



# Once Upon A Time...

BY KIM LONGETEIG

Everyone loves a good story. Stories have a way of connecting our audience to a historical time and place. They paint pictures and teach us lessons. Stories can be rich in detail, and when the storyteller is a good one we stay captivated right up until the end. But when it comes to imaging services and profitability is at stake, storytelling often falls short of selling service.

By widespread definition, marketing departments are traditionally staffed with talented people who are experts at crafting a message or designing a campaign to target a very specific audience. They may not be looking to directly engage with the customer, and in many cases do not have this type of training. In a very real sense, they "tell" a story.

Sales-minded staff, on the other hand, traditionally focus on single transactions and shorter term relationships. A salesperson's training involves perfecting a process or series of steps. Most importantly, salespeople are responsible for asking for business. Salespeople would not be very effective at their jobs if they stopped short of closing the deal.

In many large, non-imaging companies, marketing and sales have very distinct functions. They are often two completely separate departments, and while their functions are generally performed to accomplish a common goal, their day-to-day efforts are vastly different.

In our world of marketing diagnostic imaging services, 'relationship marketing' is a global term which many practices can identify with as the foundation of their marketing efforts. The end goal is building longer term relationships with referring physicians rather than individual transactions. Utilizing a relationship marketing approach requires understanding the referrer's unique practice needs as they go through the life cycles of normal business and then providing a range of needs-appropriate services to them. Most imaging practices do not have separate and distinct sales and marketing functions. In fact, today diagnostic imaging marketing requires a hybrid professional, one who has the skill set and understanding to bring one or both elements to the task.

There is an ongoing debate that frequently surfaces about the differences in marketing and in sales, how we define ourselves in title and job description, and whether we should staff marketing people or sales people. So, if marketing and sales are so different, is it distinctly true that marketing people are meant to do the "telling" and sales people should do the "selling"?

Debate aside, telling can be very useful in marketing. Telling reveals unknown information and tends to focus on the benefits and features of our services, credentials, longevity, locations, and convenience. It also serves as a tool to give adequate repetition to our unique message and competitive advantage. Unfortunately, too much time spent on telling can take time and attention away from the real goal of asking for the business and getting the referral. Telling is not wrong; it's just not all that is necessary in today's competitive imaging marketplace.

The truth is, there are valuable and useful techniques we can learn from the world of sales to incorporate into our marketing efforts. There is room to strike a balance.

## Striking a Balance

There are a number of reasons why a very competent marketer may get caught in a pattern of telling. Besides the fact most marketers are just naturally good at it, there may be a belief that telling IS selling. And in a marketplace with fierce competition, and the industry rocked back on its heels with changes in reimbursement, marketers are under more pressure than ever to get the message out and to bring in more referrals from new and existing sources. This high-pressure situation can result in speed marketing, a marketer taking a hurried approach to reach as many referring offices as quickly as possible.

Marketers may also adopt a telling pattern because he or she does not feel comfortable, or in control of a conversation. This may be due in part to a fear of rejection or a

lack of practice knowledge. If marketing anxiety is suspected, practice leaders can reassess, ensuring the marketer has the proper communication tools and education resources to alleviate a debilitating fear, which at the very least restricts effectiveness.

Marketing and communications based on telling rather than selling can result in a dangling message – one that has been delivered to an audience that may not have been qualified to receive the message, is assumed to need or care about the information, is not engaged in the communication or is inattentive.

To strike an effective balance between telling and selling, a marketer must do more than share and gather the facts. They must actively sell. One critical sales step often overlooked by marketers in the sales process is commonly known as "discovery." The discovery process involves asking probing questions to engage your referrer in discussion. Discovery is a definitive way to truly understand your referrer's needs and give them a purpose for the marketing message. The more a referrer engages and asks service-related questions, the greater the opportunity for solving a referring physician's clinical questions. This dialogue often creates a need where one may not have existed. In this process the marketer becomes the referrer's radiology resource and adds practice value.

Discovery requires the marketer to be an active and engaged listener, taking notes, while affirming the connection with eye contact and gestures that acknowledge the communication. Marketers who are connected listeners can take those cues to ask another question that will return quality information. Active listening on the marketer's part allows the referrer to complete their question, thought, or frustration; whereas leaping ahead, interjecting comments, or interrupting the process may limit outcomes. However, there are times when the marketer may need to regain control of the situation if the dialogue begins to veer too far off track from its intended purpose.

Several example questions a marketer could ask their referrers during the discovery process include: "Which of our services do you use most often?," "When your patients return to your office, what do they say about us?," and "What is our competition doing right for you that we can do more of?" A marketer's fatal error is assuming the answers without actually asking the question. Understanding the referrer's perceptions often directs a unique marketing and sales approach for the targeted referrer.

Discovery can also be used to gauge the preferences of referring offices when the radiology practice already has

imaging and service solutions in place. An example of this could be asking the referring office, "When the doctor requests images of his patient's exam, does he want CD or film?" When sampling the market to broaden service offerings the marketer may ask a forced choice question such as, "We are considering extending our hours; which would your patients prefer: evenings or Saturdays?"

By using this guide to navigate the important but often forgotten discovery process, and to formulate probing questions, a marketer can close the gap between telling and selling and be positioned to ask for the referral armed with meaningful and essential information.

The manner in which a marketer relays this new information is as important as obtaining it. Oftentimes, initiating a dialogue based on service needs and preferences generates an action other than an immediate increase in referrals. Undeniably the marketing function is directly tied to the operational function, and the marketer may need to communicate a complaint or a preference that requires a change in the day-to-day operations of the radiology practice, or more specifically in the way the practice services a particular referring office. In this scenario, after eliminating service roadblocks, the marketer can now reasonably expect asking for a referral will be met with a positive reaction.

It is important the marketer be diligent with each follow-up and incorporates this process into the action plan. There is no quicker way to lose credibility than for someone to say he or she is going to do something and not do it, or by overpromising services the radiology practice cannot realistically provide.

In diagnostic imaging a marketer must be responsible for asking for the referral but not in the same "close the deal" single-transaction way a traditional salesperson would. Asking is the next logical step in a relationship cultivated by a marketer who has taken the time and the initiative to understand their referrer's needs and to communicate the unique way their services can meet them. That point in time from gathering information to closing the call – or asking for the referral – must be compelling. Referrers must have the assurance they have been not just heard but that a service or solution is in the making. An example of positioning a referring office's preference in a way that also makes sending referrals to your radiology practice an expectation is phrasing a closing statement like this:

"Since you've told me you prefer to fax your requisitions to us instead of call us to schedule, I'm going to let our operations manager and schedulers know to expect this change... go ahead and start faxing your referrals to us, and the next time I'm here, tell me how this is working for you."

The above statement demonstrates to the referrer that you were listening, seeking agreement of the requested

preference, and stimulating a call to action all in one concise conclusion.

## "All Clear!"


Just when it seems safe to expect the best possible outcome from asking for the referral, an unexpected objection or excuse may surface. A marketer may feel the objection is a personal reflection of his or her service or effort. In reality, an objection or excuse is really an opportunity to get more information. So never fear. An accomplished marketer plans to deal with the unexpected and stays on his or her feet by being ready to work a back-up plan.

The quickest way to leap over adversity is to be prepared with additional probing questions and the answers to possible scenarios. If it helps, the marketer may write and rehearse a script that can be used when faced with uncertain situations, but should not read from the script when the spotlight is on.

Referral data should be studied and analyzed to provide direction, create purpose, and to plan marketing initiatives. It can be particularly useful to confirm if business promised is business received. If your practice is providing for all the current preferences and services a particular referring office asked for, but the data does not reflect the expected referrals, an opportunity exists to go uncover what real objections may be looming.

Referral data can also be useful to determine the trend or pattern of referrals a physician contributes to overall volume goals, and can help with setting goals when comparing one physician's referral volume to another within the same specialty. The reality is referrers, both potential and existing, often give reasons other than the true problem at hand to stave off the efforts of a not-so-persistent marketer.

Incorporating sales tactics into marketing is an ongoing effort. It is key for an effective marketer in the diagnostic imaging industry to learn and use sales skills each and every time he or she calls on a referring office.

In the end, adversity is around every corner and it is not possible to win every call every day. So shake it off. The profitability of your imaging center or practice is directly affected by marketing's effectiveness and it requires much more than simply telling a good story. 

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