



Learn How to Articulate What You Are Really Selling

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Remember the old Miller Lite commercial, “Tastes great!” “Less filling!” “Tastes great!” “Less filling...”? Occupational health has its own Miller Lite-style debate: “It’s a commodity!” “No, it’s a relationship!” “No, it’s a commodity!”, etc.

Most savvy professionals tout occupational health sales as *relationship* selling; your urgent care clinic provides an integrated series of services to support optimal workplace health and safety management.

Commodity sales tend to be the norm in occupational health sales, however.

For starters, commodity sales is easier—you revert back to sales 101, tell your prospect what your clinic has to offer, and wait for positive buying signals.

Commodity sales tend to be concrete, whereas relationship sales are more complex and invariably require a more lengthy sales cycle.

At the end of the day, are occupational health sales more commodity-based or relationship-based? I believe that it depends, and usually involves a little of both.

The Product

Several variables drive how you will define your product: the vision and purpose of your clinic’s occupational health initiative, the nature of the relationship with a given sales prospect, and the actual service itself.

One constant remains: the core definition of occupational health.

A clinic’s mission should involve everything you can do to ensure optimal workplace health and safety for the companies your clinic serves. The mission should include both a commit-

ment to injury/illness management *and* appropriate environmental interventions to minimize incidence in the first place.

Sadly, many occupational health “professionals” fail to recognize or acknowledge this definition and simply sell a discrete series of services.

The starting point for your sales initiative is to understand the duality of your product, rather than viewing your occupational health services as just another component of your urgent care clinic.

The Commodity/Relationship Continuum

Once you understand your product, you need to determine how to present the product. This is where the commodity vs. relationship issue kicks in.

In a world that is often more gray than black and white, the line that separates commodity from relationship is blurred. A sales professional will be more oriented to certain prospects or at certain points in the sales process, or by your clinic’s position within the market, or in selling certain “products.”

Consider each variable:

- *By prospect.* You could endlessly preach “relationship” to certain prospects and they simply will never get it. Others will embrace a broad relationship with your urgent care center. Many others will be somewhere in between.

The astute sales professional should trial balloon the term “relationship” early in the sales process, assess where the prospect appears to fit on the commodity-relationship continuum, and proceed accordingly

- *During the sales process.* Occupational health often involves a long sales cycle. Such a cycle can begin with name identification marketing, continue with a differentiation campaign, and then involve meetings, follow-ups, and, at times, written proposals.

The commodity/relationship continuum emphasis may well change several times during this process. And



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the cadence of these changes can vary. For example, your differentiation campaign might emphasize the partnership concept, whereas actual sales calls might zero in on actual commodities. Or, conversely, early marketing might familiarize the universe with your services, with subsequent face-to-face sales placing greater emphasis on how each product is part of an integrated whole.

- *By market position.* The commodity/relationship continuum can also be affected by your urgent care clinic's position in the marketplace. A longstanding program with a stable client base is likely to be more interested in adding new commodities to the client's service mix. In such cases, the sales person is more likely to be commodity-driven; after all, the relationship already exists.

On the other hand, what if you are a second-tier market challenger in your market and/or a new entry? An emphasis on relationship then becomes more important, as you need to differentiate yourself from better established competitors who may offer similar commodities.

- *By product.* Most occupational health commodities are inherently linked to one another, and some are easier for prospects to digest if presented as commodities. A thorough pre-hire screening process is an appropriate adjunct to health management, but many prospects may see it as nothing more than a commodity. If necessary, you have to sell in that spirit. On the other hand, placing a nurse at the worksite is inherently relationship-oriented and in almost every circumstance should be presented that way.

- *During a sales call.* Bring both your commodity and relationship hats to a sales call, and switch hats as necessary. During certain sales calls you need to emphasize—and sell—both. In others, you learn something about the buyer's view and have to change hats suddenly. In many calls you are best served by first explaining your services as a series of commodities and then explaining why the various commodities should be integrated into a systematic whole that results in a genuine long-term relationship.

Adherence to sales dogma is often a sales professional's downfall; indeed, occupational health sales professionals need to be nimble by adapting to the realities of the moment. You are, at once, selling both a commodity and a relationship. ■



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Physicians, physician assistants, and nurse practitioners are invited to submit cases, including x-rays, EKGs, or photographic displays relating to an interesting case encountered in the urgent care environment. Submissions should follow the format presented on the preceding pages.

If you have an interesting case to share, please e-mail the relevant images and clinical information to editor@jucm.com. We will credit all whose submissions are accepted for publication.

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