



The Technical Sale: Building Credibility

By Peter T. Francis

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Travel to any major city within the United States and you will undoubtedly see some buildings with beautiful Greek columns. The base of the pillar consists of a square slab called a plinth (plinTH). Obviously, the Greeks felt it was important from a stylistic and structural point to set a firm foundation.

So, what does this have to do with the sales process? In sales, the plinth equals credibility. Without it, the sales representative will gain little advantage and, probably, not be very successful (barring political alliances, EMR donations and/or sole-source insurance contracts). In fact, expert sales consultants agree that establishing credibility equals 40% of the entire sales process. Identifying needs holds a 30% place, presenting solutions stands at 20% and, closing skills rank at 10%.

There exist four elements of credibility: (1) knowledge, (2) experience, (3) presentation and (4) associations. This paper will examine the first component: knowledge — knowledge in the sense of discerning what tests equate to what medical specialties (considering a full service clinical lab). Besides creating a strong sense of credibility, appreciating clinical significance aids in the up-selling effort, expands the representative's medical knowledge, distinguishes him from the competition and helps to retain current clients and gain new ones. One final point not often considered: it aids the laboratory's *reputation* by deploying informed representatives.

Some labs educate their sales staff on a single test or method the lab has recently implemented. This prevails as very good practice, allowing the sales/service person to disseminate the information and, expectedly, witness more volume from said test/methodology. However, depending on the sales culture, one of the ignored training elements in some clinical laboratories resides in explaining a *number* of various assays and methods clinicians might utilize in their practice. It stands to reason that a sales representative would not want to spend precious time discussing Hepatitis C to a rheumatologist! By the same token, explaining the components of a celiac disease panel that includes deamidated gliadin peptide IgA to a gastroenterologist or pediatrician would be very appropriate. Doctor's offices expect their laboratory representative to inform them of topics such as test availability and alternate methodologies employed for the

same test. Another expectation from providers resides in learning about up-to-date testing guidelines issued by different organizations (e.g., American Diabetes Association, American College of OB/Gyn, American College of Genetics, College of American Pathology, American Medical Association, etc.). Irrespective of the source of the news (professional association, reference lab, rep's own lab), representatives should strive to become a resource, especially when it involves improving patient care *within the doctor's realm of concentration*. The marketing person's credibility rises exponentially when the client observes the rep's industry insight and offers *value* to the customer (or prospect). This sits in direct opposition to the field person stopping by and casually asking the front desk person (or office manager), "How's everything going with the lab service?" A representative's product understanding equates to value currency that helps in lab differentiation.

The tests listed below provide a general outline for various common specialists. Universal to physicians—and intentionally not mentioned in this article—are the routine procedures such as basic and comprehensive metabolic panels, complete blood counts, urine analysis, culture and sensitivity, liver function tests, lipids, electrolytes and so forth. Depending upon the size and scope of testing within each laboratory, some of the assays and methodologies mentioned below may be out-sourced to a reference lab. It must be emphasized that these listings remain *suggestions* — it should not be regarded as (1) an all-encompassing list and (2) tests only ordered by that specialty. A lab's pathologist, Ph.D., test kit supplier representative, reference lab personnel or outside consultant may offer additional opinions, explanations of the assays and clinical situations. Possessing a journal article, a lab-produced bulletin or even a vendor's marketing piece about a certain procedure provides the marketing person with a show-and-tell approach, which aids in the credibility factor. Furthermore, it abides as the best policy to check with the lab's upper management regarding reimbursement and company guidelines on promoting out-sourced tests.

Internal medicine/family practice

- *Bartonella* by Real-Time PCR
- *C. difficile* by Real-Time PCR
- Freelite™ Test – serum free light chains test
- Fructosamine
- GAD65 autoantibodies
- GlycoMark®
- H1N1 Influenza test by Real-Time PCR
- IFOBT – immunochemical fecal occult blood test
- Insulin antibodies
- ICA-512 antibodies (or IC-2A)
- Interferon (serum) TB test
- Lyme disease (important to know available methodologies: EIA, Western blot, PCR)
- Upper respiratory disease testing (allergy testing)
- 25-hydroxy Vitamin D (important to know available methodologies: CLIA, RIA or tandem mass spectrometry).

Obstetrics/gynecology

- Affirm VP III
- Amenorrhea evaluation (FSH, LH, prolactin, TSH)
- Ashkenazi Jewish tests (cystic fibrosis, Tay-Sachs by DNA analysis or Hexosaminidase A, Gaucher, Bloom, familial disautonomia, Neimann-Pick, Canavan, etc)
- Bone biomarkers (e.g., CTx, NTx, osteocalcin, P1NP)
- Chromosome abnormality testing for prenatal diagnosis using cytogenetics and FISH
- Endometrial Biopsy
- Estradiol
- Factor V Leiden & Prothrombin 20210 G→A mutation
- First trimester screen
- Fructosamine
- Group B beta strep by Real-Time PCR
- HSV HerpeSelect® and/or rapid ELVIS culture
- Progesterone
- Quad screen
- Testosterone
- ThinPrep®/Surepath™ w/ HPV & CT/GC out-of-the-vial
- ThinPrep Imager®/ SurePath Focal Point™
- 25-hydroxy Vitamin D (should know lab's method)

Infectious Disease

- *C. difficile* by Real-Time PCR
- HIV testing — serology, viral load (incl. methodology), genotype, CD4/CD8 ratio
- Hepatitis testing for A,B & C (qualitative and quantitative, including methodologies: PCR, TMA, bDNA)
- Herpesvirus infection (CMV, EBV, VZV, HSV)
- H1N1 influenza testing by Real-Time PCR
- Lyme disease (including methodology: EIA, Western blot, PCR)
- Interferon (serum) TB test
- Parvovirus B19 DNA, qualitative by PCR

Rheumatologist

- Anti nuclear antibody (should know methodologies: EIA, IFA or multiplex platform)
- Citrulline antibody
- Double stranded DNA
- Extractible Nuclear Antigen
- Scleroderma antibodies (Scl-70)
- Sjogrens Antibodies (SS-A, SS-B)

Endocrinologist

- Aldosterone
- Amenorrhea evaluation (FSH, LH, prolactin, TSH)
- Bone biomarkers (NTx, CTx, osteocalcin, P1NP)
- Catecholamines, plasma
- C-peptide
- Cytogenetics, including Comparative Genomic Hybridization (CGH)
- DHEA Sulfate
- Estradiol (should know lab's method)
- Fructosamine
- GAD-65 antibodies
- GlycoMark™
- Growth hormone
- Hgb A1C (should know methodology, e.g., immunoturbidimetric vs. IEC)
- ICA-512 antibodies (or IA-2A)
- Insulin antibodies
- Parathyroid hormone (including adjunctive tests, e.g., calcium, creatinine, phosphorous)
- Progesterone
- Prolactin
- Renin
- Testosterone (should know lab's method)
- Thyroid testing: TSH, highly sensitive TSH, free T4, total T3, thyroid antibodies, TSIg
- 25 hydroxy progesterone (should know lab's method)
- 25 hydroxy vitamin D (should know lab's method)

Hematologist/oncologist

- bcr/abl translocation assay by Real-Time PCR
- Coagulation studies: e.g., protein S & C functional, MTHFR DNA mutation, Factor V Leiden, Factor 20210 G→A mutation, anti-thrombin III activity, cardiolipin antibody, dRVVT, lupus anticoagulant, etc
- CYFRA 21-1
- CYP2C9*2*3, VKORC1 for Coumadin® sensitivity
- Des-gamma-carboxy prothrombin (DCP)
- EGFR mutation by FISH or PCR
- Freelite™ test - serum free light chains test
- HER2 (HercepTest™ by IHC or FISH)
- FIP1L1 – PDGFR α gene fusion
- KRAS mutation
- Mutation assays for drug toxicity/resistance: DYPD*2A, UGTA1A, CYP2D6, TPMT,
- Tumor markers: AFP, hCG, cancer antigens (e.g. CA 125, CA 27.29, CA 19-9), CEA, thyroglobulin, PSA

- ZAP-70
- 25-hydroxy Vitamin D (should know lab's method)

Dermatologist

- Anti nuclear antibodies (should know methodology: EIA, IFA, multiplex)
- Biopsy
- Celiac disease profile (should know individual tests)
- Extractible nuclear antigen
- Herpes Simplex
- Herpes Zoster
- Sjogren's Antibodies
- Scl-70 (Scleroderma)

Cardiologist

- Apo B
- Berkeley HeartLab — HDL/LDL particle sizing, KIF6 genotyping
- Coagulation testing (see hem/onc)
- CYP2C19 (Plavix® sensitivity)
- Highly sensitive C-reactive protein
- Hgb A1C
- Lp(a)
- Lp-PLA₂ (PLAC®)
- NMR lipid profile
- VAP® profile (Atherotech Diagnostics Lab)
- 25-hydroxy Vitamin D (should know methodology)

Pediatrician

- Amenorrhea evaluation (FSH, LH, prolactin, TSH)
- *C. difficile* by Real-Time PCR
- Cytogenetics, including Comparative Genomic Hybridization (CGH)
- Epstein-Barr antibodies
- Fragile X syndrome
- Growth hormone
- H1N1 Influenza test by Real-Time PCR
- *In vitro* allergy testing
- Jewish genetic diseases: Tay-Sachs, cystic fibrosis, familial dysautonomia, Canavan, Gaucher, mucopolidosis type IV, Neimann-Pick type A, Bloom syndrome, Fanconi anemia group C, maple syrup urine disease.
- Lyme disease testing (should know methodologies: EIA, Western blot, PCR)
- Meningitis testing by Real-Time PCR
- Rotovirus antigen
- RSV antigen

- Rubeola antibodies, IgM, IgG
- Testosterone
- 25-hydroxy Vitamin D (should know methodology)
- 25-hydroxy progesterone (should know lab's method)

Gastroenterologist

- Biopsy
- *C. difficile* by Real-Time PCR
- Celiac disease (tTG, deaminated gliadin peptides, IgA, HLA DQ2 & DQ8)
- Des-gamma-carboxy prothrombin (DCP)
- *E coli* Shiga Toxins
- Hepatitis A antibodies IgM & IgG
- Hepatitis B (qual & qnt)
- Hepatitis C, qual, qnt, genotype
- Hereditary hemochromatosis mutation
- *H. pylori* antigen
- KRAS mutation
- Thiopurine methyltransferase (TPMT)

Urologist

- Biopsy
- FHS, LH, prolactin, CF (fertility work-up)
- Kidney stone metabolic profile
- PCA3
- PSA (free, total, complexed)
- Testosterone (free & total)
- UroVysion®

Final Thoughts

There are two important differentiation aspects involved when selling a lab service:

1. Differentiate the lab, itself (in essence, a “better mouse trap” theory). A clinical lab has many components that can be differentiated, such as in-house vs. reference testing, methodology, specimen transportation, supplies, patient access points, professional staff, connectivity, insurance contracts and so forth. A pathology lab has fewer differentiation points; but, nonetheless, distinctions *do* exist. The mere existence of being different does not equate to making an easy sale — the disparity must *mean* something to the prospective customer.
2. Differentiate *how* a sales rep sells his/her laboratory. In essence, the manner in which the marketing person brings *credibility* and *value* to the sales process. The successful representative strives to differentiate him- or herself to a point in which no other lab can provide the same individual expertise. A portion of this corresponds to understanding

about tests and methodologies, which, in turn, translates into value currency known as credibility.

Combining these two elements—a better mouse trap and credibility—conduces to more successful encounters.

Learning about tests and methodologies persists as an on-going exercise. With diligent training, self-study and role-playing, most anyone can digest the basics, understand the acronyms and be able to converse in a cursory discussion. The mere mention of a test name/acronym/methodology and associated disease state may be all that is needed to generate a conversation — and make an impression — with the provider. Having a marketing piece or third-party reprint enhances the interaction.

The sales person that talks-the-talk materializes into someone who not only understands his trade but also emerges as a resource and one who provides *value*. In turn, this sets the “plinth foundation” of credibility and allows more sales and client retention. It begs the question: if you were a client or prospect, what kind of representative would you prefer visiting your office—an informed individual or a professional “howdy” person? From the sales rep’s point-of-view, with some test/disease/methodology information in hand walking into a prospect’s office, it may be far easier to circumvent the universal comment, “We’re happy with our lab—we have no need for your services.”

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