

GETTING RESULTS

Rod Solar of LiveseySolar Practice Builders gives some tips on how to turn more phone calls into consultations

Every day ophthalmology businesses are losing potential customers on the telephone, and it's completely unnecessary. After evaluating thousands of recorded inquiry calls made by real patients to ophthalmology businesses large and small, there is no mystery as to what works and what does not work. Our 10 years of research reveals 34 best practice distinctions correlated with world-class telephone call handling performance and better conversion rates. Results of putting these distinctions into practice are independent of the experience of the call handlers, the size of the business, the price point of the product, the geographic location or number of locations.

In this article I'll share 10 of the 34 most important inquiry call handling practices that I routinely train telephone handlers to do, resulting in not only better conversion rates but also better customer service reviews.

To make the most from your inquiry calls, you need to ask your callers questions that reveal the following:

1. Their objective and subjective view of the problem. Go beyond facts. Explore the caller's feelings and how the problem affects their life.
2. The trigger for their desire, or "the straw that broke the camel's back". The specific event that motivates the caller to cross the "do-something" line. If you get a superficial answer, probe further for a descriptive past motivating incident. Probe for how the problem affects them at work or leisure.
3. What success means to them. Have them paint a picture of what future success looks and feels like. Make sure that you hear and use their own specific words when paraphrasing this back to them – do not assume you understand them – verify it.
- 4. The date for when the solution must be in place. Specific events and dates work best. You may discover their decision is time sensitive and you can refer to this later in the conversation. Probe for how the problem affects them at work or leisure.**
- 5. How have they attempted to solve this problem in the past? The answer helps you understand where they've been before, to probe into possible disqualifying information saving you time and helping to see how serious they are. You also want to know if they've visited with your competition, and why they might have rejected those options.**
- 6. The priority words that they use to describe their ideal provider. These are "need-to-have" things. They are non-negotiable priorities that the caller must have present in a solution provider.**
- 7. The criteria words that they will respond to. These things are similar to priorities, but are nice-to-have, and are somewhat more negotiable if the priorities can be met.**
- 8. The name and relationship of any other decision makers involved. You need to prepare yourself for the caller's objection that they need to seek approval from another party. Invite this person to the consultation.**
- 9. The deadline for when the benefits of this solution need to be in place.**
- 10. The timing for the next step (eg, the appointment) in the buying process.**

Handling telephone inquiries from patients is a critical success factor for ophthalmology businesses. The calculation is simple: any business converting more inquiry calls than its competitor receiving just as many calls will perform better. More face-to-face consultations results in more business for the same fixed costs, which could mean the difference between profit and loss, and success and failure.



I've never encountered a more leverageable, cost-effective method of increasing business results in such a short time as I've seen with inquiry call handling training. Ophthalmology businesses typically see conversion rate per cent increases of 88 per cent, and a return on training investment of 47 to one, all within three months of training.

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