Sales in healthcare

Selling medical travel to India on a standard patients can check

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India can become the first choice for international patients seeking treatment, and I believe the sales conversation is where that position will be won or lost. Clinical skill and fair prices are necessary.

The sales desk writes documents a government reads

The Government of India e-Visa portal lists, among the documents for an e-Medical visa, a copy of a letter from the hospital concerned in India on its letterhead, giving the date or tentative date of admission.

Take the clock out of the close

Urgency is the oldest tool in selling and the one that does the most harm in healthcare.

Sell only the care the hospital can deliver

Every promise a seller makes is kept by someone else: an interpreter, a ward, a driver, a nurse on the late shift, a coordinator answering a message at midnight. A sale that outruns that capacity becomes a patient care problem the moment the patient lands.

Close the sale at home, not at the airport

It is tempting to count a sale when the deposit lands. I would count it when the patient's return home has an owner.

Put every incentive on the table

Referral partners, facilitators and travel companies may all be paid somewhere along the way.

Measure what a sceptic would check

A standard without counts becomes a poster on a wall. I would review six counts every week, by market and by seller. How many final invoices differed from the written scope.

The full method

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