



# ADVANCED **GROWTH**

Workshop **Participation** Guide

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**DAY 1** | Introduction/Selling Skills

# AGENDA

SUBJECT	PAGE
Welcome + Housekeeping	
Light the Way	1
The Sales Process	2
Introduction and Connecting	5
Our Referral Sources	10

**INTRODUCTION**

The Right Mindset for success in Healthcare sales

- › I can... IF...

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- › Growth mindset versus fixed mindset

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- › Self-coaching

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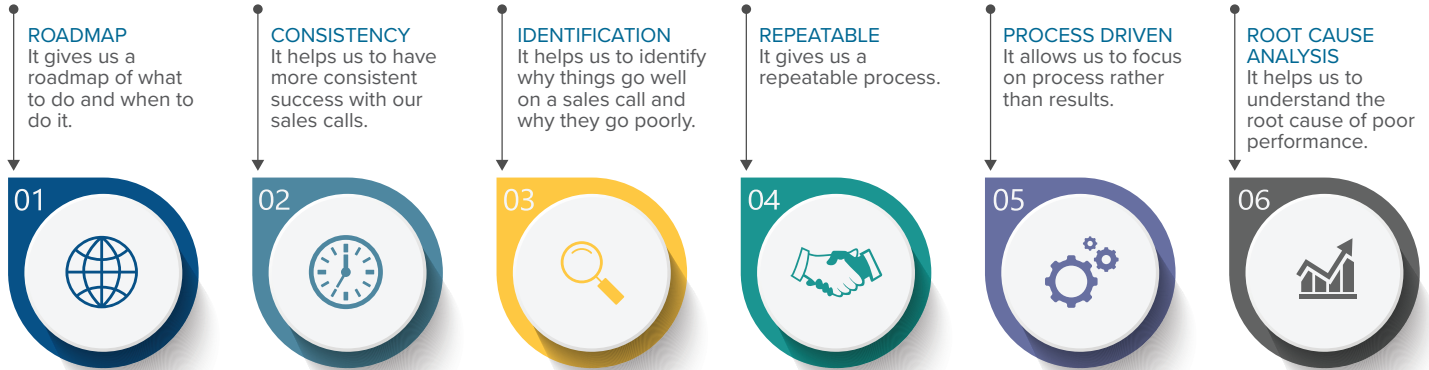
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## SALES PROCESS

### WHY HAVE A SALES PROCESS?

Reasons for a Sales Process



### Discussion:

Solicitor:

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Servant:

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Consultant:

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Why is a consultative approach so important in healthcare sales?

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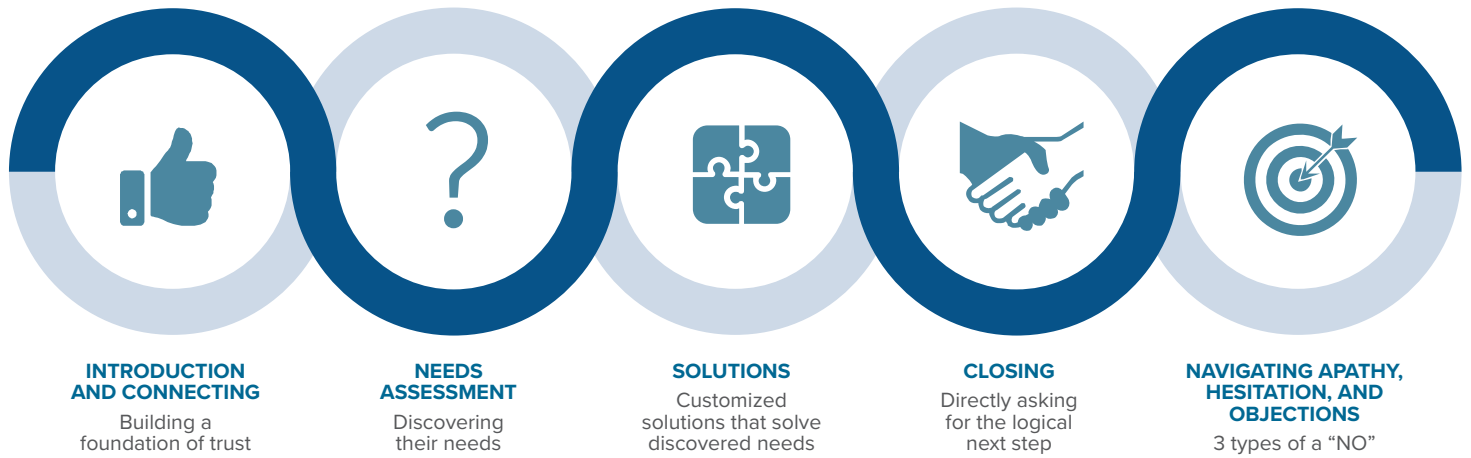
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### THE FIVE STEPS TO REFERRAL GENERATION



**Discussion:**

What if we skip the Introduction and Connecting Step?

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What if we succeed in Connecting but skip the Needs Assessment?

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Why is a fake “YES” so bad?

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### SALES PROCESS: ONGOING

#### Reinforce

Reinforcing the referral  
source's decision to refer

#### Avoid ongoing apathy

Proactively increasing  
customer satisfaction



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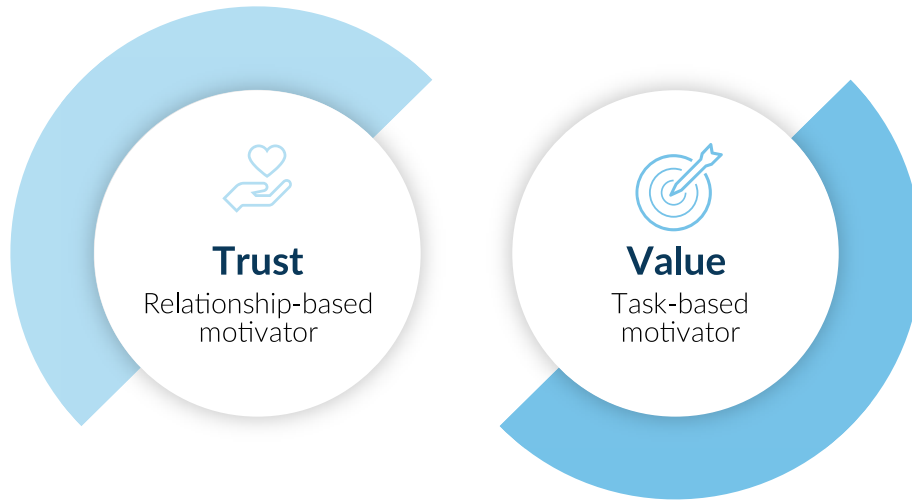
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GET READY TO CONNECT

Trust and Value



Discussion:

What does trust look like? How can you tell that they trust you?

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## TRUST

### Discussion:

When developing trust with a referral source, you must demonstrate 3 key behaviors.

- > Reliability
- > Integrity
- > Care

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## VALUE

### Cost versus Value

Decision-making: Balance of cost versus value

1. Cost
  - › What do I have to lose?
2. Value
  - › What do I have to gain?

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### Creating Perceived Value and Building Trust

Three things that you must do **BEFORE the call** when creating perceived value and building trust:

1. Research the account
  - › Know what to research
  - › Know how to research

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2. Set 2 to 3 goals
  - › Set primary and backup goals
  - › Expand or Compete?

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3. Prepare value-added introduction
  - › Why you are there?
  - › How you will conduct yourself?
  - › What's in it for them?

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OUR REFERRAL SOURCES

CONTACT / ROLE	NEEDS / CHALLENGES
ACCOUNT TYPE: <b>HOSPITAL</b>	
<p><b>CEO/President/Administrator</b> – Operations, contracts</p> <p><b>COO/CNO</b> – Operations and quality concerns for the entire hospital</p> <p><b>Chief of Staff</b> – Medical Care oversight</p> <p><b>Hospitalist</b> – see patients in the hospital only, speed up discharge</p> <p><b>Information Desk/Operator</b></p> <p><b>Unit /Department Secretary</b></p> <p><b>Chaplain</b></p> <p><b>Case Management/Discharge Planners/Social Services</b> – patient advocate, responsible for coordinating discharge and post-acute services</p> <p><b>Departments</b> – ER, ICU, Telemetry, Med/Surg, Cath Lab, Respiratory, Oncology/Hospice</p> <p><b>Population Health</b> – committee or coordinator</p>	<ul style="list-style-type: none"> <li>› Length of Stay (LOS)</li> <li>› Diagnostic related grouping (DRGs)</li> <li>› Hospital acquired conditions (HAC)</li> <li>› Reduction in 30 day readmissions</li> <li>› Staffing</li> <li>› Safe discharges</li> <li>› Outcomes/Image</li> <li>› The referral process – easy access without complications</li> <li>› Timely response for care coordination</li> <li>› A “one stop shop” approach</li> <li>› Service consistency</li> <li>› Quality patient care</li> <li>› Geographic service area</li> <li>› Weekend and after five coordination and SOC</li> <li>› Having the hospice conversation</li> </ul>
ACCOUNT TYPE: <b>PHYSICIAN OFFICES*</b>	
<p><b>Physician</b> – writes the order for home care or hospice</p> <p><b>Physician Assistant</b> – patient care</p> <p><b>Nurse Practitioner</b> – patient care</p> <p><b>MTM Pharmacist</b> – medication therapy management program, meet with all the complex cases</p> <p><b>Patient Care Coordinator</b> – supports patients with complex needs</p> <p><b>RNs/LPNs</b> – patient care, sometimes coordinates/influences referrals</p> <p><b>Referral Clerk</b> – the person who calls in the referrals for home care or hospice</p> <p><b>Medical Assistant</b> – administrative, billing, referral coordination</p> <p><b>Referral Coordinator</b> – manages referrals, insurance authorization</p> <p><b>Office Manager</b> – administrative, scheduling, understand patient mix, billing</p> <p><b>Gatekeeper</b> – receptionist, patient check-in, VERY important!</p>	<ul style="list-style-type: none"> <li>› Increase revenue/protect bottom line</li> <li>› Phone calls</li> <li>› Too much paperwork</li> <li>› Increased focus on hospitalizations and re-hospitalizations</li> <li>› Difficult patients take up too much time</li> <li>› Referral process takes too much time</li> <li>› Patients don’t take/understand their medications</li> <li>› Efficient communication</li> <li>› Time and money</li> <li>› Having the hospice conversation</li> <li>› Bereavement for office staff close to patients who have passed</li> </ul>

CONTACT / ROLE	NEEDS / CHALLENGES
ACCOUNT TYPE: <b>SKILLED NURSING FACILITIES</b>	
<p><b>Administrator</b> – operations, census, compliance, oversight of all building operations, quality of care</p> <p><b>DON</b> (Director of Nursing) – compliance, cost control, delivery of care</p> <p><b>ADON</b> (Assistant DON) – resident care, medication management</p> <p><b>MDS Coordinator</b> – Medicaid billing, level of care changes</p> <p><b>Education Coordinator</b> – staff education, inservices</p> <p><b>Medical Director</b> – compliance, quality of care</p> <p><b>Primary Care Physicians/ARNPs</b> – different from the Medical Director, these MDs continue as the PCP</p> <p><b>Social Worker/Admissions/Marketing</b> – resident advocate, family support, marketing, move-ins</p> <p><b>Billing Clerk</b> – billing, Medicaid Room and Board</p> <p><b>RNs</b> (don't forget the nights and weekends) – resident care, resident advocate, family support</p> <p><b>Activity Director</b> – resident activity</p> <p><b>CNAs</b> – resident care/assistance with ADLs</p>	<ul style="list-style-type: none"> <li>› Re-hospitalization rates</li> <li>› Referrals come from hospitals</li> <li>› Staffing</li> <li>› Time</li> <li>› Quality results</li> <li>› Having the hospice conversation</li> <li>› Placing GIP or respite patients for hospice</li> <li>› Bereavement for other residents when hospice patient passes</li> </ul>
ACCOUNT TYPE: <b>ASSISTED LIVING FACILITIES</b>	
<p><b>Owner/Administrator</b> – operations, census, compliance, oversight of all building operations, quality of care</p> <p><b>Director of Clinical Services (RN)</b> – identifies decline in residents, medication management, resident advocate, family support</p> <p><b>Caregivers</b> – assist residents with ADLs</p> <p><b>Admissions/Marketing</b> – resident advocate, family support, marketing, move-ins</p> <p><b>House Physician/Nurse Practitioner</b> – different from a Medical Director, often treats many residents in the Community. Can be multiple groups coming onsite to see residents</p>	<ul style="list-style-type: none"> <li>› Keeping residents in their home – aging in place</li> <li>› Keeping the back door closed</li> <li>› Lack of a coordinated process to transfer residents back to assisted living post-hospitalization</li> <li>› Continuity of Care</li> <li>› Containing costs</li> <li>› Appropriate staff to support and accommodate residents needing more complex care</li> <li>› Staff retention</li> <li>› Limited clinical staff on-site</li> <li>› Limited expertise in caring for high acuity situations</li> <li>› Maintain and/or improve resident and family satisfaction scores</li> <li>› Resident recruitment</li> <li>› Regulatory compliance</li> <li>› Don't know how to identify home health or hospice patient</li> <li>› Bereavement for other residents when hospice patient passes</li> </ul>

CONTACT / ROLE	NEEDS / CHALLENGES
<b>ACCOUNT TYPE: INDEPENDENT LIVING FACILITIES</b>	
<p><b>Owner/Administrator</b> – operations, census, compliance, oversight of all building operations, quality of care delivered by service partners</p> <p><b>RN</b> – resident advocate, family support and resource</p>	<ul style="list-style-type: none"> <li>› Aging in place</li> <li>› Occupancy – keeping the units full</li> <li>› Keeping community healthy</li> <li>› Bereavement for other residents and staff when hospice patient passes</li> </ul>
<b>ACCOUNT TYPE: GROUP HOMES</b>	
<p><b>Owner</b> – wears many hats, very involved in resident care</p> <p><b>Caregivers</b> – resident assistance with ADLs</p>	<ul style="list-style-type: none"> <li>› Keep residents in place</li> <li>› Manage residents needs with least staff possible</li> <li>› Reduce anxiety and 911 calls</li> <li>› Bereavement for other residents and staff when hospice patient passes</li> </ul>
<b>ACCOUNT TYPE: LTAC (LONG TERM ACUTE CARE HOSPITAL)</b>	
<p><b>Administrator</b> – operations, census, compliance, oversight</p> <p><b>Social Worker</b> – patient advocate, coordinates discharge</p> <p><b>Therapists</b> – resident therapy</p> <p><b>Medical Director</b> – Medical Care oversight, compliance</p> <p><b>Nurse Manager</b> – patient care, patient advocate, family support</p>	<ul style="list-style-type: none"> <li>› Manage length of stay</li> <li>› Discharge patients following optimal 25-day stay</li> <li>› Reduce re-hospitalizations</li> </ul>
<b>ACCOUNT TYPE: CLINICS (DIALYSIS, CARDIAC, TRANSPLANT, PAIN, ETC.)</b>	
<p><b>Social Worker</b> – patient support, coordination of services</p> <p><b>Nursing staff</b> – patient care</p> <p><b>Physician</b> – Medical Care oversight</p>	<ul style="list-style-type: none"> <li>› Patients are able to make their appointments</li> <li>› Improved outcomes</li> <li>› Keep patient out of hospital</li> <li>› Bereavement for other patients and staff when hospice patient passes (especially in dialysis clinics)</li> </ul>
<b>ACCOUNT TYPE: OUTPATIENT REHAB FACILITIES</b>	
<p><b>Administrator</b> – operations, census, compliance</p> <p><b>Social Worker</b> – patient advocate, coordination of services, referrals</p> <p><b>Therapists</b> – patient care/therapy</p>	<ul style="list-style-type: none"> <li>› Patients able to make their appointments</li> <li>› Keep patients out of the hospital</li> </ul>









See you on Day 2!

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