



What Is Your Sales Strategy?

By
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Harry Wood, the president of a regional clinical lab in the Mid West happened to sit at the same lunch table as one of his sales representatives, John McEntire. John had stopped in the lab to gather some information for a proposal he was preparing for a large account. Turning to John, Harry began the conversation:

Harry: *So, John, tell me a little bit about this client for which you're preparing a proposal. Are they a big account? How long have you been calling on them?*

John: *Well, I've been working on this group called Metropolitan Medicine for the last two years. It consists of three internal medicine doctors, one nurse practitioner plus several nursing support staff. It looks like they're going to give us a trial run, and I'm so excited because it has taken a lot of work to get to this point.*

Harry: *That's terrific news! Tell me, John, what kind of strategy did you use to win this group over to our lab?*

John: *Let's see now..... it's kind of a long story, but I'll try to edit it down. When I first called on the group a couple of years ago, I was only able to have a brief conversation with the receptionist at the window. Her name is Gloria.*

Harry: *What did you uncover from speaking with her?*

John: *After I explained whom I worked for, Gloria immediately told me they were using our main competitor, United National Labs. I asked if the doctors were happy, and she said as far as she knew, everything was fine. It was obvious she didn't want to engage in a long conversation, which I half expected since she didn't know me from Adam, and I had no credibility with her. I also inquired if there was someone else I could speak to about the current lab service. Gloria told me Nancy Lopina was the office manager, and I would have to go through her to find out*

anything additional pertaining to the lab situation. Consequently, I requested an appointment to see Nancy. Unfortunately, that didn't happen. Nancy refused to see me and simply told Gloria I should leave off some information about our lab.

Harry: Boy — doesn't sound encouraging! I'm curious what you did at that point. I mean, it's obvious they seemed content with United National.

John: My strategy came into play here. At face value from what I had been told, the office was happy — there was no reason on earth to talk with a lab rep about a different service. From the training we've had here at the lab, I understand one of the most fundamental components of sales equates to reaching the top of the so-called "relationship staircase" with the key decision-maker and all of those who influence that person. This would place me in a position where not only do people within the account know my name, but they like me, they are friendly to me, they respect me and — at the very top — they value a relationship with me. Of course, this takes time and patience — not to mention a systematic strategy on my part to build credibility and reach that so-called rarified air. What I eventually wanted to accomplish was to gain a strong position in the account. I knew walking in I held a very weak position.

Harry: Yes — I know about position because I spent a number of years as an officer in the Army. I was what they call a military strategist, so I know how important position exists within any military campaign. The commanding officer who doesn't know where he resides in relation to the enemy, such as geography, knowledge of forces, lines of supplies, the weather, armaments and so forth.... well, he places his people in a vulnerable spot. When we practiced our war games, we wanted to have our troops in the right place at the right time using the right weapons against the enemy. Otherwise, we were setting them up to fail. I'm glad to hear we both agree positioning equates to a very strong component when it comes to sales. So, what was your next step?

John: My sales manager — you know, Jeff — and I were having a brief conversation in his office one day, and I happened to notice a copy of one of the lab industry magazines on his desk. I asked him if I could glance through it. I saw one of the articles was about the disease, H. pylori. I know we do that test, so I read it out of curiosity. The author talked about aspects of the disease, but it also mentioned the clinical guidelines issued by the American College of Gastroenterology. It explained the correct type of testing doctors should use if they suspect H. pylori in patients. I wondered to myself if the providers at Metropolitan Medicine know about these guidelines since they are not GI specialists. Therefore, I went online to the website and printed the article. I returned to Metropolitan Medicine with the article in hand. I reintroduced myself to Gloria and explained I had some important clinical information to share with the office concerning H. pylori. I asked to see the office manager, Nancy, so Gloria contacted her and explained why I was there. This seemed to work, because Nancy came out from her office, introduced herself and asked I come back to her desk to talk about this material. So, that's how I got to second base — coming in with a valid reason about something that could potentially improve patient care. I guess you could say I was using an "education-based strategy" — creating an opportunity to educate prospects.

Harry: *Sounds like a good strategic move, John. In military terms, you used an “indirect strategy.” This contrasts to a “frontal assault” where two battle forces line up and face each other. In business, however, a frontal assault would translate into speaking directly to the decision-maker about all of our services. Frankly, it may work in some circumstances, but the indirect strategy typically makes for a more effective method. What was Nancy’s reaction to your discussion on the article?*

John: *She found it interesting and said she would make copies and pass it on to the providers. At that point, I slipped in some questions regarding their lab service — you know, things like political ties, how long they’ve been using United National, their satisfaction level, test volume, what their rep does for them and so forth. Basically, I was qualifying the account. In military terms you could say I was spying! Through the training we’ve had here at the lab, I know how important it stands to get background intelligence to see if there are any needs our lab could fill. Nancy was helpful in answering my inquiries, but it appeared, as suspected, everything was going smoothly with United National.*

Another aspect of my strategy was to broaden my visibility to other key lab users. I knew I had to build trust and credibility throughout the office in order to create a strong position for me and our lab. I simply asked Nancy if I could meet the person who makes decisions about the lab and talk about the H. pylori guidelines. Nancy told me Dr. Roberts acts as the senior physician in the practice, but he rarely sees representatives outside of signing for some pharmaceutical samples. I asked her if she could help me get an appointment, and she agreed since this was something of a clinical nature. I should point out parenthetically that Nancy and I eventually developed a terrific rapport, and she became a coach for me. This was another component of my strategy — to have a trusted and respected employee inside the account — someone who liked me and provided me with accurate information.

Harry: *Now that was a good idea! It’s important to have an inside champion. You asked her for her assistance and she willingly helped you. You got her buy-in that your information would be a positive thing to the practice. So, were you doing any actual selling at this point?*

John: *No, in fact, avoiding any overt evidence of selling was also part of my strategy. As I mentioned, I wanted to build trust first, trying to get to that top level of the relationship staircase. In training class, we’ve been taught: where trust is strong, selling pressure will always seem weak — but the opposite is also very true. In essence, I wanted to lower the “sales barrier” between the client and me. Thus, my strategy was not to do any selling at first.*

Harry: *So, what happened when you saw Dr. Roberts?*

John: *I explained to him our lab likes to keep the physicians in the area updated on recent lab advancements such as tests and newer methods and to ensure they were informed of clinical guidelines. This conversation allowed me to drift naturally into a space I desperately wanted and needed to go — to uncover what he thought about his current lab service. For all I knew, he could be very discontented or, as both Gloria and Nancy suggested, he could be quite content. I needed to hear it from him, not from what others surmised.*

Harry: *What did you find out about his perspective on United National?*

John: *He was ho-hum about it — you know, just even keel. He said the lab was OK, and it seemed to do the job for him. I was glad to hear he wasn't overconfident about the lab — that would be a tough thing for me to conquer! I asked about his colleagues, and he mentioned they haven't complained to him about anything regarding the lab.*

Harry: *Did that discourage you? I would imagine most sales people would take those comments seriously from the head doctor and place this client on the proverbial back burner. I mean, you've been told several times by different people the office appears happy with their lab.*

John: *Actually, no, it didn't discourage me. Matter of fact, it galvanized me to pursue a brief discussion with the rest of the doctors and the nurse practitioner. The reason extends to the fact not everyone thinks or feels the same. The challenge was getting a few minutes with each one. However, I felt if I could use the same educational material as I did to see Dr. Roberts, the others would understand my legitimate reason to talk with them, as well. Thus, my strategy was to gain his approval to introduce myself to his colleagues. At first — just as Nancy told me — he volunteered to have copies made and pass it on to the rest of the providers. Nevertheless, I wanted to introduce myself and talk to each doctor; simply delivering information through an internal mail system was not my idea of an effective strategy!*

Harry: *You're right, John. Using inter-office mail would be a weak strategy. Did it work out for you to see the other providers?*

John: *Yes — but there was a long time interval from the time I saw Dr. Roberts until I finally reached my goal. Following Dr. Roberts, I saw the nurse practitioner briefly. Her name is Barb, and she seemed quite interested in the points I made about the article. Again, I wanted to get a sense of how attached she was to the incumbent lab and what kind of relationship she had with their sales rep. From what she told me, she had no strong allegiance. The office was using United National when she joined the practice, so she simply went with the flow. Barb mentioned she had not met their sales rep before — didn't even know his or her name! Her comment spoke volumes to me about how my competitor handled this account — and it further helped develop my strategy.*

Harry: *Would you say your questioning skills helped you?*

John: *Oh, by all means! Again, from the sales training we've had, it was reinforced that improving our questioning skills would improve our sales — pure and simple. The other aspect of our training that made an impact under the strategy section was the discussion on knowing our competition. I guess it lives on in the military sense — know as much as you can about your enemy.*

Harry: Absolutely right! One of our primary goals in the Army was to uncover as much information as we could about our enemy. We were always desperate for enemy data! Were you able to see the other doctors in the practice?

John: I was successful at first in meeting one of the other doctors. It took several attempts and quite some time to see the third doctor. Through all of these introductions, I used Dr. Roberts as my so-called “excuse”, and it worked. The strategy was, in so many words, “the boss man asked me to see you briefly about something that would improve patient care.”

Harry: What else did you use in your sales strategy other than seeing the doctors?

John: I also was able to introduce myself to the nursing staff. I gave them the same article on H. pylori, explaining I had spoken to the doctors about this information.

Harry: Did they appear appreciative or did they not seem to care?

John: Oh, no. They seemed to welcome the article. However, one of the things I found interesting — and as I suspected — not everyone I spoke to had the same opinion of the lab. That was very important information to my overall strategy setting. We had sales training on this area, too. It’s called Response Situation or Response Modes. Just as in everyday life, we’re not all vanilla — all of us don’t have the same opinion about certain topics. Therefore, just as I did with Dr. Roberts, I directed part of my questioning toward understanding their respective feelings about the incumbent lab.

Harry: What did you find out?

John: Two out of the four providers — what I wouldn’t characterize as negative things to say — questioned a few points about their lab once I started to dig into certain subjects. We’ve been taught to use consequence questions in our tactical approach, and it brought to light some troubling things with a couple of the docs. The issues I brought up were not initially on the top of their heads — it took some excavating on my part. I uncovered what I call “dormant” or “unrecognized” problems. These are bothersome things that sometimes we don’t always think about, but they’re there — hidden under the surface. It takes skillful questions to unearth them. But, I guess I’m getting off the subject of strategy and more into tactics. Bottom line, Harry, I used a lot of questioning techniques to gain a sense of the issues lingering out there with this client.

Harry: Good for you — shows your interrogating expertise, John. So, what else did you employ in your sales strategy to get this client on board? I find all of this very interesting and see parallels between my military experience and what you do.

John: I was constantly on the lookout for warning signals. In this case, warning signals are good to know about because I could attack them to help with my overall strategy. For example, there were some things I was unsure of, and I equate those to red flags. I made it a point to clarify exactly what was ambiguous to me. Another strategic portion was something I mentioned

before — uncovering as much information as I could about my competitor. I always thought I knew a lot about United National, but, after doing some sleuthing on-line and simple observations — not to mention asking a lot of questions in this office and others — I found out even more. I then mashed all of that information against what we offer and came up with a list of basic differences. Then, and only then, did I have the ammunition to use when I presented our lab's services. I explained we offered some different things than what they were currently getting from United National. I mean — sure — the basics were there like parity with their connectivity, 24-hour turnaround time, daily pick-up service, our pathology coverage and all the supplies. However, part of my strategy was to go a lot deeper than the general services. I wanted to show the office we had some dissimilarities that turned out to mean a great deal to some of them. Frankly, I demonstrated how our distinctness would improve care to their patients! This was after they told me all labs are pretty much the same! It didn't hurt that my competitor didn't do any of this or do much for the account in terms of servicing — other than stopping by periodically to check on things. I found out my competitor had built a decent relationship with Nancy, but that was about it. None of the other providers had ever met their lab rep! My strategy was to counter those ineffective actions — and it worked!

So, I guess if you ask me how I landed this client, I will sum it up and say this: it took time, visibility and building credibility with all of the key players — not just with one person. I became a resource for this client, helping to keep them up-to-date on lab medicine, diagnosis code changes and additions, even compliance regulations. It just got to a point where I made them think, "...why are we using a lab who does none of this for us? Why not switch to a lab that sees this as a joint venture instead of a transactional business?"

We've been taught, Harry, selling lab services equates to a complex sale. It involves numerous individuals making decisions and providing input. Obviously, if I were selling ballpoint pens, that would be what's called a simple sale because there exists no complex strategy — basically one person making a yes/no decision in a very short time-frame. We're in a completely different situation here in which numerous people usually provide their input to a final approver — and it all takes time. As you've described, this kind of complex sale involves an indirect strategy.

Harry: *All I can say now, John — I'm glad you're on our team and not selling for the competition! Great job on using a sound strategy to get this far! Maybe sometime we'll get into the tactical maneuvers you like to use. But, for now, I've got to get back to my desk. It's been very interesting how you applied strategy in sales. As I told you, I'm accustomed from a military standpoint, but there are many similarities within the sales component.*

John: *I've enjoyed talking with you, Harry. I've got to collate my material and format it in a nice-looking binder for my proposal. This should seal the deal!*

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 written over thirty articles, the majority appearing in industry-related magazines. Visit the company's web site at www.clinlabsales.com for a complete listing of services and articles.