AND INDIVIDUALS SELLING IN THE HEALTHCARE ARENA

## Seven Critical Mistakes in Healthcare Sales

An effective sales program can have a powerful growth impact on service referrals and/or surgical procedures for the healthcare organization. However, there are several common errors and/or misnomers that can slow or even derail success. Some of the misnomers are a result of inexperience, for example, career healthcare executives and managers not being exposed to a sales department. Other industry leaders have long viewed the sales function as a vital component of their business models, and yet for a variety of reasons healthcare services organizations are not uniformly on-board.

Past failures, insufficient sales program knowledge, out-of-date selling concepts, and/or inaccurate stereotypical beliefs about selling can take your sales program in the wrong direction.

Granted, some of these mistakes are made in other industries as well. However, in our experience, we find instances where healthcare organizations hold some of these misnomers as common practice, which makes reversing them all that more difficult.

Although other industries may be ahead of healthcare with regard to sales – the good news is that there is a lot of growth opportunity for those organizations that can gain competencies in professional selling. You might consider, *"How is our organization performing against these seven critical factors?"*

*Note: In the article we use the term "clients" to refer to referral sources, physicians / surgeons, or other "customers". You can replace the word*



THE NEWSLETTER FOR EXECUTIVES, MANAGERS AND SALES PROFESSIONALS WHO WANT TO REALIZE THE TRUE VALUE OF A SALES DISCIPLINE IN RETAINING AND GROWING THEIR HEALTHCARE SERVICES.

*"Other industry leaders have long viewed the sales function as a vital component of their business models, and yet, for a variety of reasons, healthcare organizations are not uniformly on board. For some, past failures, insufficient sales program knowledge, out-of-date selling concepts and/or inaccurate stereotypical beliefs about selling has slowed and, for many, derailed success."*

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*Healthcare Selling* has been developed for both managers and individuals selling in the healthcare services arena. This area includes, but is not limited to, hospital and health systems, freestanding diagnostic and treatment facilities, homecare services and senior living facilities. The Newsletter focuses on a variety of selling environments, such as the physician and the employer markets, and will address challenges facing the beginner, intermediate and advanced sales or liaison staff.

If you would like to continue to receive this complimentary newsletter, please let us know by either calling, emailing or visiting our website! If you prefer to receive the Newsletter via email, please forward your email address with your message. And, let us know your needs: selling skills, sales management, sales plan development, sales program structure, or selling internally.

## Seven Critical Mistakes in Healthcare Sales *cont'd*

*“client” with physician, discharge planner, case manager, or local employers, etc. based on your specific service and target audience.*

### Seven Critical Mistakes

**1. Using a territory management system that has sales people routing themselves according to a “milk route” or “crisis” style, rather than developing a strategic approach to high referring and potential clients.**

**2. Considering sales as part of the marketing mix, which does not recognize nor utilize the truest value of**

**clients, they have to be viewed as the trusted advisor and not the pusher of services. This reframing of the sales process calls for a more sophisticated consultative selling model.** (By the way, this selling model is very useful for executives interacting with clients as well.)

**4. Taking too broad or too narrow a market focus when planning the sales program.** Some organizations see their referral development staff as responsible for calling on a large range and number of clients, both existing and prospective clients, as well as potential “end users” or consumers. And in some

prospects, they are not prepared to have an optimal consultative conversation. As a result, clients are not truly engaged and the sales person is likely to resort to the “feature /benefit download”. This further alienates the client and makes it more difficult for the sales person to get back in the door for a subsequent meeting.

**6. Hiring sales representatives and assigning them responsibility to develop and manage the sales program.** One of the most common situations we encounter in struggling sales programs is management’s expectation that the sales people hired

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direct sales and dilutes the impact of a sales program. You don’t want to use your sales peoples’ precious time with clients delivering verbal marketing messages. The sales function has a much greater value to your institution. Develop your sales program as a separate entity that relates to marketing, but reports directly to a high level executive accountable for growth and bottom line. This can surely be the senior level marketing person if he/she is responsible for growth and can manage both the distinction and interrelationship between marketing and sales.

**3. “Feature / benefits” driven sales calls that emphasize “information download” and do not fulfill the important goal of fully understanding and addressing the client’s challenges in a manner that is a win / win for the client and your organization. If sales people really want to build relationships with**

cases, we have seen sales staff with responsibility for customer service and marketing materials which further burdens them and takes time away from selling. Others, narrow the focus of the sales staff to a few clients they want to win over to their facility. Sales can have tremendous direct impact for your organization in both retaining existing clients and in acquiring new clients. To have the fullest impact, you need a balanced sales plan that is targeted, serves both retention and new client acquisition, and demonstrates distinction in how each of the two are managed. *For more on creating an effective plan for retention and new business, visit [www.harkinsassociates.com](http://www.harkinsassociates.com), and logon to Newsletters and Articles.*

**5. Sending sales people into the field, uninformed and ill-equipped.** When sales staff goes into the field with little to no information about the client or

to sell can take responsibility for developing the sales program, determining sales strategy, and monitoring activity and results. If the newly hired sales person has only had direct selling experience, and/or minimal management experience, they may be good at selling; however, they will not have the skills and capability to develop a sales program. What often happens next is the sales person works to replicate the sales model and procedures of their former employer. And often times that model does not fit with what your organization needs for a sales program and/ or sales process. For example, common pharmaceutical sales models are not ideal for healthcare services, and yet these models are often adopted by healthcare services organizations.

**7. Expecting marketing messages and materials to work in the sales call.** Because marketing materials and

In each Newsletter we respond to questions that readers send to us. If you have a question, please send to us via email at [info@harkinsassociates.com](mailto:info@harkinsassociates.com).

### Question

The needs I have are 1) "getting past the gatekeeper" so I may meet with the physician, and 2) goal-setting. I work with physicians outside our community who are affiliated with another hospital, so frequently I am considered a competitor instead of someone who just wants their referrals, so the gatekeepers feel they cannot assist me. And, any insights you would have on how to get our active staff to embrace this would also be helpful.

### Answer

Your questions are very good ones. It is interesting and perhaps intentional that you ask about "getting past the gatekeeper" and "goal-setting" in the same sentence. They are very closely linked. I will address these issues strategically first, and then tactically.

We are proponents of strategic selling. So, before moving to tactical measures, we suggest you start with a strategic goal for the physician(s) you are targeting. You may well have one. If not, to engage your strategic thinking, you might first step back to re-frame the statement "getting past the gatekeeper" (which is more of a tactical quest), to a longer-term strategic goal of "developing a win/win relationship with Dr. Smith." Now, instead of asking yourself, "How can I get past the gatekeeper?", you might first ask: "What is the value of win/win with this particular physician?" And then, "How can I develop a win/win relationship with him/her?" The answers to these questions give you more tactical options and a clear and valid purpose for meeting with the physician. In our experience, one of the main reasons salespeople have difficulty

gaining access is because they do not have a clearly articulated purpose, and one that is **relevant and important to the physician.**

Regarding the gatekeeper, in many instances you might find that getting an appointment with the physician may be a better tactic than "walk-in" cold calling. (*More on scheduling appointments in a future Newsletter*). If you are faced with a gatekeeper (I assume here you mean the physician's office front desk staff), be prepared to clearly articulate your valid purpose in meeting with the physician. Remember, doctors' offices can be faced with a hundred sales people per week. You need to be perceived as one who has something to offer. Use the gatekeeper to help you instead of trying to get around him/her. Bring her into your purpose for seeing the physician in a way that will benefit her and ask for help. Another tactic – arrange to see the physician somewhere other than the office, like the competing hospital the physician now utilizes. It can work and is not as strange as it may sound. Another option; keep going back to the office. In time, staff warm up after they have seen you often. And, always stay friendly and non-threatening.

An equally important factor to your valid purpose is how you see yourself. If you feel that you are one of the hundreds of sales people "trying to get in", that is how you will be perceived and treated. If you see yourself as a healthcare or hospital professional in a unique position to help the physician, your approach will reflect that attitude.

On your last point, I assume by "active staff" you are referring to staff

physicians. First, before anything else, understand from each individual physician what is driving his/her resistance. Be aware that each person may have a different reason for not fully supporting your recruitment of other physicians. Take the time to listen and acknowledge each concern, and address the specifics for that individual. Sometimes Liaisons want to share all the positives for bringing in other physicians, but from a different perspective, it may not look so positive. Understand their perspective first before you try to move them to support you.

### Seven Critical Mistakes

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messages are not intended to serve sales, and therefore do not work with the sales conversation, most sales people do not use materials created by marketing or use them as leave behinds that can just get tossed away by the client. Other times, sales people create their own materials that may not represent your organization in the consistent and professional manner that can be created by marketing communications. Marketers have to understand the sales process and the sales dialogue to support the sales team with effective materials and messages that are useful in client meetings.

*If you would like to learn more about how to develop and manage the successful sales program, or how to evaluate your current program, send us an email at [info@harkinsassociates.com](mailto:info@harkinsassociates.com) or call 845-295-9076.*

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Our consultants and trainers have a combined experience of 50 plus years in sales strategy, sales training and management. Our experience in several industries—IT, capital equipment manufacturing, health insurance/managed care and pharmaceutical—is a powerful asset to our strongest vertical market and company focus healthcare services. Over the course of our careers, we have dedicated ourselves to bringing the successful sales strategies and methodologies of top-performing sales organizations to healthcare services. Our intention is to help healthcare organizations gain the knowledge, strategies and experience of these top performers. Over the years, we have developed beginner, intermediate and advanced level sales programs.

### Kathleen Harkins



Kathleen Harkins, principal of healthcare sales training and consulting firm, Harkins Associates, has over 20 years experience in healthcare sales, strategy and management. She has worked with hospitals, outpatient treatment facilities, managed care, homecare, capital equipment, medical products and pharmaceutical companies. Prior to forming Harkins Associates in 1997, Ms. Harkins served as Vice President of Sales and Marketing for Westmeade HealthCare. In this capacity, she was responsible for the sales organization, new service launch and market strategy. From 1983 to 1988, Ms. Harkins served as Director of Marketing for MEDIQ Consulting Group and as Director of Corporate Brand Identity for the parent, MEDIQ Incorporated, which held 15 subsidiary companies serving the healthcare industry. Ms. Harkins worked in the pharmaceutical industry for a number of years in sales, and sales training. Ms. Harkins has a BA degree in health education from Rowan University in Glassboro, New Jersey.

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