

## **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 the 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 are 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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