

EPISODE 10

Hospital Liaison Sales and Service Strategies with Noah Fleming

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Noah Fleming (00:00):

Did I do something that's meaningful? Did I do something that's memorable, or did I do something personal? And if you can do those things, I believe anybody can be a great salesperson. You're right, there's some people that are truly born salespeople, but for the rest of us, if we can understand those simple concepts, we can do really well in sales, the physician liaison. At the end of the day, these are sales-related positions.

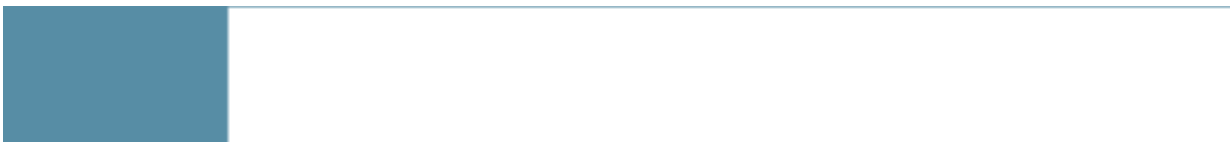
Sometimes we need to look at things with that critical eye. We need to take off our physician liaison hat in this case, and we need to put on the patient hat, or the outside perspective hat, and look at things with a critical eye and then go and look at our competitors and see what they're doing differently. Is there something we can borrow? Is there something we can improve? This is the world I'm operating in now, and these are the rules I need to play by. So I better try and get good at it.

Announcer (00:54):

Welcome to The Healthcare Leadership Experience, a place where healthcare leaders will share proven strategies and innovative approaches to leading the clinical and business side of healthcare. This show is sponsored by VIE Healthcare Consulting, who's proudly helped hospitals save over \$700 million in non-labor costs since 1999. Here's your host, Lisa Miller, Founder and CEO of VIE Healthcare.

Lisa Miller (01:18):

This is Lisa Miller, and I'm the host of The Healthcare Leadership Experience. Today, our guest is Noah Fleming. He is the author of *The Customer Loyalty Loop: The Science Behind Creating Great Experiences*, and two other books. He is a strategic marketing expert and CEO of the Fleming Consulting Company. He has provided



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coaching and consulting services for thousands of businesses and executives on customer service and marketing.

On today's podcast, you will hear us talk about hospital physician liaison strategies, new ideas and approaches, how hospital liaisons can effectively market services virtually, and why sales training is so important for hospital liaison teams. Please go to noahfleming.com to learn more about Noah, his books, and services. If you'd like to learn more about VIE Healthcare, please go to our website, at viehealthcare.com, and schedule a call with me, to learn how we can support and accelerate your purchase services, margin improvement, and cost savings goals. Now, let's get started.

Well, Noah, I am so excited to have you on The Healthcare Leadership Experience, and I'm super excited about this conversation because I think it's just so important with where healthcare has been going and continues to be going in terms of having an integrated delivery system, and really hospitals working with physicians in diagnostic imaging and just working within a whole network. So welcome to the show.

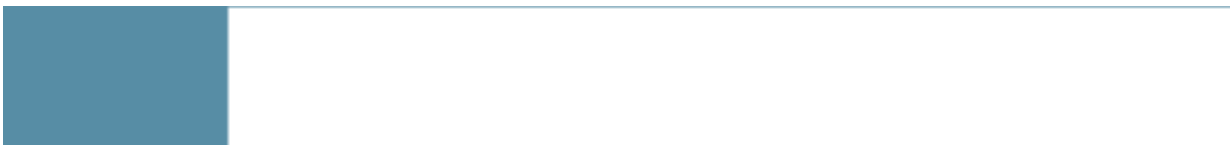
Noah Fleming (02:50):

Well thank you for having me. I'm thrilled to be here and yeah, I'm thrilled to see what we can talk about.

Lisa Miller (02:55):

That's great. And I'm kind of throwing you into the fire a little bit because you and I have known each other for a few years and you know my work in healthcare, and I know your great work in sales, and of course, you've helped us and we've had lots of great discussions, but I'm kind of throwing you to the fire, but I think it's so important because one of the goals of this show is to integrate different thinking outside of healthcare. I mean, we want to have healthcare expertise, but we also want to know what's best practice outside that we can bring in and possibly rethink and try and experiment and use some best practices outside of healthcare, so that's why I thought this would be a great conversation.

So as you know, as we talked a little bit about physician liaisons and the teams that hospitals have in the hospitals, they're really meant as a critical component to delivering high-quality care and long-term management of costs, right? So I have a question for you. These teams are so important, they're going out and they're problem solving. They're making sure that there's no leakage, like the referrals that they're staying in their system. They want to talk about new services or really sales, right? Can you talk about sales training and why it's so important and why, in your experience, why it matters?



Noah Fleming (04:14):

Well sales training, we can certainly talk about, and we can talk about the role of the physician liaison, and you've kind of taught me some new roles in the hospital, but at the end of the day, these are sales-related positions, they're salespeople. And the work that I do, is all about plugging the holes in the bucket. And so just like a business, a business will become like a leaky bucket and customers will leak out on one end because they haven't finely-tuned their process. They haven't finely-plugged those holes up. Same with the hospitals, same with patients. Without enough care to plug the holes in the bucket, we're going to lose those things.

And so this is really a sales-related role. Referrals for example, are a critical and integral area of sales. And they're highly applicable here as well. From my understanding, the physician liaison really serves as the representative to the doctor, or to the hospital —and they kind of bridge that gap. They bring in the referrals, they kind of spread the word.

Lisa Miller (05:21):

Absolutely. Yeah. They're meant to ensure that those referrals are coming into the network, making sure there's identification of any leakage. And they're doing that through data, through claims data through CRM systems — but their role is, I think, more of it's maybe called marketing, but I think it's marketing, but if it does border that sales aspect, right?

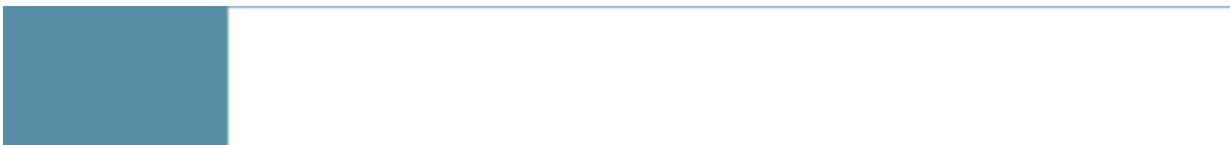
Noah Fleming (05:43):

Yeah. And so what happens in the business world and I'm sure you would agree, it probably happens in the healthcare world, every business out there says we provide an unparalleled experience for our customers. I'm sure hospitals say we provide an unparalleled experience here for patients. And so what happens is they believe that referrals will just simply come from the idea of doing good work. And sometimes that's true, but for referrals and referral generation to be really effective in either generating additional revenue, bringing in new people for additional procedures, whatever it might be, that needs to be a process.

And those liaisons need to think about it in that way. And so instead of just relying on everybody to do good work, they need to turn that into a process. They need to be able to go out there and systematically ask for those referrals. And if they're answering to somebody else, then those people should have tools in place to make sure that those things are actually happening.

Lisa Miller (06:45):

Absolutely. So I want to just dig in a little bit on skill level, right? I think that these positions are so important. These physician liaison teams within hospitals are going



out and they could be doing everything from a launch, right? They could have a launch of a new service. They could be out there identifying problems or process improvements, or they're helping physicians with growth. I mean, they're doing some amazing work and I want to talk a little bit about skill level, because sometimes I think, "Okay, well salespeople are kind of born," and maybe to some degree that's true, right? Maybe it's more could be outgoing or...But I actually think that it's the opposite, that you really need a lot of training and consistent training and always sharpening your saw, "Okay, what are the industry best practices for me to sell and market? So what's your thoughts about that?"

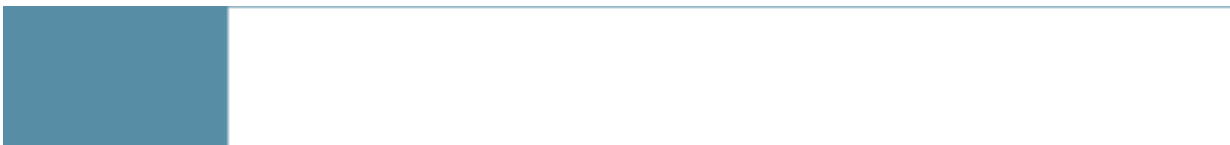
Noah Fleming (07:45):

So, in my work, again, I'll go into an organization, that's let's just say, an engineering company and they'll have 80 engineers who are called their "sales team." And they're not really salespeople, so they have to learn, you're right, they have to continuously sharpen the saw. Sometimes they have to learn very basic things like how to listen to customers, how to communicate with customers. I have a simple thing that I use with my clients called the MMP Principle, and it's incredibly simple. It's that whenever you're reaching out, you need to put your reach out, your communication, whether it's proactive or reactive through a lens of, did I do something that's meaningful? Did I do something that's memorable — or did I do something personal? And if you can do those things, I believe anybody can be a great sales person. You're right, there's some people that are truly born salespeople, but for the rest of us, if we can understand those simple concepts, we can do really well in sales. We can build our client list and we can maintain our touch points with them.

And we can always ask that simple question. Am I doing something? Am I communicating in a way that's meaningful, memorable and personal? And to me, that's a really simple way to continually sharpen that saw. But you're absolutely right, I think, ongoing training is required, process improvement. Sometimes they're going to need outside help to get that. So just like I talked about early on, the holes in the bucket, when they're looking at a process, they need to ask themselves, "Where are the leaks in that process? Where can we plug things up? Where can we improve? How can we tighten that up?" And sometimes it's a matter of codifying those processes, making sure they're written out, making sure you understand each step of the process. So I totally agree with you. Ongoing training is incredibly important and sometimes it doesn't have to be hard, just improving listening skills, for example. Taking the classic doctor example that you want a doctor that's going to assess you and is going to look at you and they're going to diagnose the situation before they prescribe a solution. And that's really simple listening in most cases.

Lisa Miller (09:56):

Yeah. And it's so true. I think listening is so underrated and we just don't do enough



of it. And it leads me to actually a different thought I had, not my next question, yet...is we always want to know what we're doing right, which is great. We want to hear what we're doing right. I think the question that we don't ask enough is, "What are we doing wrong?". It's really hard to ask that question and to go to a physician and really say, "Listen, what are we doing wrong?" It goes even further than saying "What can we do better?", because sometimes people don't always share what we're doing wrong, or maybe it happens too far down the road, and in the levels of annoyance. And what are your thoughts? It's just something that came to me, when you talked about listening. How do you approach that when you're doing coaching and consulting?

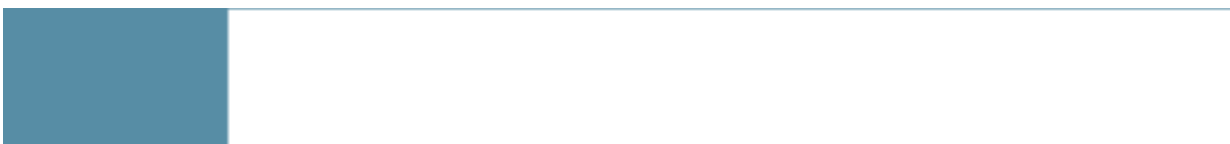
Noah Fleming (10:47):

Well, it's really interesting that you asked that. So just this past week, I've got a newsletter that goes out to thousands of executives. And this week I posed to them a really simple challenge. And I said to them, "From a sales perspective, go to your own website and try and figure out how easy it is for potential prospects or potential, in this case, patients to get in touch with you. To either get a support question answered, or to start the sales process." And I kid you not, if you saw the responses that I got from people that realized they had forms that go nowhere. They had no contact forms, they had wrong emails, it would blow your mind.

And what I asked them to do next was after you've done that to yourself, go and look at your top three competitors and ask the same questions, look at their site. How do they do things differently? What can we borrow from them? And so to go back to your question of how to learn what we're doing wrong, sometimes we need to look at things with that critical eye. We need to take off our physician liaison hat in this case, and we need to put on the patient hat or the outside perspective hat and look at things with a critical eye— and then go and look at our competitors and see what they're doing differently. Is there something we can borrow? Is there something we can improve? One person said to me, "It's funny, I looked at about a dozen competitors and I found they all do this one thing the same, but we don't do it at all." And so now he's asking the question, "Is that a good thing or a bad thing?" And it might be both, or it could be a really bad thing that they're not doing it. And so these are just really simple ways to start looking at that with a critical eye.

Lisa Miller (12:27):

Yeah. I love that. That's such a great exercise and I know you're very, I don't want to say tactical, but you have so many methods and approaches that you utilize in your coaching and consulting practice to organizations that, like you said earlier, make those conversations meaningful, memorable, and personal. And even now what you just said, "Go to your site. How easy is it to maneuver?" And I love those processes



because they're real, they're not just out there as theory. You really have some neat tools, Noah.

So I want to jump to customer service, right? And can you just give us a couple of principles or a couple of things to think about when you're working with organizations on that customer service side? Because again, this physician liaison role also to another degree, it is service, it's servicing the hospital, but the physicians and pulling all that together. Can you just talk a little bit about what you see as good ideas and strategies for our listeners?

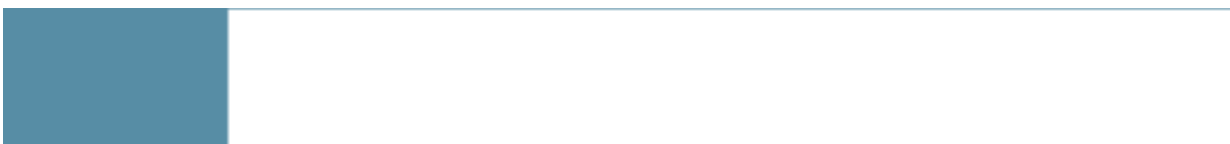
Noah Fleming (13:27):

Sure. So, as you mentioned, you alluded to there, I've got some things that are very tactical. And one of the things I like to do is keep things really simple. And so in my first book, Evergreen, I talked about a common sense customer service approach. And this is at a time when there are organizations out there where there's this belief that every complaint is a gift. And, I say, "Okay, to an extent, right?" And what we need to recognize is that there's a really simple way to look at customer service issues. And I always ask the question, "Is the complaint, criticism, feedback, or concern valid or invalid?" And so now we've got a little funnel and we can put whatever's coming to us into that funnel and say, "Is this valid, or is it invalid?" Valid means, yes, the customer has a valid concern. They paid for X, and they got Y, they got the absolute wrong product or the wrong treatment or the wrong service. That's entirely valid.

There's invalid complaints. There's a few reasons why they're invalid complaints. Somebody just has a bone to pick, they're having a bad day. They want to get something for free. They want to get a discount, whatever it might be. And so there are different ways to deal with both of those situations.

The example I always give is somebody staying in Times Square in the heart of New York and coming down to the front desk, and the next morning at the hotel and saying, "It was bright out, it was loud. I didn't realize there'd be people out all night. I want my money back." Well, to me, that's an invalid complaint. And so there are ways to address that without having to give the customer the farm and think, "My gosh, we might as well close up the hotel, because we built it in the wrong spot."

Then you have customers that are paying a premium price for a premium product, that's positioned in a way that sets a very high expectation, then you need to be able to live up to those. And so if the customer is paying for X and they have an experience that isn't congruent with what's been promised, then that's probably a very valid complaint. And then you need to ask yourself, "How do you deal with that? Do we



need to take this to heart? Are there deeper, bigger improvements we need to be looking at from an organizational perspective, department perspective?" And it's just a really simple way to ask those questions and kind of dig down quickly.

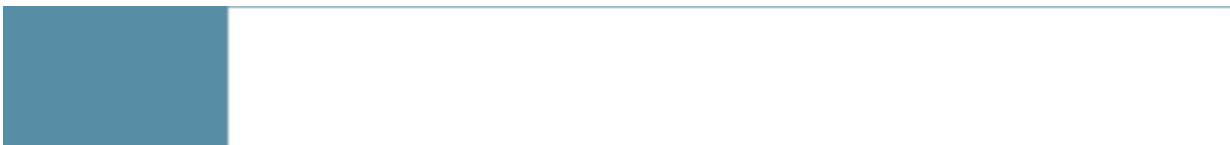
Lisa Miller (15:44):

Yeah, that's great, Noah. And we're going to wrap up in a few minutes. I'm going to try to get two questions in, but I definitely want this one. Everybody has been impacted by COVID. And so one of the areas that particularly position liaisons and their outreach has been severely impacted, right? So this normal routine of going to the office, having educational events there, lunches, or just having that freedom, I don't think it'll ever go back to that. So I feel like that there needs to be a strategy around that virtual connection, but how do you get a doctor or whomever to get in front of a camera. So I think there's some ways you could do that, but I think there really needs to be a lot of thought. So can you maybe share, and this is, I've put you completely on the spot, right? This is a challenge. How do you get in front of very, very busy professionals? Normally you can do it one-on-one and maybe you have some innovative ideas or a good place to have a nice discussion about?

Noah Fleming (16:50):

Well, I'm not sure if I have too many innovative ideas, except you're absolutely right. This is turned everybody's lives upside down, as we know, and a lot of people have had to learn to do things that are perhaps really uncomfortable for them. So, as an example, in the kind of work that I do with other clients, we've had to train entire sales teams and entire sales forces is to make those presentations in a virtual format. People that were used to going out and being able to demonstrate products and to let them feel it and to touch it, well, those days right now, they're gone, they're not here, and there's no idea when they're coming back. So we've had to train them to do that. And in some cases it's taken time, but it takes a lot of practice.

The other really simple thing is sometimes they need help with the really basic stuff, like how to position your camera on your webcam. It sounds like such a silly example, but we had salespeople that were doing presentations with only half of their face showing. Just helping in very simple ways to get better at that. So role playing is incredibly important. So if doctors and physicians are uncomfortable with that or physician liaisons in that matter, doing some role playing either with somebody else in a non-threatening fashion, doing it with a coach or a consultant. Incredibly valuable. doing it with somebody like yourself, just to get more comfortable, and that's really what it takes. It takes a lot of time of us sitting there and going, "Okay, this is the world I'm operating in now, and these are the rules I need to play by. So I



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There are other things that they can be thinking about. And I know you've had Lisa Larter as a guest on your show, and she's fabulous. Doctors, hospitals, physician liaisons, they can start to think about ways to multiply their marketing efforts through more traditional means like webinars, virtual trainings. There's all kinds of neat things out there right now, and it's just a matter of getting comfortable with the uncomfortable, and trying some different things.

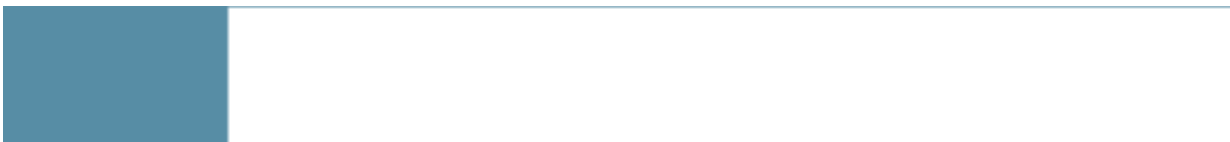
Lisa Miller (18:49):

I love that, how you can multiply the effort. Love the webinars, it's a great strategy. And also just making sure that the way they conduct the virtual event is done in a way that's probably, like you said earlier, meaningful, memorable, and personal, right? And maybe there's an organization, there's a structure to it, because you got to use their time well, so how do you get comfortable, like you said. I think the thing that I want to ask you because you and I have talked about this separately, the use of maybe recording or video, that's maybe two or three minutes, and maybe for instance, I know you've done it with your clients, and I had started to do things with you.

If I want to show something on the screen and talk through it, and then it's like a minute or two, and then I send it via email. You do that a lot. And I think that, that's something that's probably, I could see if I'm a liaison and I wanted to share a report or share something, I might just pull my screen open and just talk through it and then send it out. What do you think about things like that? Are they becoming more standard Noah?

Noah Fleming (19:53):

Yeah. I mean the default for most people would be send that report over via email with a paragraph of text. And what happens when you do that is you lose that entire



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feeling of meaningful, memorable and personal. And so there's lots of tools right now. There's one called Loom, I know you and I have talked about that. And what Loom does is it does a screen-share essentially where you can walk somebody through a document, a proposal, whatever it might be, and you can be on the screen so they can see you. And what that does, it just adds a little bit more of that personal touch. So you can say things like, "Hey, Lisa, here I am today. I just want to take the time and make sure I walk you through this document that I'm sending over. I know you're going to have questions. So I'm going to quickly do this. If you have any concerns at all, you can reach out to me."

Again, just a lot easier than email. I heard somebody that I really respect recently say, "Email is the single worst tool, and yet we all rely on it so much." And so if you want to break through either in sales, as a physician liaison, whatever it is, pick up the phone or do something like what we just talked about with Loom, put a face to the name. People want that level of interaction. Even though we're in this sort of virtual environment right now, there's this constant default to email. We can do so much more, and that's a really simple way to break through.

I have clients that have made it very specific rules in sales that they will not email. They will always attempt to pick up the phone first and they'll make one or two attempts, maybe three, and if they can't get through that way, then they're going to default to email, but it's a really simple way to break through, and it just adds that meaningful, memorable, personal touch to everything you do.

Lisa Miller (21:37):

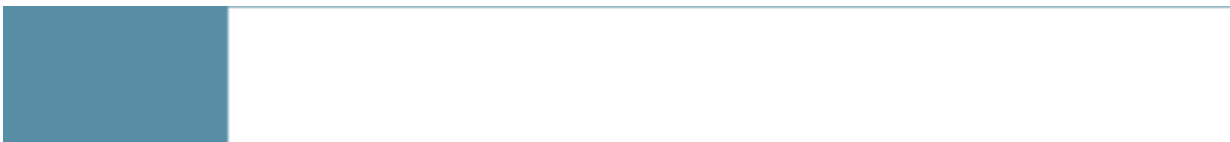
Yeah. Thank you. I think we're going to end on that note. I agree with you entirely about email. I think it's definitely a tool, but definitely has been overused so much. Even having a voice whether it's behind a call, a video, a recording, it just has so much, the inflection, it has a different experience. And so Noah, I want to thank you for being on the show. Everyone can go to Noah's site, it's noahfleming.com and Noah, can you please share the podcast that you have, which is fantastic. It's the Evergreen Show.

Noah Fleming (22:13):

Yeah, so we do the Evergreen Show. It's a short podcast, just like Lisa's, which is fabulous. It's a 15 minute show where we try to give pragmatic, actual tips that you can use. Again, Lisa, thanks for sending them to my website, thrilled to talk to anybody that would like to check out and learn a little bit more about what we do. But yeah, it's just great to be here, and I think you're doing some fabulous work as well with this show and I'm excited to see where it goes.

Lisa Miller (22:37):

Thank you, Noah. Thank you so much.



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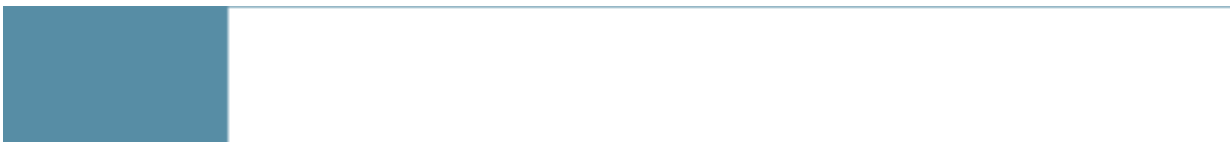
Noah Fleming (22:38):

Thanks.

Announcer (22:43):

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Thank you for listening and we'll see you again next week.



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MEET LISA MILLER



It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999.

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

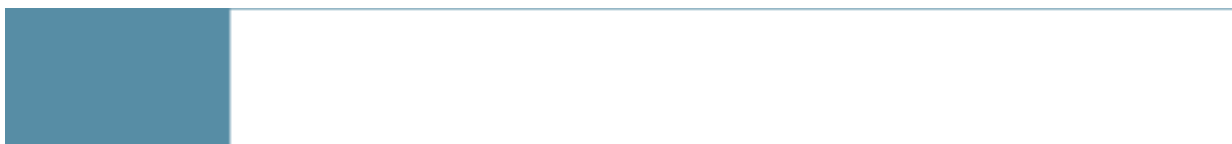
Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through front line insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.



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MEET NOAH FLEMING

Noah Fleming is an author, speaker, and the president of Fleming Consulting & Co.

Noah—who has worked with companies with \$2 million to \$5 billion in annual revenue—is focused on showing clients how to find the most relevant leverage points to create lasting positive change in companies of any size. He's provided coaching and consulting to thousands of business owners, executives, and individuals looking to dramatically grow their businesses, showing them how to leverage the hidden assets they already have in place. In addition, Noah is the author of the #1 Amazon bestselling books in the categories of sales, marketing, and customer service, *Evergreen: Cultivate the Enduring Customer Loyalty That Keeps Your Business Thriving* and *The Customer Loyalty Loop: The Science Behind Creating Great Experiences and Lasting Impressions*.

