

## Lessons Learned in Occupational Health: When you think you know the solution, think again.

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How many times have you heard someone say something to the effect of “we need more people doing sales”? Or more direct mail, or lower prices or...you fill in the blank. It happens all the time. You’ve probably made similar declarations to the team yourself.

Here’s the problem. Those are solutions. Probably very good solutions, if they solve the right problem. But in this chaos we call a health care career, it is so easy to jump to the solution, sometimes any solution, without giving the problem itself the attention it deserves.

We do it, too. A client calls and says they need sales training. Great, let’s get a proposal together. But wait, we have to remind ourselves to ask why do they need sales training? What is the problem that sales training will solve? Ineffective sales people, yes. Lack of visibility, no. Decline in sales, maybe.

### **Before you solve, ask this**

Someone told me once that some of these questions come from Dale Carnegie. If that’s true, then, thank you, Dale. If not, I’ve been asking them a long time and know they work. When someone brings you a solution, an idea to do something differently, consider these questions:

1. What is the problem we’re trying solve? Make sure they answer specifically. “Patient visits are down” is too vague. Maybe patient visits were at record highs the month before. Get some background, what made them start thinking about the issue.
2. What is causing the problem? Odds are the answer to this question will justify the solution being presented. “We need to run some ads. The problem is our numbers are down 20% for our executive physicals. The cause is we haven’t run ads in 6 months.” OK, that might pass on the surface, if you can look back 6 months and see that when the original ads ran there was a correlation to increased interest and inquiry for executive physicals.
3. What else could be causing or contributing to the problem? This is the money-saving, insightful and critical question. “Well, the competition just launched it’s new total body scan service and packaged it as part of executive physical program.” Hmmmm. Think that might have an affect on sales? Of course, and running an ad for whatever your executive physical program includes may be a waste of money. It’s not the promotion that’s a problem, it could be the product. Keep asking “what else.” Don’t stop with one, even if it sounds like the most important cause.

4. That said, what would be possible solutions? Make sure you cover everything possible and maybe even some “impossible” solutions. The goal is to expand beyond the expected and top-of-mind ideas.
5. What is the best solution? It may involve several activities or tactics, but the point is you arrive at what the best thing to do is by putting it in the context of what problem you’re trying to solve and what causes you’re trying to address.

### **A true story**

Here’s an example that illustrates the need to probe beyond the initial solution to get to the root causes of the problem.

A freestanding, market leading occupational health center called us for some sales training. We’d worked with the center for years, so we knew their situation well. Yet in our pre-training assessment, we still asked “The Questions” and found that the sales role had evolved into one of customer service, and more specifically, problem solving and complaint handling. Existing clients were using the sales rep as the “point person” to run interference on billing questions, case management, return-to-work information updates and such. If a prospect or client had a question about additional services, of course the sales people would respond and recommend. But there was no time or plan for proactive sales calls or relationship marketing.

So the problem might have been declining or “flat” sales, but the cause was actually operational. While leadership and sales teams were focused on sales and trying to increase them, they failed to set objectives, plan and measure important, on-going activities that would result in greater sales. They looked at the end without identifying clear indicators of whether or not they were getting there.

For instance, the sales team knew they needed to bring in more business, and they knew that the last person in the door usually gets the next referral, but there was no priority setting or accountability for what kind of referrals they should be going after. A lot of low-end drug screens or a pre-employment physical contract for one year? So the sales “calls” quickly evolved into reactive selling and customer service conversations without a planned outcome, and a viscous cycle developed.

### **What was the best solution?**

Sales training was post-poned! Two core solutions had to be implemented first. Operationally, the program had to correct its patient registration, reporting and billing procedures to reduce (if not eliminate) the complaints. We also recommended a new protocol and structure for handling complaints, one that wouldn’t distract the sales team from its role of bringing in the business and retaining the valuable accounts.

The third solution we focused on was sales planning, objectives and performance standards, not sales tips and training. We helped the client assess and identify the product lines and services that not only had market potential, but also had the best profit potential for the organization and the best ‘quick hit’ potential, as well.

Before sales training would make sense the sales people needed volume targets for each product line and each client, right down to deciding how many appointments, proposals, contracts and the like would be realistic benchmarks to achieve the goals. All of which naturally rolled into performance standards, compensation and rewards.

And finally, in preparation for sales training – sales staff were interviewed and assessed. This provides management with a staff training and development roadmap, career path recommendations and of course, allows for customized training that delivers desired results.

### **Did it work?**

Six months later, the center enjoyed a 300% increase in revenue, customer complaints significantly decreased and satisfaction increased. And there was a bonus: through this process, we were able to remind the client that significant growth over the long term was not likely to come from an influx of new factories, and given the events of September 11<sup>th</sup>, it would be nice to have a source of revenue that was not dependent on the number of clinic visits made by injured employees from the enrolled workforce. Hence the birth of the Employer Consulting Division and a portfolio of services that included providing contracted onsite nursing, rehab and physician staff for employers. The division generated \$500,000 in incremental revenue the first year and is tracking successful growth in revenue, volumes and market share for year two.

### **The lesson learned**

A few probing questions can make big difference in how you solve a problem, as well as which problem you solve!



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