

## Opportunities to Lead Occur Every Day

Likewise, a closing technique that fails to produce a genuine commitment may explain why a presumed client sometimes uses a competitor. A program may say it has 150 client companies, but it sees patients from less than half of those businesses in its clinic. In those cases, it's possible the closing process was not successfully completed.

Often, prospects do not commit because at least one of their perceived needs is not being met. Remember, when a company refuses to commit, that doesn't mean it is no longer a viable prospect. In fact, that refusal can be used to reveal important information about what the program needs to do to re-define its product in order to meet the client's perceived needs.

In conclusion, with the need to justify every hour spent on sales, occupational health providers need to be sure that their program's sales efforts are getting results. If the results are not living up to expectations, inadequate use of closing techniques may be a reason.

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By Georgia Casciato

Thousands of sales are lost every year by salespeople who don't adequately qualify their prospects' interest and decision-making process.

Contrary to popular belief, closing the sale is not an isolated activity. Nor can it be successfully accomplished without a strong foundation of effective prospect-qualifying and interviewing that must take place throughout the sales process. Relationship selling demands integration of active listening techniques and the use of superior

questioning skills that take the guess work out of whether a prospect will buy.

Fatal objections raised for the first time by the prospect in the 11th hour exemplify a situation where one or more steps of the consultative sales process either received inadequate attention or were omitted. For example, the salesperson may have failed to:

- qualify prospects to identify needs;
- strategize appropriate solutions with the prospect;
- understand the conditions under which a prospect will buy;
- work to understand the true objection.

Awareness of sales traps is the first step in developing effective strategies for closing occupational health business. Salespeople often fall into the trap of misinterpreting a prospect's enthusiasm as a buying signal and cut the information-gathering and relationship-building process short by moving full speed into their presentation and trial close.

Here are some recommended steps for building a foundation:

1) **Evaluate needs:** To get an initial read on the prospect's willingness to consider your services and flush out issues that will have to be overcome in the sales process before closing, use inquiries such as:

- What do you know about my facility?
- Why did you agree to meet with me today?
- Have you personally had experience with our facility? How did we do?
- Do you know anyone else who has used our facility?

2) **Be a consultant:** Most prospects would rather spend an hour with a someone who has valuable insights to share than someone who wants to sell them something.

3) **Ask Deeper Questions:** Ask questions that address the prospect's problems and validate their need for your product. For example, if a prospect says employer-provider communication is their top priority

and that their needs are not always being met, the salesperson might ask, "Can you describe when appropriate communication has not occurred?"

4) **Identify the decision-maker(s):** Eliminate potential obstacles to closing early in the process by asking questions such as:

- How will your company select a provider?
- What is your role in the process?
- Can your company make its decision based on this proposal?
- Who in your company would sign a service agreement?

5) **Focus on value:** Cost is often mistakenly perceived as the primary obstacle to closing an occupational health sale. If the salesperson sells the real product - the provider's ability to help the client contain costs - this objection can be minimized.

6) **Consider motives:** *Why* someone is asking a question is as important as *what* they ask. For example, a prospect asks, "Does our competitor use your clinic?" and the salesperson responds, "Yes, so you can see we have experience working with a similar industry." But what if the employer doesn't want their employees to mix with employees from the competition? Had the salesperson qualified the question, i.e., found out why the employer was asking it, a more effective response could have been made.

In summary, closing a sale is like writing a play. It is important to understand the main characters and their motivation, outline the theme for dialogue, identify which characters have important contributions to make and which characters merely serve as a distraction, and adequately develop the plot to connect all the scenes. Closing the sale is clearly not an isolated activity.

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### Art of Closing an Occupational Health Sale

In occupational health, the act of closing a sale is not nearly as clear cut as it is in other types of industries, or even in other areas of health care.

First, the product is often elusive and/or consists of a myriad of services. Secondly, employee mandate, employer reticence, and a long history of freedom of choice clouds the issue. Accordingly, the occupational health sales professional should consider the following when planning for and executing the all-important close:

1) **Re-define Your Product** - The first dilemma is simply knowing when a sale has been closed if all a prospective client has to do is say "sure, we'll use you." In more progressive markets where capitation is becoming a way of life, this does not pose a problem because the sales effort involves a **discrete, definable product** that the employer must either accept or reject. The basic principle of closing, as described in this article, can then be applied.

However, in a market where the occupational health "product" is still a menu of services, other types of closing techniques are necessary. For example, "closure" may imply having the prospect complete a non-binding

client information sheet, arrange for a site visit to the program, or authorize a formal workplace audit.

2) **Make the Close a Quid Pro Quo** - A sale is really a transaction in which both sides benefit. Closing should be couched in phrases that indicate a mutually beneficial arrangement. For example, an appropriate closing line might be "upon receipt of the signed contract, we'll begin the full management of your injured workers and send you your first status report on March 1."

3) **Sound Like an Adviser, Not a Salesperson** - The salesperson should refrain from putting on pressure and making giddy promises. Instead, a sincere attempt should be made to emphasize the positive nature of the relationship. Expectations should be presented as likelihoods, rather than certainties. For example, a salesperson might say, "Under normal circumstances we strongly believe we can reduce your lost workdays by at least 10%," rather than "We will make a difference."

4) **Ask for the Close and Stop Talking** - The primary characteristic of an inexperienced closer is to ask for the close and to keep on talking. Once the

close is on the table, stop talking!

5) **Give the Prospective Client an Out** - Always provide the would-be client with an escape for whatever promise they make. For example, capitated contracts should include some performance-based risk for the provider; retainer contracts (e.g., \$1,500 a year to case-manage workplace injuries) should offer a money-back guarantee.

6) **Define Immediacy in Terms of Cost Savings** - The need for a would-be client to "sign up" right away must be translated into the immediate potential for cost savings. For example, the salesperson might say, "If we reduce your lost work-time experience by 10 percent, that translates into \$60,000 a year or \$5,000 per month. Let's get started immediately!"

Remember, the most critical issue associated with closing an occupational health sale involves evolution of miscellaneous services into one discrete product that is either a sale or no-sale. This approach provides a more genuine occupational health product (i.e., optimal health status and cost management), and it focuses on both the sales effort and product delivery. ■