

# ADVANCED **GROWTH**

Workshop Participation Guide

**DAY 1 I** Introduction/Selling Skills





# **AGENDA**

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# INTRODUCTION

>	I can IF
>	Growth mindset versus fixed mindset
>	Self-coaching



### **SALES PROCESS**

# WHY HAVE A SALES PROCESS?

Reasons for a Sales Process

ROADMAP It gives us a roadmap of what to do and when to do it.



# CONSISTENCY

It helps us to have more consistent success with our sales calls.



IDENTIFICATION It helps us to identify why things go well on a sales call and why they go poorly.



REPEATABLE It gives us a repeatable process.



PROCESS DRIVEN It allows us to focus on process rather than results.



# ROOT CAUSE ANALYSIS It helps us to

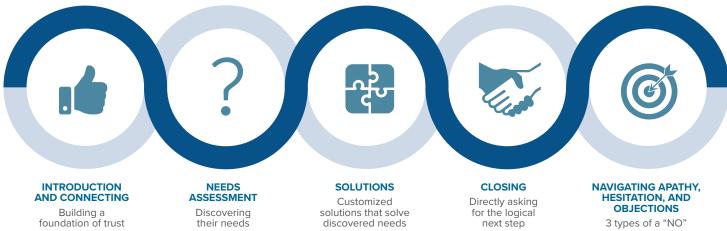
understand the root cause of poor performance.



Solicitor:
Servant:
Consultant:
Why is a consultative approach so important in healthcare sales?



### THE FIVE STEPS TO REFERRAL GENERATION



Building a foundation of trust

solutions that solve discovered needs

3 types of a "NO"

What if we skip the Introduction and Connecting Step?	
What if we succeed in Connecting but skip the Needs Assessment?	
Why is a fake "YES" so bad?	

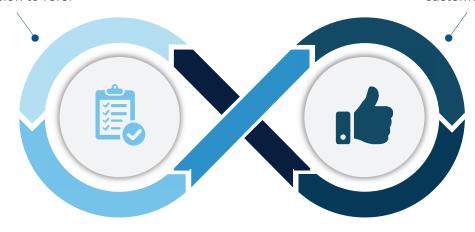


# **SALES PROCESS: ONGOING**

# Reinforce

Reinforcing the referral source's decision to refer

**Avoid ongoing apathy**Proactively increasing
customer satisfaction





# **GET READY TO CONNECT**

# **Trust and Value**



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



# **TRUST**

When developing	trust with a	referral source.	vou must demo	onstrate 3 kev	v behaviors.

- > Reliability
- **>** Integrity

>	Care



#### **TRUST**

### **Discussion:**

Scenario: You make your first call to a new internal medicine office. It just so happens that the referral coordinator has a few minutes to talk to you before lunch. Quickly into the conversation, they tell you that they most likely won't use you because they are owned by a health system that has their own home health and hospice.

Based on this scenario, here are three important questions to ask on trust and value:

What's the cost for this referral coordinator to refer?
 What's the value at this point for the referral coordinator to refer?



### **VALUE**

## **Cost versus Value**

Decision-making: Ba	lance of c	cost versus	value
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- 1. Cost
  - > What do I have to lose?
- 2. Value
  - **)** What do I have to gain?

# **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

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

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



# **Creating Perceived Value and Building Trust (continued)**

Two things that you must do **DURING the sales call** when creating perceived value and building trust:

building trust:				
	1.	Cr	eate a positive first impression	
		>	Wait your turn	
		>	Be respectful of their policies	
		>	Friendly welcome	
		>	Similar body language	
		>	Use their name	
		>	Professional appearance	
	2.	Or	pen with value-added introduction	
			Why you are there	
		>	How you will conduct yourself	
		>	What's in it for them	
	_			
Activit	ty:			
	Va	lue-	added Introduction Practice	
			down your Why/How/What value statement for a call you're planning to make next week. Pair up ractice this with a partner. Provide feedback to your partner. Repeat as time allows.	
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#### **OUR REFERRAL SOURCES**

#### **CONTACT / ROLE NEEDS / CHALLENGES** ACCOUNT TYPE: HOSPITAL CEO/President/Administrator – Operations, contracts Length of Stay (LOS) COO/CNO - Operations and quality concerns for the Diagnostic related grouping (DRGs) entire hospital Hospital acquired conditions (HAC) Chief of Staff - Medical Care oversight Reduction in 30 day readmissions **Hospitalist** – see patients in the hospital only, speed Staffing up discharge Safe discharges Information Desk/Operator Outcomes/Image **Unit /Department Secretary** The referral process – easy access without Chaplain complications Case Management/Discharge Planners/Social > Timely response for care coordination Services - patient advocate, responsible for coordinating discharge and post-acute services **>** A "one stop shop" approach Departments – ER, ICU, Telemetry, Med/Surg, Cath Service consistency Lab, Respiratory, Oncology/Hospice Quality patient care Population Health - committee or coordinator Geographic service area Weekend and after five coordination and SOC > Having the hospice conversation

## ACCOUNT TYPE: PHYSICIAN OFFICES\*

Physician – writes the order for home care or hospice

Physician Assistant - patient care

Nurse Practitioner – patient care

**MTM Pharmacist** – medication therapy management program, meet with all the complex cases

**Patient Care Coordinator** – supports patients with complex needs

**RNs/LPNs** – patient care, sometimes coordinates/influences referrals

**Referral Clerk** – the person who calls in the referrals for home care or hospice

**Medical Assistant** – administrative, billing, referral coordination

**Referral Coordinator** – manages referrals, insurance authorization

**Office Manager** – administrative, scheduling, understand patient mix, billing

**Gatekeeper** – receptionist, patient check-in, VERY important!

- Increase revenue/protect bottom line
- > Phone calls
- > Too much paperwork
- Increased focus on hospitalizations and rehospitalizations
- > Difficult patients take up too much time
- Referral process takes too much time
- > Patients don't take/understand their medications
- > Efficient communication
- > Time and money
- Having the hospice conversation
- Bereavement for office staff close to patients who have passed



CONTACT / ROLE	NEEDS / CHALLENGES
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# ACCOUNT TYPE: SKILLED NURSING FACILITIES

**Administrator** – operations, census, compliance, oversight of all building operations, quality of care

**DON** (Director of Nursing) – compliance, cost control, delivery of care

**ADON** (Assistant DON) – resident care, medication management

**MDS Coordinator** – Medicaid billing, level of care changes

**Education Coordinator** – staff education, inservices

Medical Director – compliance, quality of care

**Primary Care Physicians/ARNPs** – different from the Medical Director, these MDs continue as the PCP

**Social Worker/Admissions/Marketing** – resident advocate, family support, marketing, move-ins

Billing Clerk – billing, Medicaid Room and Board

**RNs** (don't forget the nights and weekends) – resident care, resident advocate, family support

**Activity Director** – resident activity

CNAs - resident care/assistance with ADLs

- Re-hospitalization rates
- **>** Referrals come from hospitals
- Staffing
- **>** Time
- Quality results
- Having the hospice conversation
- > Placing GIP or respite patients for hospice
- Bereavement for other residents when hospice patient passes

### ACCOUNT TYPE: ASSISTED LIVING FACILITIES

**Owner/Administrator** – operations, census, compliance, oversight of all building operations, quality of care

**Director of Clinical Services (RN)** – identifies decline in residents, medication management, resident advocate, family support

Caregivers – assist residents with ADLs

**Admissions/Marketing** – resident advocate, family support, marketing, move-ins

**House Physician/Nurse Practitioner** – different from a Medical Director, often treats many residents in the Community. Can be multiple groups coming onsite to see residents

- > Keeping residents in their home aging in place
- > Keeping the back door closed
- Lack of a coordinated process to transfer residents back to assisted living post-hospitalization
- Continuity of Care
- Containing costs
- Appropriate staff to support and accommodate residents needing more complex care
- > Staff retention
- Limited clinical staff on-site
- **>** Limited expertise in caring for high acuity situations
- Maintain and/or improve resident and family satisfaction scores
- > Resident recruitment
- Regulatory compliance
- Don't know how to identify home health or hospice patient
- Bereavement for other residents when hospice patient passes



CONTACT / ROLE	NEEDS / CHALLENGES
ACCOUNT TYPE: INDEPEND	ENT LIVING FACILITIES
Owner/Administrator – operations, census, compliance, oversight of all building operations, quality of care delivered by service partners  RN – resident advocate, family support and resource	<ul> <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>
ACCOUNT TYPE: GI	ROUP HOMES
Owner – wears many hats, very involved in resident care  Caregivers – resident assistance with ADLs	<ul> <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>
ACCOUNT TYPE: LTAC (LONG 1	TERM ACUTE CARE HOSPITAL)
Administrator – operations, census, compliance, oversight  Social Worker – patient advocate, coordinates discharge  Therapists – resident therapy  Medical Director – Medical Care oversight, compliance  Nurse Manager – patient care, patient advocate, family support  ACCOUNT TYPE: CLINICS (DIALYSIS,  Social Worker – patient support, coordination of services  Nursing staff – patient care  Physician – Medical Care oversight	<ul> <li>Manage length of stay</li> <li>Discharge patients following optimal 25-day stay</li> <li>Reduce re-hospitalizations</li> </ul> CARDIAC, TRANSPLANT, PAIN, ETC.) <ul> <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</li> </ul>
	hospice patient passes (especially in dialysis clinics)
ACCOUNT TYPE: OUTPATIE	NT REHAB FACILITIES
Administrator – operations, census, compliance  Social Worker – patient advocate, coordination of services, referrals  Therapists – patient care/therapy	<ul><li>Patients able to make their appointments</li><li>Keep patients out of the hospital</li></ul>



CONTACT / ROLE	NEEDS / CHALLENGES	
ACCOUNT TYPE: HOME HEALTH CARE AGENCIES		
Administrator – operations, census, compliance  DON – compliance, cost control, census, quality of care  Social Worker – patient advocate, coordination of services  Marketing – census growth	<ul> <li>Assist with patients they can't serve. Be their first backup.</li> <li>Improve outcomes by discharging terminal patients to hospice.</li> </ul>	
ACCOUNT TYPE: INTERNAL CUSTOMER		
My LHC Group Team	<ul> <li>Help with managing service failures</li> <li>Get orders signed</li> <li>Provide communication with referral partners</li> </ul>	
*Physician Specialties		



# **ACTIVITY**

# **Referral Source**

> Decision makers/influencers

You will be given an assigned a referral source. Identify the decision-makers, the influencers, goals, and challenges within the referral source.

>	Goals
>	Challenges
>	List one to three takeaways that you plan to implement in your market.



See you on Day 2!

