



Exceptional Relationships Lead to Exceptional Sales

■ FRANK H. LEONE, MBA, MPH

Relationships play an integral part in occupational health sales. In many types of sales, actual relationships mean less—if they have any value at all. The more one's product is a commodity that can be purchased online, to cite an example, the less relationships matter.

On the other hand, the more complex a product and the more education required to make the buyer understand the product's worth, the more a buyer-seller relationship comes into play.

Why Do Relationships Matter?

As the inherent return on investment of core clinical services such as injury management decreases, clinics are expanding their portfolio to offer more services to their relatively static client base.

Most add-on products (e.g., wellness services) tend to be part of a larger whole that contributes to the health and safety of the workforce. Hence, they are not commodities, but rather another piece of an increasingly complex puzzle. Occupational health sales professionals—a term that includes clinicians who are pressed into service for the good of making a sale—are becoming far more educators than they are commodities dealers.

But there is a catch. The greater the need to educate, the harder it is to get the “I don't have a second to spare” prospect to sit down to actually be educated. Uneducated prospects are likely to revert to being commodities buyers, and your clinic's chance of an in-depth relationship with the company is diminished.

The best way to get a prospect's attention is to establish

credibility with that prospect at the outset. This usually requires patience, foresight, and innovation.

Other reasons for honing exceptional relationships with your prospects include:

- **Word of mouth.** Never underestimate the reach and power of word of mouth. Develop merely a *good* relationship with a prospect and they are unlikely to be singing your praises.

Develop an *extraordinary* relationship and word is likely to spread quickly; remember, everyone you meet along the way has the potential to be a de facto sub-contractor to your sales effort.

- **Follow the bouncing ball.** Up to one third of your contacts are likely to be employed elsewhere a year from now.

Over the years, numerous healthcare CEOs at RYAN Associates' client companies have left their organization for another, only to hire us again to replicate what we did for their former organization.

These “out of nowhere” leads would not have developed had we not walked out of the door with an exceptional relationship.

Build the Relationship

Exactly how does one build exceptional relationships, though? It varies somewhat based on the sales professional's persona, but there are some general rules:

1. **Be yourself.** Often, a sales professional wears their professional hat from 8:00-5:00 and their personal hat the rest of the time. In many cases, such a dual personality is correct and even commendable; in sales, it usually is not.

That is to say, it is important to allow your “personal self” (not just your “professional self”) to shine through when establishing a relationship with a prospective client.

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Frank Leone is president and CEO of RYAN Associates and executive director of the National Association of Occupational Health Professionals. Mr. Leone is the author of numerous sales and marketing texts and periodicals, and has considerable experience training medical professionals on sales and marketing techniques. E-mail him at fleone@naohp.com.

2. Learn—and remember—what is really important.

Learn what is really important to a prospect/client—both professionally and personally—and go back to these issues time and again. Remember, sales are always about “them.”

3. Check in frequently, and with balance. Most salespeople establish contact with clients or prospects only when there is a professional objective. However, it is important to balance sales-oriented contacts with no-obligation “social calls.”

4. Do little favors. In the e-mail era, it does not take much effort to send a short note, or forward a relevant attachment or a timely link. Yet, sales professionals rarely take the time to do this.

Once you know what is important to one or more of your prospects/clients, you can scour for relevant material and send it on (or, at times, on to more than one client/prospect interested in the same topic).

Do this frequently for contacts and you are likely to grow quickly from “just another salesperson,” to an “exceptional salesperson.”

5. Note critical dates. Gather birthdates and acknowledge them (a personal e-mail will do). Also, pay attention to any hints you may pick up, such as “I’m getting married August 19.”

6. Be selective. You cannot cultivate exceptional relationships with every prospect/client; you need to be selective. “Red hot” prospects that offer great professional opportunity for your clinic’s program warrant a seat in the front of the bus.

But what about chemistry? There are certain people that you are unlikely to cultivate an exceptional relationship with: you are from Mars and they are from Pluto. In such circumstances, you should avoid trying to fit the proverbial square peg into a round hole and consider even a “fair relationship” to be a victory.

Sales professionals should be “people-people.” As such, building strong relationships with others should be inherent in their fabric and a vital part of their professional day.

As occupational health becomes more complex, extraordinary relationships are essential. ■

the second code. How can I get them to reimburse for the second laceration? After all, the doctor really did perform two procedures.

A. Wound repair codes are a little different than many other codes. If the laceration repair was of the same complexity and the code for the repair includes repairs on the same body areas, then you should add the lengths of the repaired wounds and select the CPT code based on the sum of the lengths of the wound repair. Thus, to code these procedures, you should add the lengths of the two lacerations (2.0 cm + 1.2 cm = 3.2 cm) to select the proper code, which for this claim would be 12002 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities [including hands and feet]; 2.6–7.5 cm). ■

Q. I code for emergency room physicians. Our physicians also work for our urgent care center. If a patient is seen in the ER by one of our physicians, then a week later seen at our urgent care center, on the second visit is that patient considered a new or established patient?

— Question submitted by Cathy Stover, Richmond Hill, GA

A. Choosing a new or established code depends on the specific scenario:

- If the patient is seen by the same physician in both locations, then the second visit is coded with an established E/M code, no matter how each of the businesses is incorporated.
- Assuming that the physicians are employed by a different group in each location and assuming that the patient is seen by a different physician on each visit, then the second visit is coded with a new E/M code.
- If the physicians are employed by the same group in both locations, then the second visit (if seen by a physician of the same specialty) is coded with an established E/M code.
- If the physicians are employed by the same group in both locations and the two different physicians practice different specialties, then the second visit is coded with a new E/M code. ■

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