

## Customers Want to Believe— You Just Have to Prove It!

Imagine this scenario: You're pitching your occupational health services to an employer prospect who says, "I'm really interested in your onsite services, but when I tried this with other clinics before, they weren't able to staff it consistently."

So is this healthy skepticism or the sound of a door closing?

When a customer or prospect gives these signs, it's an opportunity for a salesperson, says Kriss Barlow, CHG senior consultant.

"Skepticism is a good thing, because the person on the other side of the table is showing they're interested, engaged and listening."

But when past history with a competitor—or maybe your own organization—enters their thinking (or maybe they're simply naturally doubtful), it will take some work to change their mind.



### *Watch for signs of skepticism.*

"If your prospect seems doubtful," Barlow says, "it's likely to happen right after you introduce the benefits of your service or solution aligned with their stated needs. In essence, your customer *is* interested in what you've offered and thinking of taking the next step—but they're not so sure of your ability to deliver on the promise."

It may play out this way: "Dr. Smith," you say, "you've indicated that block time and fast O.R. turnaround is important for your practice. We do have a highly efficient O.R., have several blocks open and would welcome having you on the schedule."

Then Dr. Smith says, "Oh, I've heard that before. Everybody says they have times and run efficiently. While I like what you're offering, I just don't think it will happen."

Here it is! Your moment to address those customer attitudes and move to the next step in the selling cycle.

### *Listen first, then clarify with questions.*

When you've offered the benefit that matches their stated needs, Barlow says, zone in on the words they use and how they respond. This will help you determine what they're questioning so you can respond accordingly. Your prospect will give you all kinds of clues, like, "At Acme, they told me they'd start on time."

Aha—so the most important issue for this person is starting on time. This gives you the information you need to address this particular point.

But if you're not getting a strong indication about what they're doubtful about, ask more questions and clarify their top-of-mind concerns. In the Dr.

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*"Skepticism: Is that anything more than we used to mean when we said, 'Well, what have we here?'"*

-Robert Frost

*continued...*

Smith example, you may say: “**When promises were made in the past, what affected your surgery schedule?**”

### *Prepare your proof.*

At this juncture, a slick brochure won't get you the response you want. One of the most important ways to craft your response is to offer proof sources specific to their skepticism.

These include articles, a chart of surgical start times, testimonials, research, desktop-published clinical outcomes—or even you saying, “Your partner comes over here, would it be helpful to talk with him?”

Barlow offers these steps for building your proof sources:

- *Create a file of materials.* They don't have to be something you personally develop. You can, and should, work with internal operations, clinicians, the library and other resources to develop appropriate proof sources for each of your key strategic services.
- *Encourage your people resources to have a vested interest* in helping you have the latest proof sources and prove why your service and organization is worthy of their business.
- *Develop a mechanism to keep proof sources up to date* using medical councils, clinical staff or service-line meeting updates, or quality initiatives.

### *Present your proof.*

Now that you're armed with the evidence, address the skepticism head on:

1. *Respond with a statement that shows you understand the customer's issue.*  
“**Dr. Smith, I hear you saying you want some assurance about our efficiency and scheduling . . .**”

Then, share a proof that's best suited to their situation.

Be careful about saying “Yes, we've heard that from others.” Try statements like, “**I certainly hear the issue is central to your efficiency. Here are some mechanisms we've put in place.**”  
OR “**We heard that from other employers and understand that it's important, so we're tracking that kind of information.**”

2. *Back up your statement of what you offer with proof.* This may be a one-page profile of another company you work with or the name of a benefits manager at that company. Or it may be your time-in and -out studies or lost work time for injuries that mirror the kind the prospect may send to your clinic.

3. *Share one proof source at a time.* Be careful not to bury them. Determine if the proof was accepted, and then move on.

### *Work toward buy-in.*

Once you've presented the proof source, it's important for the prospect to accept it. Did they accept it for validation of what you're saying? If they did, you need to confirm they handled it and move on to uncovering the next need.

To find out if they understand this, ask a question: “**Does this make sense? Do you feel more comfortable with how this is being handled?**” Then, ask for the close again and a commitment to your solution or service. ■

## Timely Tips

1. *Pay attention to where skeptical statements occur in the selling cycle.* Avoid putting out your proof source until you need to. Use them at the right time to position and leverage yourself.
2. *Be prepared with more than one proof source.* Different personality types may want different types of proof. Use them for the area for which they're intended.
3. *When you encounter skepticism, manage it and then move on.* Don't wallow.

Finesse your strategy for managing the skeptical buyer. Read the attached article for more tips. [Managing the Skeptical Buyer](#)

Count on the CHG team for assistance with your sales strategies. To learn more, call us at **1-888-334-2500** and stop by [www.corporatehealthgroup.com](http://www.corporatehealthgroup.com) for information about upcoming events and conferences.



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## **If a Physician Says, “Prove it...” Can You? Managing the Skeptical Buyer**

*In a recent interaction with Dr. Smith, Mary shared the benefits of shifting cases to ABC General’s surgery center. Dr. Smith responded with “... Everyone says they have improved turn-around times, but when I get there I find that none of them are really doing it well....”*

Whether it’s operating room efficiency, delivery of reports and outcomes, or general safety issues, physician sales representatives often find themselves working to position benefits that physicians find hard to accept. If the representative isn’t able to manage the skepticism by proving their statements, there’s no chance of advancing the sale.

To succeed, you need advance planning, several methods to prove the point and a planned delivery that demonstrates credibility.

### **Advance Planning**

Most representatives know which benefits are likely to create skepticism and generate that client feeling that they want what you’re offering, but don’t believe you’re able to deliver it as you have described.

It’s that “too good to be true” feeling that makes an individual suspect. And it goes without saying that if you’re not really able to prove the benefit, you certainly shouldn’t be positioning it to the physician.

Make sure you have some basic background on who the physician is currently using for the business that you hope to earn. This type of detail can prepare you for the areas that the physician may have interest in improving.

If you know the current provider often stretches the truth, you’ll need to be prepared for a skeptical customer!

### **Proof Sources**

In traditional sales roles, testimonials often work very well to prove your statements. But, while they can work with physicians, it’s recommended as the first tool only in areas where you’re certain that they know and have respect for the physician whose testimonial you’re using. Of course, you should never use a physician as a testimonial unless they have given you their permission.

In the healthcare community, the best sources of proof are clinical outcomes. These are statistical representations of what you do, how many, how well and the impact you have.

Graphic representation can be a powerful tool for positioning the value of your service. Here are some ideas to get your charts or graphs started:

- Operating room start times over a recent three-month period
- Infection rates
- Time from emergency room to cath lab for cardiac cases
- Ratio of RNs on the floor in their area of interest

Determining the right statistics requires collaboration with the clinical team. Encourage clinicians to think creatively and stretch them a bit to identify those details that really do set your program apart.

While it's important that you have proof sources that include hospital data, don't limit yourself. Other sources can include:

- Articles published either by your physicians or others in national journals that validate an approach you're using
- Overall growth in interest and volumes of the physicians who use a service
- Web site information that can validate your benefit
- A hospital newsletter that serves as proof of a process or of acceptance by other members of the staff.

In any case, the most important aspect is matching the right proof to the benefit and the type of physician you are hoping to convince.

## **The Approach**

If you're going to encounter skepticism, it's likely to be right after you introduce the benefit. When you hear the physicians say, "prove it," the first thing to do is to clarify. Make certain you clearly understand what they doubt and that you are responding to the correct issue. Simply restating is often a good method for accomplishing this.

Once there's clear understanding of the issue, the representative simply offers the proof:

For example, *"Dr. Smith, would you feel more confident in our outcomes if I could show you the actual turn times for cases at the surgery center for the last three months?"*

This approach helps determine whether or not the proof was accepted. Once the physician acknowledges that, yes, it would be helpful, then either show it or offer to return with it for the next appointment.

Keep the conversation moving forward: Assume that if the proof was offered and accepted, you have buy-in and the sale is progressing.

## **Skepticism is Good News**

While the prospect of gathering good healthcare proof sources is often challenging, the good news is that the physician wants what you're offering. This customer attitude allows you to progress if you can demonstrate that what you said is what the organization does.

It's the very reason that we need good internal relationships with the clinical team and good connections with marketing. This is the type of detail that can be strong and compelling in print—and often isn't the priciest.

The next time you have someone say, "prove it," gather your wits and respond with a firm and factual approach so they'll feel confident as they shift those referrals your way.



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