No Shortcuts:
Why building an inside sales team is essential to the success of your IR practice

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After just a couple of years in operation, the OBL marketing agency Helped closed its doors in 2024. The company and its founder, Dr. Eric DePopas, gained a strong following and clientele in large part due to their being featured on the BackTable Podcast with host Dr. Aaron Fritts.

The goals of the company were noble, its mission stating that they were a "full-stack practice growth solution that specializes in helping OBLs, ASCs, and hospitals attract, convert, and manage high-value patients. A differentiator of the agency included live care coordinators and weekly pipeline management—in other words, the company managed the lead follow-up and the scheduling, not just the marketing. This resonated well with busy interventional radiologists who believed they had neither the time nor the expertise to develop this capability internally.

Had the business model worked, Helped could have scaled to serve the needs of independent OBLs throughout the United States. But the model didn't work, and I believe I know the reasons why.

For many years, medical practices or all disciplines have been trying to outsource their biggest headaches, and sometimes this has been accomplished with good success. They have outsourced everything from billing and revenue cycle management to complete operations management, HR, marketing and more. But there is one thing that has been far more challenging to outsource: Sales.

Yes, sales is a vital component of every interventional radiology practice. Your minimally invasive procedures unfortunately do not sell themselves. Even if they did, that wouldn't necessarily translate into more patients for YOUR practice.

Helped was not a traditional marketing agency in that it tried to incorporate the sales aspect of the equation into its offering. After the leads came in from digital marketing, the agency's call center would handle the patient interaction, guiding them toward a consultation and then providing follow-up to ensure a procedure was scheduled. In theory, this freed up OBL physicians and staff from having to manage the sales function.

But can you really outsource your sales function? And even if you could, should you?

First of all, let's understand that you actually have a dual sales function at your practice. The first type of sales is your practice's interaction with the universe of potential referring physicians and the necessity of getting them to refer patients to you. The second is when prospective patients contact your practice directly because they are interested in a treatment that you provide. The objective of this white paper is to focus on selling to the latter.

Next, your minimally invasive treatments exist in a highly competitive environment in which you have distinct disadvantages. When your patient's OB/GYN, in whom they already have a great deal of trust, calls the UFE procedure "experimental," are you invited into the room to counter that assertion? When a patient's vascular surgeon tells them they need a lower limb amputation, what are the odds that vascular surgeon will refer them to you for a second opinion? When a urologist tells their patient that the UroLift™ procedure they perform is a minimally invasive treatment for BPH, do you believe the patient has the motivation to start looking for an alternative minimally invasive treatment like PAE?

A good marketing agency can help you find these prospective patients and at least make them aware that your alternative exists. But awareness is only part of the equation. The patient must now be sold.

THE CONS OF OUTSOURCING SALES, IN MY OPINION AND ESPECIALLY FOR IR PRACTICES, DRAMATICALLY OUTWEIGH THE PROS. THESE INCLUDE:

Lack of control. When sales are handled internally, you control the approach, the tone and the frequency of follow up. When it's outsourced, you do not. In fact, you really have no idea what the outsourced team is really saying to prospects in order to book the appointment, or how aggressive they might be. Furthermore, when outsourced salespeople are financially incentivized to book appointments, can you really be sure they are sending you truly qualified prospects? Or prospects who will actually keep their appointments?

Communications issues. Is your outsourced sales team based in a different country or a different time zone? Is their primary language the same one spoken by the majority of your potential patients? Are they assigning a woman to speak with female patients for UFE inquiries and a man to speak with male patients for PAE inquiries? And can those outsourced salespeople access you or one of your partners immediately should a question arise that they cannot answer?

Quality concerns. An OBL physician-owner once told me, "When I started my practice, I was handling pretty much every phone call myself. Nearly every patient who called scheduled an appointment. Now that I have others doing it for me, nobody schedules." Can you be sure that your outsourced sales team handles patient inquiries in the same manner you do? It's also important to note that you are a member of the community in which your patients reside. Does your outsourced sales team have the same vested interest in maintaining good community relations?

Legal exposure. Some outsourced marketing and sales companies are insisting on a percentage of procedure revenue (as high as 25%) as compensation for the marketing, scheduling, billing and collecting for the procedure. They believe they are avoiding illegal fee splitting by charging their fee as "billing services." But would this stand up in an audit… or in a court of law? And do you really want to take that risk?

Higher cost. Yes, outsourcing your sales function costs you more. You pay a premium for the service, which increases your patient acquisition cost. Additionally, outsourced appointment schedulers are only interested in those patients who are ready to schedule immediately, with very little regard for the future potential of leads. We have found that it can take months of contact before an individual is ready to schedule a consultation, and not following up with prospects over time will cost your center lost revenue and a higher cost of lead generation.

Lack of transparency and branding. Some marketing companies charge their clients a flat fee and then buy digital advertising in bulk at the national level… without disclosing how much of their total fee is allocated to advertising in their individual market. They run "general" ads that market the service, but that are not specific to any one client. Then they divide the leads between their clients based on their geographic locations. This denies their client the ability

to develop any brand recognition in their market. Furthermore, they do not share the actual advertising messages used to generate the leads, which may not reflect the message content and tone you wish to convey.

HOW HARD IS IT (REALLY) TO BUILD YOUR OWN INTERNAL SALES FUNCTION?

It's not hard at all, but if you haven't done it, it can feel overwhelming. Also, it's going to take time. Your time.

With all respect, the first thing you must realize as the owner or manager of an OBL is that YOU are the one that is going to head up your internal sales team, which means that when your time is available, YOU are going to interact with potential patients over the phone. This is not something that is "beneath you." You have been, and will always be, the best advocate (a.k.a. salesperson) for your practice.

Now, this doesn't mean you're going to start acting as the practice receptionist. Instead, inquiring patients who call should be transferred to you when you're available so that your team-in-training can learn how you interact with the patient, address the questions they ask and understand the way you talk about your services. Additionally, and because most of the leads that come to your practice will be those who fill out forms or questionnaires, you will also sometimes be the one to contact them back.

Is this time consuming? Yes, absolutely. But let's face it, you're not reading this white paper because you are seeing patients every hour of every day. You have the time. And your internal sales team will learn more from you than any other employee.

WHO SHOULD YOU HIRE FOR INSIDE SALES?

Now that we've established the best person to train the sales team, the next question is, who do you hire to be on the sales team?

Hiring good people isn't easy, and you need a good person (or good people) for this position. If their only qualification is that they once were a receptionist who handled phone calls for a medical practice, that's not going to cut it. You need to find someone who can project personality, empathy and confidence over the phone.

Personality and empathy either exist within someone or they don't. You can get a sense for this during your first interview with an individual, which you should do over the phone.

Confidence is another story. It comes from knowledge and the experience of having helped patients to get the right treatment while avoiding surgery and having a positive outcome. It is almost impossible for a new employee to have this type of confidence, because it is highly unlikely that they have ever worked in this type of position for an IR practice. But they are going to gain that confidence, and they will be gaining it from you.

You must commit to hours of interaction with your internal sales team. They will listen to you talk with patients. They will see patients enter your center and then leave after having

treatment. You will encourage them to interact with patients so that they can learn their story, understand their journey and get a firsthand account of their experience at your center.

You will pay them well and pay them extra if they are willing to take calls after hours. You will periodically review their performance and even evaluate recorded phone calls with them to help them improve. You will establish a schedule of reaching out to patients who have not yet connected with you on the phone and help them to know what to say in a voicemail, or email or text. You will continue to educate them, and even have them accompany you periodically to the conferences you attend to further their knowledge.

THE PAINFUL TRUTH

From a financial perspective, those who handle patient inquiries are the most important people within your practice, responsible for making or breaking a chance to perform an embolization procedure worth $10,000, $12,000 or more. Treat them accordingly!

Here's what happens when you don't have the right person handling patient inquiries:

Call handler: "Hello, vascular and interventional center, how can I help you."
Patient: "Yes, is this a urologist?"
Call handler: "Uh, no."
Patient: [long pause] "Okay then, sorry. Goodbye."

In this actual example, the patient was calling to inquire about PAE. A professional would have surmised this and would have asked the patient questions related to why they were calling. As it turns out, this patient was previously diagnosed with BPH and TURP surgery was recommended by his doctor. He called because he saw an advertisement featuring PAE, but mistakenly assumed that the procedure would be performed by a urologist. Miraculously, the patient called the center back, spoke with a different individual, and scheduled an appointment.

Here's another example:

Call handler: "Hello, vascular and interventional center, how can I help you."
Patient: "I'm calling about your fibroid treatment."
Call handler: "Sure, may I please have the name of your gynecologist?"
Patient: "Well, I wanted to find out more about the procedure."
Call handler: "Can you tell me what insurance you have?"
Patient: "Can I just ask you about the procedure?"
Call handler: "Yes, but I need to know the name of your gynecologist and insurance provider."
Patient: "Never mind."

In this case, the patient clearly isn't sold on the UFE procedure and probably has just heard about it for the first time. But because the process for the call handler was to get the patient's doctor and insurance information, they missed a golden opportunity to engage with the patient and share important information about the procedure. Was the patient qualified for UFE? We'll never know because the call handler's process only frustrated the patient and caused her to

hang up. The prospect might have even worried that simply by inquiring about the procedure, word would get back to her OB/GYN.

IR practices make the same mistake over and over again. They hire a medical receptionist (like at a traditional radiology practice) who knows only how to schedule the patient, not to "sell" them, or even engage politely with them. What's more, these practices don't periodically monitor their call handlers and thus have no idea what they are saying to potential patients.

IT DOESN'T END WITH THE FIRST CALL

Whether it's a simple inquiry or if the patient schedules a consultation with you, this is only the beginning of your practice's communication with the patient.

A person who calls your practice directly almost certainly has a problem that they feel may be solved by one of your treatments. After a few targeted questions, a good call handler will know if they are qualified and will try to book the appointment.

But the patient likely has a family, and the needs of that family usually come before her own. Life gets in the way, and she may be pulled in 10 different directions on the day of her appointment. An unexpected change in her son's soccer schedule. A problem with her daughter at school. Or a husband who has to work late and is unable to watch the kids. There could be a thousand reasons why she doesn't show up to her appointment.

But if you send her automated reminders, she is more likely to keep that appointment. If you contact her the day of her appointment reminding her of what she needs to bring, she is more likely to keep that appointment. If she has built a rapport with an individual within your company who genuinely cares about her health and well-being, she is more likely to keep that appointment.

When the patient prioritizes others over herself, it doesn't mean her problem has gone away, it just means that she isn't able to make her health concerns the priority at this time. If she is a potential UFE patient, her symptoms are cyclical, which means that the urgency that was there at the time of her initial call may not return until she experiences her next menstrual cycle.

Your practice needs to understand this, be patient, be empathetic, and continue to work with her until she can make her appointment. If you give up on her, someone else will ultimately be performing her treatment. Successful IR practices understand that it may take 5 different points of contact—after she has already scheduled her appointment—so that she is more likely to make her appointment than miss it.

HAVE YOU META NEW PATIENT ON FACEBOOK OR INSTAGRAM?

By now, you've heard colleagues talk about the Meta platform for advertising. Some swear by it. Others think it's a waste of time. But how you feel about Meta correlates directly with the capabilities of your internal sales team.

No other medium—including television, radio, billboards, Google ads, etc. can deliver the sheer quantity of leads that Meta can at such a low cost. There's just one catch… a smaller percentage of these leads become patients compared with patients who reach out from other media. But even with that said, the cost per qualified lead will never be as low as what you will experience with the Meta platform.

Unlike other advertising media, Meta is more passive, meaning that the patient may not be actively searching for a solution when they are exposed to your advertising message, just like with television. A specific health condition, such as BPH, might have been a concern of theirs but they may not have the extent of symptoms that would make them qualified to have your procedure at this time.

Unlike with radio, where a patient needs to quickly write down a phone number or website after hearing your ad, Facebook and Instagram allow you to make a simple click, fill out a short form, and then wait to be contacted.

But…

If you wait a week to contact a potential UFE patient, she may no longer be experiencing the symptoms of her fibroids. If you get back to a perspective varicose vein patient even just a few days after they fill out their form, they will have already found a similar treatment somewhere else. If you do nothing more than leave the patient a voicemail, should you be surprised when you miss out on performing a GAE procedure because the patient was contacted more frequently by a pain management clinic, who the patient also contacted, and who encouraged them to have a corticosteroid injection?

Healthcare in the United States is dynamic. There are more solutions to more health problems than anywhere else in the world, all competing for the patient's attention. Sure, you may have the clinically superior solution. But the patient doesn't know that and may simply opt for the solution that is easier or more readily available.

Earning that patient takes work. And especially for a more passive marketing vehicle like social media, that work is absolutely essential to converting them from lead to kept appointment.

ANOTHER TYPE OF "OPPORTUNITY" YOU'LL BE PITCHED

There now exist nationally branded "co-locators" (for lack of a better term) that partner with OBLs, ASCs and IR practices to manage one or a few service lines for your business. They profess to handle the business development, scheduling and billing for this service line, paying you a much smaller fee or "fair market rate" to perform the procedure.

This has been tempting for many practices who do not have the confidence or the budget for their own patient development efforts. But what is really happening here?

The patient sees only the national brand they reached out to and will never really know about you or your practice. They won't be referring their friends and family specifically to your center, only to the national brand. With this approach, you will have squandered the opportunity to

build your own patient base and testimonials for this service line. Should you dissolve your relationship in the future with this national co-locator, you will need to start from scratch to develop this service line and attract patients.

What's more, co-locators like Blue Water Vascular have zeroed in on one of your greatest future revenue opportunities—namely the GAE procedure—as their focus. They know that nearly 20% of Americans over 45 have knee osteoarthritis, and many will be candidates for GAE even before they are candidates for total knee replacement. Do you really want to give up the massive profit potential of this service line to be paid a "market rate?"

Besides, what happens when they decide to start paying you less? Or when reimbursement for the procedure is reduced?

INSIDE SALES IS THE KEY TO YOUR SUCCESS

Ultimately, the choice is yours when it comes to the direction you wish to take your business. But if opportunities to outsource your sales function sound too good to be true, they usually are.

Running a profitable OBL is no small feat. Even if you've been led to believe that success should be easier than it appears to be, understand that the steps you've taken to date were meant to ensure your independence and you will want to be very careful before giving that up. There are plenty of experts and organizations you can partner with that do not demand equity in your practice or the sequestering of an entire service line from which they alone can profit.

Should you wish to remain independent and keep more of the revenue you've worked so hard to achieve, it is essential for you to build and train your own inside sales team. It won't be easy, but it is the best way we know to help OBL owners and managers to truly control their own destinies.