

Sales and Marketing *are* Different

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By Mary Ann Waldron

Marketing has come to mean so many different things, particularly in promoting diagnostic imaging services. There remains an aversion to “selling,” and a naiveté that the “so, how’s everything going” office call or an announcement of new CT system left at the reception desk will actually drive revenue growth. Marketing and sales are different. Even if you wear both hats, keeping the distinctions in mind when you are performing one function or the other can improve your success rate.

“People incorrectly use the words sales and marketing interchangeably because they are afraid to position themselves as sales. If you are charged with making money or measured by exam volumes you are *sales*,” says Renee Walkup, President of SalesPEAK, Inc., an Atlanta-based sales training and consulting organization. “You can have great sales and no marketing and be successful. You can have great marketing and no sales and not be successful.”

Most of us consider marketing as the strategy-formulating function, and sales as one of the tactics used to execute the strategy. Marketing is responsible for developing the key value messages to the market, and sales’ job is to uncover the value of those messages in the practical environment. This assumes the strategy is actually communicated to the sales team. All too often, field experience is neither solicited nor considered, and many headquarters-produced marketing collaterals gather dust in sales reps’ car trunks, while they attempt to create their own differentiated sales tools.

Sales should utilize materials developed by marketing to win business. Direct customer contact displays interest in the prospect, reinforces relationships, and personalizes the marketing message. One regional imaging center operator recently ran radio spots attempting to single out both their advanced technology and subspecialty radiology expertise from the rest of the operators in their market. The well-produced ads were credited with substantial increased call volume and a boost in staff morale. Most of their account managers, however, did not take the initiative to share the campaign with offices they visited, didn’t personalize the public message for those offices, nor did they share their delight with the results. The carefully crafted messages are heard only by those paying any attention to the radio broadcasts, leading one to wonder what farther reaching benefits could have been realized with better execution.

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Typically, marketing delivers a lower cost-per-contact medium, and can create an impression without standing in front of the target customer. Generally, marketing will not distinguish between the office sending \$25,000 in referrals and the one that refers hundreds of high-end exams. Likewise, general marketing efforts may be lost on the physician who has no unmet need, or who is too busy to look for the value statement within a direct mail piece. In those circumstances, a skilled salesperson may challenge a perception, ask for a test case, or encourage focus on what future needs are envisioned to shift attention from today's business to the business of the future.

Marketing is particularly useful in supporting sales efforts with longer term cycles, and in reaching broader and larger audiences than is feasible for the sales staff. Marketing best serves sales when it introduces, and then reinforces the message before and after the actual sales encounter. Since 90% of a marketing message is forgotten within three weeks, sales can effectively use a well-constructed marketing piece for five or six calls, drawing attention to one benefit statement each call. Connect each to a payoff for the physician, and sales will secure referrals for specific studies – the “right volume,” so to speak. PET, for instance, is often a better modality for restaging and following up cancers, but physicians commonly order CT for these purposes. Marketing may bring attention to a PET or PET/CT service, and sales can reinforce how the physician can make more timely decisions about his patients.

“In many cases, sales staff are hired because they are good talkers, not good listeners,” observed Carolyn Merriman, President of the national consulting company, Corporate Health Group. Her view is shared by Randy Miller, Vice President of Sales, South Central Region for Alliance Imaging, who advises, “Sales professionals have to be willing to listen to the customer; sometimes they can't wait for the customer to stop talking so they can fire off the next benefit statement. Then they truly miss the opportunity to distinguish themselves as a solution source for the customer's dilemma.” Probing, open-ended questions are required to uncover a customer's needs. If the physician's needs are not uncovered, there is little chance that benefits described will be of interest to share cases of special interest or differentiate the salesperson's facility. Carolyn Merriman and Randy Miller both suggest direct questions, such as “I can appreciate that the technology is equal between the two providers –however, you told me that fast turn around and the phone call from the radiologist were critical to your patient care – since we provide those two elements, I'd like you to consider our program,” or “Please help me understand your criteria – let's prioritize them,” or “What patient services challenges do you have?” Additional dialogue or sales calls focused on the physician's needs and issues will differentiate your sales approach, resulting in longer, more profitable physician referral relationships. Merriman adds, “Profitability is for you *and* your client – it's not just money. It is also time, efficiency, and the return on investment in the relationship.”

Sales is characteristically more interactive, marketing is less intrusive. More successful marketing efforts go beyond information conveyance, and include a specific call to action. One role of sales is to follow up on the action call. This is the method most often employed by Radiology Ltd., an entirely digital physician practice in Tucson. “We orchestrate regular mail

shots of educational material to targeted physicians,” said Director of Professional Relations, Stephanie Rosenthal. “The sales team takes that same piece into the office to reinforce the message and offer additional information.” Stephanie estimates that at least 50% of the pieces reach the target physician, and credits the group’s market presence of more than 60 years as one reason their materials are welcomed.

Trinity Health Care also finds itself well entrenched in its southern California market, but sees education slightly differently. “It’s hard to find an audience for purely educational information,” says COO Lisa Brockett. Trinity runs its centers in partnership with radiologists who are active in the sales process. Trinity’s radiologist partners will often pen a note to a referring physician for delivery and case study review with a sales rep. “First and foremost, we concentrate on retaining the business we enjoy and in improving same store growth. Our representatives are extensions of our radiologists, and do not seek as much to educate as to share cases of special interest, focused by specialty. Our best sources of new business come from modality offerings, such as PET/CT,” continued Brockett. She looks for reps with not just marketing knowledge, but also sales energy. She echoes desire for differentiation in reps who are able to think on their feet, have a meaningful dialogue, and the ability to intuitively manage and progress the referral relationship, not “tell and sell,” as Merriman calls it.

So how do you distinguish a good sales candidate or a good marketing candidate? If you fulfill both roles, which of your natural tendencies should you adapt to effectively perform each function? Reasonably-priced and easy-to-administer assessment tools are readily available to predict applicant success, design development plans, and give performance feedback. Online questionnaires benchmark behavior and motivational traits, as well as measure specific sales skills to get job done.

According to Greg Smith, President of Chart Your Course International, “The most successful sales people are deliberate, persistent, socially assertive, and utilitarian [motivated by money], while displaying a “service to others” approach. Marketing folks tend to be more cautious, like precise rules and procedures, require adequate time to perform, and seek freedom from conflict.”

Whether or not you have distinct sales and marketing personnel, you should identify, measure, and review distinct sales and marketing tasks. Timely information gathering and regular assessment of the synergy between marketing strategy and sales tactics is crucial. “We confer weekly to learn what ROCS – resistance, obstacles, and concerns – our reps are encountering,” shared Tina Reese, Vice President of Marketing for Alliance Imaging. Frequent updating of sales collaterals, coupled with monthly training Web casts that include testing on the material presented, contribute to their reps command of information. Expectations of sales focus and activity are clearly conveyed. “We do not suggest what a physician should be ordering – we provide timely information so they can practice better medicine,” notes Reese. By providing physicians with information they may not have time to locate or be able to find easily, sales reps become referring physicians’ resources. Miller believes customers, “May know what we do, but not the bottom line impact in what we deliver; it’s sales’ job to quantify the value in a tangible way from a business standpoint and for the patient experience.”

Vision without action is a daydream. Action without vision is a nightmare. Keep this Japanese proverb in mind as you wear your marketing hat, carry your sales tool kit, or consider what your

call to action should achieve. Clarify the roles of sales and marketing for your organization, revisit your goals, and focus your sales team on execution. Above all else, ask for the business.



MARY ANN WALDRON is a consultant who works with practices to accelerate revenue growth through marketing, sales, and operational effectiveness. Previously, as Executive Vice President and Chief Operating Officer of NMR of America, she co-founded the American Imaging Association. Mary Ann earned her MBA at the University of Illinois and is Six Sigma green belt certified. Mary Ann may be reached at 2307 Parlor Court, Fallston, MD 21047; 443/243-8496; 410/692-6068 fax; tractionmktg@aol.com.