

The Indifferent Physician

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Note: The author revised this article in January 2009. The market has changed and our approach to working with the medical staff requires constant updating and re-tooling.

Hospitals are more and more concerned with the harsh reality that market share is a limited and valuable resource. There aren't enough inpatient days to continue "business as usual." In fact, most don't even remember what business as usual is anymore. One thing has remained the same — physicians are still accountable for directing a large number of patients to the hospital of their choice. The result is that hospitals benefit from providing physicians with information on their services and capabilities.

Physician relations is now recognized as an excellent tool to connect directly with select physicians and create opportunities to grow referrals. It works great when physicians are receptive and the physician relations team implements a focused plan. However, not all physicians want what you have or want to change anything they are doing. The representative who deals with this — an indifferent physician must be armed with a plan. Indifference has been called the "acid test" of selling.

"I Have No Interest"

Before you even open your mouth, this is the message you get. Sometimes they say it and sometimes you wish they'd just say it because their body language is loud and clear. The starting point is to determine why the physician is indifferent. There are three general categories:

- Physician Has No Need for What You Offer

This is the physician who is content with their practice just like it is. More physicians are falling into this category. This is the physician who might open your initial conversation with, "I don't really need anything else from the hospital. We're just fine right now."

- The Practice Offers the Service Internally

There are many senior partners who have invested time, energy and financial resources in the development of office-based services. While some of these services are no longer state-of-the-art, the physician is content. This physician might say, "There's no reason to invest in your expensive laboratory system. We have all the services we need right here."

- A Competitive Service May Already Be in Place

This is often the case. In order to gain referrals, it is necessary to take them from someone else. The competition is not going to go away. Sometimes physicians will share information up front and sometimes you have to ask. All you might be told is, "We're all taken care of in that regard, but thanks just the same." A seasoned rep will have a strong sense of the competition. This is a key to working with this physician.

Each type of indifference requires a different approach. For "no need", your knowledge of the practice and potential concerns will be key to moving forward. Questioning should focus on areas where the practice is vulnerable and your service line is strong. With the physician who has their own system it will be essential that you understand your service line in detail and recognize advantages it provides. It is also

helpful to know any vulnerabilities within the internal system. Don't make assumptions about this however. As you develop the relationship, the physician will give you this information; their perception is always the one you want to work with, not yours. "The laboratory services we have in place now are working just fine."

The physician who is using a competitive hospital or a competitive service will also require questioning to gain understanding of what motivated their decision to work with the other facility. Second, the salesperson benefits from knowledge about actual or potential dissatisfaction that may arise with the competitors' services.

They Don't Want to Talk

All three of the types of indifference present a huge challenge for the representative. Face facts — the physician doesn't really even want to talk. Getting the physician engaged in dialogue may be the single most difficult and yet, most important aspect of this meeting. The starting point may be tense. The reality is everyone does like to talk about themselves.

Strategies to Open the Door:

- Ask the physician about changes they see in their practice.
- Another approach is to start with a general benefit statement. One that works well is to introduce what you have been hearing from other physicians.
- Resolve not to dump product information on this physician.
- Ask questions and listen in earnest. Many times, gathering data will be all you can accomplish in a first visit. It also assumes you are able to develop rapport, though generally limited, during this visit.
- Do your homework. Determine the direction of questioning you will want to pursue. Look for problems that could potentially be solved with your hospital's services.
- Resolve not to "sell" faster because you don't think you'll get much time with the physician. It's better to set your sights on relationship building only vs. the big hit...it just won't happen.

The key to long-term success is to gain understanding of the physician's needs. This will only happen if you can understand their issues. If the physician is speaking, they are part of the interaction. It is the surest way to keep them on the path toward the eventual uncovering of opportunities. If you have done your homework, you will have good questions. Be a listener. Use this dialogue to determine the type of personality you are dealing with and gather a sense of the physician's priorities.

While you have a series of well-planned questions, don't be a slave to your plan. If the physician's dialogue takes the conversation in another direction, go there. You may uncover other unmet needs that you otherwise would be unaware of.

The Differential Advantage

Physicians are most interested in what you can do first for them and, in turn, for their patients. The process is about selling value. The physician will not be motivated by product features; position the personal benefits. What differentiates you and your facility? Ask questions that may later allow you to position this. Not all referrals are made for logical reasons. Determine if there are friendships or long-standing relationships that make one area "off limits" at least initially. Don't underestimate the emotional aspects of the sales process.

Don't assume that distraction always means indifference. Use your intuition and ask the physician if timing is an issue. It is OK to call attention the fact that they don't look engaged in the process. Make sure that the physician you are meeting with is the right person for the service line you are discussing. There are times when a physician might listen politely, but the service you describe is one they will rarely use. It is the responsibility of physician relations to check your information to ensure you have a decision maker for the service line you are selling.

Recognize the differences of physicians are just as divergent as any other cross section of professionals. Some physicians are less enthusiastic, less personally engaging, less willing to take risks and less willing to make any decisions without some one else leading the innovation. Again, questioning will help you determine the type of personality and allow you to dialogue in a way that recognizes the physician's natural personality.

Some physicians will warm up to a more personal approach with discussion of their children, the state of healthcare in general or other local news; this may be your only sure bet. While the recommendation is not to start here, at least establish a conversation enabling you to go back to the hospital focus later.

Persistence Pays

If you believe that these are the right physicians, keep showing up. Don't give up on these physicians too fast. A well-established relationship may take months. It's not realistic to expect the physician to go from total indifference with no perceived need for your services to one who is captivated and willing to buy overnight. The physician relations representative must continue to present a positive approach and ask questions that will uncover a need the physician may not have realized. These unrealized needs may take time to find and to develop. Things that are worthwhile take time. Persistence and relationship building will win out with the indifferent physician.

Source: Kriss Barlow www.barlowmccarthy.com

Publications related to this topic on website www.practicesupport.com include:

[Physician Relations Today: A Model for Growth](#)

[Sailing the Seven “Cs” of Hospital-Physician Relationships](#)

[Physician Relations: Tips & Tools for Hospital Executives](#)

