



“Why Won’t the Prospect Switch to My Lab?”

By Peter T. Francis

August, 2010

For representatives new to the laboratory industry that sell into the physician market, it may come as a (frustrating) surprise that no one seems interested in talking about adding or substituting another lab service to their office practice. For the customer who has no perceived problem(s) with their lab service, it begs the question: why would anyone bother listening to a representative explain an alleged me-too lab service?

Familiar Themes

There exist many answers to the question of this article’s title. The following is not an exhaustive list, but familiar ones:

- *There’s no major difference between the lab we use and your lab.*
- *Why fix things if it ain’t broke?*
- *We’ve been using the lab for years. It’s too much of a hassle to switch.*
- *Your lab doesn’t take all of the insurances we accept, and we don’t want to add another lab to the mix we’re using now.*
- *We have Acme EMR, and you say your lab has not built an interface to that brand.*
- *The doctor went to school with (or is friends with) the pathologist at our primary lab.*
- *It’s political; the hospital expects us to use their lab.*
- *The lab donated toward our EMR, and we feel a certain obligation.*
- *Our lab gives us very competitive pricing.*
- *Our lab is located in town; we prefer to keep things local.*
- *The lab has a convenient PSC right here in the building (or around the corner).*

Excuse, Objection or Condition?

Some of the above remarks can be considered *excuses*, others can be thought of as *objections* and, finally, some might be regarded as *conditions*. An *excuse* equates to a reason given to conceal the *real* intention for not wanting to investigate a different lab service. Responses such as, *“Your lab is too far away”* or *“the print on your requisition is too small”* typically decipher

into (lame) excuses. If the salesperson uncovers *true* needs that are not being addressed by the incumbent lab (and deemed important enough by the decision-maker), things such as geography or requisitions would probably not be a deal-breaker.

Objections typically surface when the client has compared certain aspects of the proposing lab to that of the incumbent lab, and they're challenging the features. This usually means the salesperson has blurted out some attributes, giving way to immediate objections from the client. Frequently, this translates into not questioning the client enough about *needs* (both personal work-related and general office-based). *Objection prevention* always out-guns *handling* objections.

Condition falls under another form of "excuse" — but many salespeople fail to understand the concept. This means there is a genuine condition for not moving forward in the sales process. An example could be,

"We have Acme EMR, and you say your lab is not interfaced with Acme EMR." Or....

"Your lab does not have any PSCs near-by for our patients." Or....

"The hospital owns this practice; we're obligated to use their lab."

Be wary, however, about certain so-called "conditions." The rep should qualify if the statement means a *true* condition. The customer may *think* it is, but it may be — in all reality — a convenient excuse. The follow-up question for the rep to ask, therefore, is, *"So, from what I understand, what you're saying is that conditions exist in order for my lab to be considered. If our lab were to, would you use us then?"* Unfortunately, many representatives fail to do this, and they walk away without validating the so-called "condition." Another point pertains to triangulating responses with others within the account. Frequently, a salesperson will accept, for example, the office manager's response as gospel and naturally thinks the provider holds the same opinion. Not necessarily so!

Five Reason Categories

There exist five categories into which prospects will mentally segment their reasons for not wanting to change to (or even try) a different lab. Sometimes it may be only one category, sometimes it may be several:

1. Price
2. Capability
3. Reputation
4. Ambivalence
5. Political

If a client looks for the cheapest price, the incumbent lab stands in a precarious position. A different lab could waltz in and offer something 50 cents cheaper, and the client may go for it. In contrast, the salesperson should provide basic differences that mean something to the customer and that translates into value for the client.

Capability transcends a wide area, from insurance contracts to convenient PSCs to connectivity to certain tests and methods to pick-up service and even pathology specialty. Sometimes, something as a banal transport supply can be a deal-breaker. Within the capability segment sits the term “strategic.” An office manager or physician may state there are “strategic reasons” why they remain with a particular primary lab. This usually transposes into either (1) a lack of matching capabilities from the proposing lab and/or (2) political alliances.

Reputation speaks for itself. If the prospect has experienced poor prior service, has heard negative comments or does not like the representative, there stands a tall mountain to climb. Select individuals within an account may have negative feelings for a certain lab, causing a subversory theme and subsequent “no-sale.” If the causative employee leaves the office, opportunities may present themselves for rejuvenating discussions. Sometimes, a new representative can make all the difference in how the client perceives the laboratory.

Ambivalence ranks as one of the highest reasons to not try a laboratory. When uncertainty raises its ugly head, two forces endure: (1) no trust or credibility with the salesperson and (2) no perceived value in the proposing lab. Building both of these over time — through consistent interaction with the decision-maker and support staff (e.g. offering education of new tests or methods, installing a near-by PSC, etc) — will increase the chances of gaining business.

Those who promote pathology services have less opportunity to talk about “something different” as opposed to their clinical lab brethren. Representatives, however, can still differentiate their pathology lab, for example, by having a complete understanding of how specimens are processed, all of the quality control steps, connectivity options, location, turnaround time and (possibly) insurance contracts.

The political category relates to the strongest force of either choosing or remaining with a laboratory. Political/emotional decisions over-ride logical ones. Period. If a hospital owns a doctor’s practice, there typically prevails an expectation the office will use the hospital lab. Personal relationships between provider and pathologist (especially through a medical school) also provide strong ties. Specialist and/or board-certified pathologists such as dermatology, urology, GI, hem/onc, etc. additionally binds allegiance to corresponding specialists.

The Psychology Factor

Let us assume the position that a prospective customer has no urgency to change lab vendors — but they might if there were some compelling reason. It precipitates down into building credibility, because the sales rep accounts for the *first thing* that a client considers when making (or adding) a lab change.

Obviously, for things to change in an office, somebody has to start doing something differently. And, to make that happen, the competitor sales rep has to use psychology to reach the *hearts* and *minds* of various people within the office—especially the decision-maker.

Unfortunately, the brain is *not* of one mind! We all have, in essence, two independent systems at work in our bodies at all times. One resides on the *emotional* side (heart) — the instinctive part that feels pleasure and pain. The other lives on the *rational* side (mind) — the conscious system — the section that analyzes things and looks into the future. It may be best to understand these two systems using an easy analogy: a rhinoceros and a jockey sitting on top. The rhino equals the emotional side and the jockey holds the reins — exemplifying the rational sector. It might seem apparent that the jockey sits as the person in charge; however, the jockey's stature lies in direct contrast to the large size of the rhinoceros! Anytime the rhino and the jockey disagree as to the direction, the jockey (rationalization) will *lose*! Reflect for a moment on the statement (mentioned in a previous paragraph) that political/emotional decisions over-ride logical ones. It is strictly human bias — the way we humans are made.

Sales efforts often fail because the marketer keeps tugging at the *rational* side of the decision-maker and does not make any attempt to reach the *emotional* side. Topics such as turnaround time, internal QC processes, state-of-the-art methods, lab location, insurance contracts — these all aim at the rational portion of the brain. Combining the rational *and* emotional components can create a dramatic change in the prospect's thought-process. To put it another way, when a salesperson tries to influence a customer, he/she usually "tinkers" with behaviors that have become ingrained and automatic — and that's "jockey territory." If you reach the jockey but not the rhino, your prospect will have understanding *without* motivation. The key resides in also motivating the rhinoceros—the emotional segment. When both components move together, something magical materializes. *Patient care* percolates within the cauldron of emotion. Everyone within health care wants to provide excellent patient care, so translating benefits into enhancing patient care will usually strike a chord—and hit a home run with the rhino!

Of course, walking into a client's office that recently has been experiencing frustrating issues with the incumbent lab unfolds as a *dream* for any lab representative! Unfortunately, these types of clients are not ubiquitous. In fact, paying a visit to twenty physician offices, for example, will all yield at least one of the common responses mentioned in the beginning of this article. Adroit questioning techniques enter the equation at this point.

So, one may ask, what prevails as the decision-making process people go through in their heads prior to selecting a lab vendor? The salesperson must establish credibility (through good questioning techniques), because — assuming the lab has field representation — the representative is the *first* component a client thinks of before selecting a lab service. Once trust and credibility have been entrenched, the client will make a determination about the lab, itself (reputation, heritage). Following the consideration of the lab comes the service offerings

— “*Can this lab meet all of my needs?*” If pricing is an issue, this will typically fall as the next consideration. Finally, there remains the judgment of *time-to-buy*. Does the client *need* a different lab service right away or are they thinking they should stall? As mentioned before, frequently, there exists no perceived urgency to change lab vendors, so it all circles back to the field rep building trust and credibility by having meaningful dialogues with various people over time. There have been many instances where the new salesperson has simply “outsold” the incumbent lab. It may not necessarily be “time-to-buy” — there may be no compelling issues at stake forcing a decision. However, the competitor marketing person has done an outstanding job of describing enough important benefits that the client feels worthy to try the proposing lab. He or she has reached the decision-maker’s rational and emotional parts of the brain. This is what separates the outstanding representative from average reps.

So, if one asks the ultimate question posed as the title of this article, *Why won’t this client switch to my lab?*, many times — but not necessarily in every instance — it condenses down to the representative. An interesting question for the client is, “*If you ever needed to change your primary lab vendor — for whatever reason — who would be your preferred choice?*” If the client answers with a competitor other than the one the rep works for, the representative has not built enough trust or credibility— or enough of his lab’s value. If the customer states, “*Why, your lab, of course!*” then the salesperson can say, “*Great! With your permission I will periodically stop back and keep you informed of new tests and methods that improve patient care. I will also explain how my lab can hopefully meet your needs. Once we both feel it is worthy to move forward, perhaps you will give my lab a trial run.*”

*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 twenty-two articles on the subject of laboratory sales. Visit the company’s web site at www.clinlabsales.com for a complete listing of services and published papers.*