Three Winning Strategies to Drive Referral & Revenue Growth + Five Killer Mistakes to Avoid

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Who We Are

• Mark Wilson
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Overview

- Home Care leaders and marketing professionals will learn *Three Proven Strategies* for using their Agency’s culture to drive referral and revenue growth.

- These strategies, along with *Five Killer Mistakes to avoid*, are practiced in Agencies throughout California and have been show to strengthen brand value and bottom-line-results.
Learning Objectives

• Learn strategies for increasing the quality of referral relationships and impact of sales and marketing efforts

• Understand the role organizational culture plays in shaping brand value/impact out in the field

• Learn to diagnose and resolve communication issues between sales/intake

SALES
How Many Of You Are Selling?

• How often are you selling?

• We all sell, all the time:
  – We persuade our co-workers to buy-into our ideas
  – We make a case for a priority we believe in
  – We get someone to cover our shift
  – We introduce our services to a potential customer
Winning Strategies

1. Solve Problems and Create Value for the Referral Source

2. Make It Personal and Move People to Act

3. Get the Language Right: Go From Peddling to Partnering

Winning Strategy #1: Solve Problems and Create Value for the Referral Source

• First Law of Sales

• Transactional Relationship vs. Strategic Partnerships
  – What are the indicators of a transactional relationship?
  – What are the indicators of a strategic partnership?

• Problem Solving vs. Problem Finding
  – Don’t tell me what my business needs
  – Don’t just give me solutions in search of a problem
  – Help me see the gaps and issues I don’t even know I have
Winning Strategy #2: Make It Personal and Move People to Act

• Shine Some Shoes
  – Selling is a People Business
  – People do Business with People they Like

• One Size Doesn’t Fit All
  – Get to Know Me
  – Make It About Me
  – When In Doubt, Stop Selling

Winning Strategy #3: Get the Language Right – Go from Peddling to Partnering

• The way we talk is a reflection of what we deliver

• When we talk in sales patter, we become sales people

• Nobody wants to deal with sales people

• Linguistics 101
The Pitch

• Hi Dr. Jones. How are you today? My name is Mark Wilson. I’m a home health representative with Acme Home Health. Have you heard of us? We’re a leader in local home health care and we’ve developed disease management programs that are benefiting medical practices just like yours. I believe our programs will really improve your patient outcomes. Is there a good time for us to sit down and go over them?

What They’re Thinking

• Who is this person?

• Do they sound professional?

• Is this call appropriate?

• Is this about me?

• Is this an issue I’m experiencing?
Analyzing The Pitch...

Hi Dr Jones. How are you today?[filler] My name is Mark Wilson. I’m a home health representative [demeans salesperson] with BestCare Home Health. Have you heard of us?[demeans listener] We’re a leader in local home health care [truism] and we’ve developed disease management programs that are benefiting medical practices just like yours. I believe our programs will really improve your patient outcomes. [demeans listener] Is there a good time for us to sit down and go over them? [unreasonable close]

Winning Strategies to Drive Referral & Revenue Growth – M. Wilson

Moving Beyond The Pitch...

Hi Dr. Jones. I’m Mark Wilson with BestCare Home Health. It’s a pleasure to meet you. I’m not sure if you’re familiar with us but BestCare is working with a number of local physicians in successfully managing their patients’ disease process at home. Our disease management programs along with our telehealth program are saving time and money for these offices and we’ve been able to reduce our overall rehospitalizations to between 8 and 10 percent. Best of all, patients love it. I’d like an opportunity to explore whether there’s a way we can assist you with patients that you might be concerned about. What would be the best way to do that and who should I speak with?

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Strategy-Culture Connection

• No matter how fancy, intelligent, and timely your strategy is...your culture has the potential to undermine it!

Outside Image Reflects Inside Character

• Brand is just a lagging indicator of culture

• You cannot have an internal culture that is different than the external image because promising one thing and delivering another = integrity gap

• Marketing materials and sales slogans that promote unrealistic commitments that are not practiced inside the organization = painting a smiley face on a dead rat
What Happens Inside the Agency...Is Reflected in the Community

• Translation: How we work together in our Agencies is a prime driver in how our sales, marketing, and clinical staffs perform in the community

• The healthy leadership and organization development practices that Home Health and Hospice Agencies can practice include:
  – Honest communication about small failures;
  – Willingness to share accountability at every level;
  – Mutual respect for roles and contributions; and
  – Everyday talk about the changing conditions in the field.
Killer Mistakes

1. Over-Relying on Past Success
2. Failing to Challenge Faulty Assumptions
3. Staying Busy, But Not Productive
4. Building Relationships with Individuals, Not Organizations
5. Getting What You Ask For, Then Failing to Deliver

Killer Mistake #1: Over-Relying on Past Success

• When is success the first step toward failure?
  – When we establish routines and expectations around a singular win...as the world changes, we don’t evolve with it.

• What do Microsoft, GM, and Starbucks have in common?
  – The biggest and the best turned into irrelevant, massive re-organization

• Signs that you may be over-relying on past success...
  – When all you do is change the title slide on your power point presentation
  – When you say “I’ll prep for the presentation in car ride over”
  – When you walk in the door with no research or intelligence in-hand
  – When you say “they already love us, so we don’t need to worry”
  – When you hope the spiel that worked for this doctor, works for that one

• In what ways are you relying on your past success?
Killer Mistake #2: Failing to Change Faulty Assumptions

- Information is everywhere, all the time, and it can be overwhelming
- The short-cuts we take to sort, filter, edit, delete, and consider rely on existing assumptions
- What faulty assumptions limit your thinking?

Failing to Change Faulty Assumptions

<table>
<thead>
<tr>
<th>Dangerous assumptions we make:</th>
<th>Dangerous assumptions others make:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We know our customers’ needs</td>
<td>• They don’t care about our needs</td>
</tr>
<tr>
<td>• We know what our customers value</td>
<td>• They only want our referrals</td>
</tr>
<tr>
<td>• We know how customers perceive us</td>
<td>• It isn’t worth giving them feedback</td>
</tr>
</tbody>
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Killer Mistake #3: Staying Busy, But Not Productive

- Performance Whitewashing
  - Treating all goals and opportunities the same
  - When everything is a priority, nothing is

- Skilled Incompetence
  - Completing easier tasks, while avoiding the more challenging (often more important) things

- Busy ≠ Productive

Are You Busy & Productive

<table>
<thead>
<tr>
<th>Our Sales Teams Look Busy When...</th>
<th>Our Sales Teams Are Productive When...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business cards in the “fish bowl drawing” are overflowing</td>
<td>Content-driven discussions give people useful information to consider</td>
</tr>
<tr>
<td>We get a list of 25 new prospects</td>
<td>We carefully consider the needs and values of one prospective customer</td>
</tr>
<tr>
<td>All 14 of my sales calls got made</td>
<td>The preparation for each call was thorough and the goal for each contact was met</td>
</tr>
<tr>
<td>Hours and hours are spent in the CRM software</td>
<td>Relevant reports are produced from the software that drive action in the field</td>
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</tbody>
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Killer Mistake #4: Building Relationships with Individuals, Not Organizations

- Who is your customer?

- If your customers are individuals – as opposed to businesses – what happens when they...
  - Go work for a competitor
  - Switch industries
  - Get married and move to Kansas

- We need rapport with individual and relationships with organizations
  - Get face time at different levels
  - Don’t be one-dimensional - deliver value that reaches into the organization as far as possible
  - Ask for hand-offs and introductions before change occurs
  - Offer the same courtesy back

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Killer Mistake #5: Getting What You Ask For, Then Failing to Deliver

- What happens when that coveted referral slides through the fax machine, and...
  - Operations sees it as “just another referral;”
  - The clock reads 4:35 pm, but the attitude of intake is “we’ll get to it tomorrow;”
  - The clinician is 25 minutes late to the first visit; and
  - The physician is not given a timely update on the plan of care.

- While it seems like the hard part, promising and getting business is easy

- Delivering consistent, value-added results is the true test.

- You only need three things to ensure follow-through and accountability: Communication; Communication; and Communication.

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Meet Joanne...

- Top rep in the Agency, asked to “share her secrets” with new trainees

1. I engage with my coworkers (intake and clinical) regularly so I know what their daily challenges are;
2. I dig into our services and take time to learn about and understand disease processes as they relate to the effects on our patients;
3. I speak fluently about the care delivery provided by our Agency, which means I can hold my own with discharge planners, physicians, as well as patients and care givers;
4. If I don’t know, I never fake it. I say “That’s a good question; let me look into it to provide you with the best answer by the end of today;”
5. In every meeting with a prospective new referral source, I always ask two questions: 1) What has your experience been with home health and hospice? and 2) What do you find most difficult as you manage the day-to-day demands of patient care?; and
6. Then I simply listen...I don’t say another word unless it relates to their response; anything beyond what matters to them is “just a sales pitch.”

Things We Say to Avoid the Change We Need to Make

12. That discharge planner is best friends with the rep at our competitor.
11. That Dr. doesn’t really believe in Hospice.
10. I’ve been in there every week and that SNF still doesn’t have any patients!
9. Our quality of care is excellent, we only dropped the ball because its so busy.
8. There are so many changes coming down the pike, let’s just wait until we know for sure...
7. The reason we do not innovate is because our patients love us and they are happy with what we do.
6. The competitors are probably doing something shady.
5. Our products and services are great; people just don’t get it.
4. They are not giving us more referrals because they just want to share the wealth.
3. I already have a great relationship with that referral source so I do not need to check-in with them very often.
2. This is the way we’ve always done things.
1. Home care services will always be needed, so we do not have to innovate, compete, or work harder than our competitors.
Closing Thoughts

- The Real Value of “Value Propositions”
- Help people know what they don’t know
- Help people to see results and impacts:
  - 92% of our patients say they would use us again...What does that mean to them?
  - We’ve got the best nurses in the business...again...What does that mean to them?
  - Mark Wilson’s workshop session was the best ever...seriously?

Discussion + Q & A

- Open Discussion
- Q & A
Presenter Information

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+
Five Killer Mistakes to Avoid

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