Ten Common Mistakes Made By Lab Sales Representatives

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In today’s laboratory business environment, selling lab services requires a considerable amount of training and practice to slay the competition. Those newly hired into this component of healthcare sales may not fully comprehend the degree of skills necessary to become “master-class” representatives. People who have a laboratory background have a partial head start because they understand lab lingo, clinical relevancy, transport supplies, methodologies, and so forth. Their ignorance typically lays in sales strategies and tactics to grow the business (in addition to maybe billing, compliance and connectivity). On the other side, there are those who may come from a successful sales background within a different industry (or different component of healthcare) but are not familiar with laboratory test names, clinical aspects, connectivity and compliance.

Even when a sales representative has a year or two under his belt, he may develop amateurish practices, preventing him from climbing higher on the success ladder. The law of first knowledge equates to the most powerful enemy of change. If there has been no (or limited) industry-related training or management feedback, the marketer may continue with mediocre habits that counteract adoption of more effective sales strategies and tactics. Without consistent coaching, sales people typically assume the way they are doing something equals the best and correct way — and the only way.

There are a number of mistakes sales people make that are avoidable with proper guidance. It takes professional coaching and role-playing to escape from the status quo (where natural bias remains). The following list of ten items addresses some of the common areas many lab sales reps think they are doing properly, but, in fact, may need some refinement.
1. **Relationships** — every field person will affirm that having a good relationship with a prospect (or current customer) equates to the *sine qua non* to winning (and maintaining) business. However, many inexperienced reps do not think “relationship” first and foremost. In fact, even long-term field people may tend to take relationships for granted — a serious mistake. The topic of building relationships is too lengthy to discuss in this article, but suffice it to say, if a relationship does not advance, it may soon be retreating. People tend to buy something when they respect and value the sales person. The proposing lab may not have service superiority over the incumbent competition. However, due to a large degree of respect for the marketing individual, the client may very well want to use that lab and overlook any potential service shortcomings. In essence, the sales rep simply “outsells” the competition. It takes time and patience to build respect with a client. A representative accomplishes this through a variety of actions.

   a. Providing educational information to all appropriate staff members
   b. Reacting quickly to problems and following through on their resolution
   c. Learning what each staff employee treasures in life (e.g., interests, hobbies, etc) and then following through with unexpected acts of thoughtfulness
   d. Introducing a member of upper management to the client
   e. Reviewing the lab newsletter with the appropriate staff
   f. Using the person’s name during conversations
   g. Inviting the client to tour the lab and meet key internal staff employees

These are a few behaviors of top sales people. They understand that creating a sense of “I care about you and our win-win business relationship” stands central to winning/maintaining the business. Interestingly, sales managers rarely discuss during meetings how to build positive relationships. It acts as one of those responsibilities managers just assume their sales reps accomplish in their day-to-day encounters. Sales people need to remember that where trust remains strong, selling pressure will always appear weak (and vice versa).

One final point: many representatives profess to have a wonderful rapport with Dr. So-and-So’s office (either current client or prospect). Frequently, however, that “wonderful relationship” equates to just one person. The master-class marketers make it a point to develop trusted connections with all of the staff, including the providers. A simple rhetorical question remains (for someone established in their territory), “If my lab manager or pathologist called and spoke to anyone in the office of my customers and asked the name of their lab representative, would they immediately know my name without having to rummage for my business card?” It comes down to, it’s not who you know — it’s who knows you.
2. **Pre-Call Planning** — right up at the top of the list with building a valued relationship lives pre-call planning. Two areas need addressing in a well-formulated pre-call sales plan. The first equals having a *legitimate reason* for wanting to see the client. Because the rep requests someone to stop what they are doing in their busy day and take time out to interact, it makes it essential to have a valid point to discuss—something that holds potential interest to the client. Simply “checking in” to see if they are still happy with the competitive lab prevails as a time-waster for the staff, will likely be a valueless call, adds more company expense and contributes toward deflating the sales person’s reputation. The best course relates to having a reason that might help their patients or educate staff members. If the field person calls ahead for an appointment (or while at the receptionist’s window), providing a customer-centric purpose displays a professional approach which, in turn, helps build credibility.

The second part of a pre-call plan — if it’s a true sales call — should be a *commitment objective*. The salesperson should get the client involved in *doing* something that shows a joint-venture approach whereby the client helps the sales process. Either it can be during the call or after the representative has left; if the latter, there should be a time-limitation placed on the action. Examples depend upon where the representative falls within the sales process. It may be suggesting a meeting with the next higher authority, a commitment to come for a lab tour, asking for a copy of the accepted insurances from the incumbent lab, asking for a trial with a few specimens, asking for a demonstration on how the customer retrieves test results on the computer, asking to see a particular supply the incumbent lab provides, etc. If no “movement” exists during the interaction—however subtle—the sale becomes a “sustaining situation” or “continuation.” The client has not indicated interest, nor have they said, “Never come back”. There remains an understanding the rep will return at another time. Unfortunately—to the detriment of the sales process—this “continuation” scenario plays out much of the time.

Sales managers should be ever vigilant about a rep’s pre-call plan. Too often, it is nonexistent or sometimes a marketing person creates a “winging it” approach. Undeniably, a poor strategy!

3. **Coach** — a number of inexperienced sales reps will fail to seek out an internal mentor or coach within each prospect. One must observe a definition here: this internal person should be someone who (1) is respected within the client’s domain, (2) has internal influence and (3) wants to see the sales rep win the account. A coach can be anyone: a physician, office manager, nurse, billing clerk, medical assistant, phlebotomist, etc. It remains important to find out early in the sales process who holds the power and who has the most influence. Every successful sale (political factors notwithstanding) has an internal “sponsor” who helps the rep along in the sales process by supplying accurate information, validating the truthfulness of data the rep may have heard from someone
else and/or filling in information gaps. A marketer spins his wheels without a good internal mentor. If he/she cannot find and develop one, remember this: unless there was a political or emotional reason for choosing a lab, there rests a high probability that the incumbent representative cultivated a coach by (1) building a firm relationship through trust and credibility and (2) selling value and win-win. If they did not—and this is important—it leaves the door open for the competitor sales representative to work on this strategy.

4. **Proposals** — managers tend to think that their representatives know how to prepare and present a proposal. In some cases, the lab will have a template, and the sales person fills in a few blanks. Ideally, a proposal summarizes the previous discussions with the customer. It should be as client-specific as possible. People can easily see through a “canned” bid presentation, and it can be a turn-off. Another important point: proposals should be the solidifying factor, not the sales pitch. It remains up to the marketing person to make him- or herself the winner before presenting the proposal.

5. **Apologizing for time** — some field people will apologize for taking someone’s time when they initially meet. This shows that they consider the client’s time more valuable than their own. It also suggests that listening to the representative is far less important than other things the customer could be doing (assuming a valid reason exists for the interaction). Apologizing belittles everything the rep says and establishes a subordinate atmosphere. If the client appears in a rush, it would be more appropriate to suggest a future appointment as opposed to apologizing.

6. **Knowing the lab** — those marketing reps that do not come from a lab background have a significant educational component added to their job if they want to become a master-class sales person for their laboratory. Unfortunately, many field people fail to take the initiative to fully understand their own lab’s capabilities. This has two detrimental aspects to it: (1) it reduces credibility and (2) it impinges on building a robust strategy against the competition. The top-notch, well-rounded sales people have an intimate knowledge of their lab’s internal capabilities, a good grasp of the common referral tests and the formatting and generation of final reports. He or she has a good overview of specimen transport supplies—especially microbiology. Selected methodologies are another important component to know (e.g., Group B beta strep by culture or PCR?). The old adage, knowledge is power, decodes into higher credibility which, ultimately, leads down the yellow-brick-road to sales success.

7. **Competition** — equally as important as knowing your own lab, having a complete understanding of the competition prevails in establishing a good sales strategy. It is
interesting to ask a sales person what their competition offers that contrasts to their own lab. Frequently, a representative will have generic comments such as:

a. “They have long hold-times for their client service department.”
b. “It’s hard to reach the pathologist.”
c. “I hear their couriers are unreliable.”
d. “Their turnaround time isn’t good.”
e. “They lose a lot of specimens.”
f. “They have a lot of billing problems.”

These may very well be valid points, but they are “soft” when it comes to building a differentiating strategy—and they are barely scratching the surface. Having a profound knowledge of the competition persists as essential for creating a sales strategy because it provides the outline for strengths and weaknesses for both the rep’s lab and the competition. The master-class marketer aims to know more about his/her competition than the corresponding competitive representative. It means persistently digging and having a watchful eye for basic differences. Understanding the competition must be a meticulous activity — not a subliminal component of the job. It needs to be an unending pursuit of discovery by means of interrogating clients, perusing competitive marketing pieces, reviewing the web site and making personal observations (PSCs, courier pick-up times, supplies, lab handbook, etc). It is staggering to observe the disparity between someone who has a sound knowledge of his competition versus someone who does not.

8. **Talking features** — untrained representatives have a tendency to talk about features of their lab:

a. “We can offer multiple pick-ups.”
b. “Our lab has 24/7 phone coverage.”
c. “We can turn out a biopsy report within 24 hours.”
d. “We accept 47 different insurances.”
e. “Our pathology department has 13 pathologists.”

These attributes describe the *service characteristics* of the lab. In fact, they could easily have a *negative* impact if talked about too early in the sales process. Features are the breeding ground for objections.

In addition to triggering objections, features are typically not something in which decision-makers are interested. These people want to hear *benefits*. It stands incumbent for the sales rep to link features to benefits because *benefits* have a positive effect on a sales call — especially if it is something in which the client demonstrates interest.

9. **Test of special interest** — a common error exists in not spending enough time learning the background of the tests they are promoting. Master-class reps make it a point to study a little about the assays that are of interest to various specialists and become familiar with basic
methodologies. This clinical relevancy component guides up-selling activities and becomes the cornerstone of growing an established territory. Lab reps have various ways of finding out what tests are of interest to specialists: (1) lab-generated test activity reports by client, (2) vendors who sell reagents to the lab, (3) the lab’s technical staff and (4) asking clients directly. The foundational components of credibility and respect rockets into thin air when a lab rep “talks-the-talk.”

10. Presentation —the following scenario prevails as a common mistake: the customer sits behind a desk and the marketing person sits across from the client. The field rep has a promotional piece, for example, about an available profile or test. He/she hands the literature across the desk to the client who subsequently picks it up and begins to scan it while the representative begins to discuss the subject.

The proper way to address this situation involves the field rep standing up (preferably next to the customer) and pointing out specific topics on the promotional piece with a pen. This does several things: (1) it puts the marketing rep in more of an authoritative position (standing), (2) it hones in on important points and (3) it allows the client to concentrate on those specific aspects. Using a third-party clinical paper acts as a stronger medium than using a company-supplied glossy handout. Discussing evidence-based medicine from a non-biased author will usually give a more compelling and effective message.

In summary, there are times when a sales person knows intuitively that a certain customer visit did not go as well as he would have liked—and it could have been due to one of the items mentioned in this article. Concentrating on these points will help augment the number of great sales calls, yielding a more productive and valued employee.

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 published articles in industry-related publications such as Vantage Point, ADVANCE for Administrators of the Laboratory, ADVANCE for Laboratory Professionals and Medical Laboratory Observer. Visit the company’s web site at www.clinlabsales.com for a complete listing of services.