

Habits Understanding Their Role in the Sales Process

By Peter Francis May 2016

Those who sell laboratory services should become very familiar with a part of our anatomy—a golf ball-size lump of tissue in the center of our brain filled with multiple nuclei. It's a plural medical word called the basal ganglia. For many years, scientists didn't understand what this "thing" did, except for suspicions it played a role in certain diseases such as Parkinson's. As it turned out, researchers have discovered the basal ganglia are integral to how we develop habits. Habits? What does that have to do with selling a laboratory service? More than you might imagine.

Of the countless number of clients and prospects I have visited over four decades, several things have been fairly consistent when it comes to conversations with both physicians and medical assistants (MAs). One of the most conventional from an MA is a statement similar to this: It's very easy to use XYZ Lab, because I've been trained—everything is automatic. I know what to do to get the specimens and requisitions prepared by a certain time in the day. Things run smoothly. Now, from the perspective of the representative from the incumbent lab, these statements equate to a beautiful symphony! The field rep understands the business relationship is copacetic, and it would take a major force (e.g., some egregious errors, a change in office ownership, a highly effective competing sales rep) to have the client entertain thoughts of switching to another laboratory.

What most don't understand—from a scientific standpoint—is the fact that the basal ganglia have unleashed their prodigious powers. This multi-component "lump" makes it easy for people to store habits. Thus, the process of performing routine actions such as patient specimens and requisitions is at the root of habit formation. Of course, there are hundreds of habits we rely on every day—some of which are very simple (e.g., brushing our teeth) and others that are very complicated (e.g. driving a car). Because (I hate to admit) many of us are inherently lazy, the brain constantly seeks ways to save effort; it yearns to avoid participating in decision-making. So, unless you deliberately fight a habit and find a new routine, the pattern will unfold automatically (just as the MA described in her comments above).

Three Step Process

Researchers have discovered there is a three-step process for developing a habit. First, there is a cue. In the case of laboratory testing, the cue equates to the provider's request for a test. Where a blood draw is necessary, the patient may be handed a requisition or prescription slip and asked to go to their usual patient service center. In other situations, however, where the office obtains the lab specimen on-site (blood, urine, biopsy, Pap, culture), it requires more action: the routine (step #2). The doctor or MA must think which lab's collection supplies to use and which requisition to complete (based on lab preference or a particular insurance contract). For the customer that is accustomed to this routine, it's human nature to evade effort thinking differently—and it's why most clients want to side-step a sales rep altogether. The client's basal ganglia operate exquisitely well. And, to add even more to this point, they sense no perceptible difference in your lab vs. what they already have (more on this later).

The final part of the three-step habit process is the *reward*. This helps the brain determine if the *cue* and the *routine* are worth remembering for the future. If the routine involves a specific lab due to HMO directives, actions are decisively pre-determined, irrespective of client opinion. In the laboratory testing world, from the provider's perspective, the "reward" materializes into several things: (a) quality results, (b) acceptable turnaround time, (c) good patient care and (d) preserving a positive reputation. The MA's view of a "reward", however, is not so multi-faceted. It primarily translates to an emotional payoff—i.e., a job well done (potentially culminating in a pay raise). He or she wants to avoid admonishment for submitting the incorrect transport supply, sending it to the wrong laboratory or compromising the specimen in the preparatory phase. Thus, we have two agendas when it comes to *rewards*: the doctor's and the MA's.



Why All of This Matters

Understanding how the *cue* works is linear when it comes to ordering lab testing. However, the *routine* and the *reward* can potentially play a part in the sales process. It is here that I notice, in general, salespeople don't always consciously appreciate the importance of these two steps. In observing field reps talking to prospective customers, I seldom hear a question regarding the *process* once a test request has been generated. Uncovering who does what (and when) is an important step in understanding the client's routine—and it can have an impact on your sales strategy. If I were the sales rep, I would want to ask the MA to (preferably) demonstrate what they do after the doctor requests a test (for example, on a Medicare patient). I then would internalize that information against what they would do if they used my lab. Perhaps it would remain similar; or maybe I have suggestions that my lab offers, creating a faster and easier process.

Cultivating a Desire

Earlier I mentioned that many clients may not discern any difference between your lab and their incumbent lab. Part of the reason for this is some sales reps *also* feel their lab has no differentiating features (in my rookie stage, I was guilty of thinking that too!). There exists logistics, testing, reporting and billing. I submit to you that if you think your laboratory doesn't offer anything distinctive within those categories, you can rest assured your prospective clients probably don't see any difference either! What you are doing is playing a waiting game for the incumbent lab to make egregious mistakes. Good luck. It's hard to make commissions while waiting for other people to create serious blunders! [It reminds me of the Samuel Beckett play, *Waiting for Godot*. The two main characters wait around for someone named Godot—but he never comes!]

We humans make decisions—either on our own, or with the help of a sharp salesperson—because of differences. Within the reward bucket, your job as a sales representative is to explain (i.e., sell) the "reward"—that converting to your lab is truly worth the effort to create a different routine. You are attempting to foster a craving (so-to-speak) for an excellent lab service to the extent the doctor's office wants to use your laboratory because of the differences that produce a superior reward over what they currently receive.* This is how clients fashion new habits. It's the amalgamation of a cue, a routine and a reward—and raising an appeal that drives the three-step mechanism.

Summary

The science behind habits transcends to just about everything we do. Part of our sales hurdle is to get clients to change their *routine*—something not always easily accomplished unless (a) the current lab's *reward* has deteriorated considerably or (b) a higher authority has mandated a certain lab. Given that the *cue* (in the lab testing genre) will always remain fairly uniform, I suggest first inquiring about the client's *routine*. If you don't uncover what it is (or who does what), you're missing a notable piece of your strategy. Once you understand the client's *routine*, you know your position vs. your lab's requisition procedure (negative, neutral, positive). And, you know with whom you should start building a relationship. Apart from that, it becomes essential to articulate the *reward* component of using your lab (which might include parts of the client's routine—or not). It all depends on to whom you are speaking and their role. If you make the reward compelling enough (especially to the decision-maker), you create a "thirst"—and the *routine* falls into place.

Yes—the ol' basal ganglia. It's our favorite "lump" when it comes to our satisfied clients. But it plays a devilish protagonist role when we're trying to commandeer business from a competitor!

*What you like to see happen is *you* become part of the "reward." The client likes you to the extent they *want* to support you. After all, in most business-to-business sales situations, the client's *first* decision is usually about the salesperson!

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 is the author over forty articles on the subject of laboratory sales. Visit the company's web site at www.clinlabsales.com for a complete listing of services.