



MGE Graduate Seminar Series

THE SALES TEAM SEMINAR



Based on the works of L. Ron Hubbard

MGE: Management Experts, Inc.

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IA # 080710

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AN INTRODUCTION TO THE SALES LINE

A line could be defined as a continuous series or sequence of people, jobs or things. On an "assembly line," raw or unfinished materials enter at one end and then each person in sequence adds or changes something so that a finished product comes out of the other end of the "line."

The "Sales" Line follows this same concept. A patient may enter the Sales Line unaware or uninformed about what treatment they may need to handle their problem/condition. Properly routed through the line, this same patient would exit the Sales Line having signed up for and commencing needed treatment.

SEQUENCE

The Sales Line Starts with Reception.

From there, it would go to your Scheduler or New Patient Coordinator (as applicable) to schedule an appointment.

When a patient arrives for their appointment, it would move from the Receptionist (receiving and routing the patient), to the Dental Assistant or Hygienist (depending on who was seeing the patient).

From there it would go to the Doctor.

Once treatment is diagnosed, the Financial Coordinator would determine cost and insurance participation (if any).

If the treatment is to be presented that day, it goes back to the Doctor who presents the treatment plan.

If it is to be presented on a different day (consult appointment), the line would move to the Schedule Coordinator who would schedule the patient to come back for their consult.

Once the consult is performed, treatment is presented and fees discussed, the patient would route to the Financial Coordinator (or Treatment Coordinator as applicable).

With financial arrangements made, the patient would either a) start treatment immediately or b) route back to the Schedule Coordinator who would schedule the patient to commence treatment (as soon as possible).

The point at which the patient arrives and actually begins treatment marks the end of the "Sales Line."

So, while this does not describe everything that happens on the Sales Line, one could, from the above, see that the positions involved include:

1. Doctor
2. Receptionist
3. Financial Coordinator
4. Schedule Coordinator
5. Dental Assistant
6. Hygienist

And potentially (depending on the size or type of practice):

7. Treatment Coordinator
8. Recall/Reactivation Coordinator (placing patients on the Sales Line through hygiene).

PROMOTION AND MOTIVATION

By L. Ron Hubbard

The weakest motivation is money. People and businesses that are motivated only by money are wobbly people.

The scale of motivation from the highest to the lowest is:

Duty – highest
Personal Conviction*
Personal Gain
Money – lowest.

Money is important in the world. But it is the grease on the machinery, not the motors. In a society which has lost its patriotism and pride, money will be found as a primary motivation. True, one is in trouble without money and it is a crime in the eyes of the society to be without money. But one also needs dirt to stand on and yet dirt cannot be said to be the primary motivation for living.

So money is a tool, a gas tank. It is a MEANS of getting something done. It is no valid end in itself.

Thus, an organization motivated only by money will eventually fail. For it depends more on the goodwill and personal conviction of the public than it does on cash. Thus, there will come about a ridge between a money motivated organization and a public motivated by personal conviction or even personal gain. The potential agreement between the organization and the public is therefore a disagreement. The reality, the R, is out and so the ARC is out and so there is an interruption of flows.

An organization must flow out service, help, wisdom, useful data. These strengthen personal conviction and result in personal gain for the public. Money therefore flows back in AS A MEANS OF KEEPING THINGS GOING. As you will see on the above scale, money is junior to personal conviction and personal gain and so is dominated by them or vanishes when personal conviction or personal gain are absent. Money flows poorly when motivated only by money.

The public understands that an organization must have money to keep the wheels going. The public even understands an organization needing or having a lot of money only so long as money is used to improve the product, spread the word, provide facilities and support the people doing the work.

There is nothing wrong with having lots of money. There is everything wrong with having no money.

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But to work only for money is the dreariest thing there is, very short term indeed.

Thus, organization PR (Public Relations) is governed by providing real service leading to personal gain and personal conviction and visible evidence that all monies are used to provide those services, improve them, maintain them and support those who in turn serve. This happens to be the truth of it.

The public does not require you to be poor. In fact they require you to be solvent so that you endure. But they do require that the motivation is service, the improvement of service and the support of those who serve.

We have SOLVENCY as a MUST in this society. But we also have MOTIVATION. One is paid FOR carrying out the general motivation of an activity. He can be paid very well for it indeed. But *only* if he carries out the real motivation.

Solvency for the sake of solvency cannot be achieved because one is not paid only because he is solvent. One is paid for strengthening and carrying out the *service* one is paid FOR.

If you are going to be paid as an organization, it will only be because you are strengthening and serving individual and social motivations, not because the organization wants to be paid.

Some muddle-headed misinterpretation of this is not only possible but probable. If money is a poor motivation, then obviously, someone may say, one should reduce prices or never make any charge at all.

But THAT solution we find is so bad that people who do not contribute money and get free service do not in fact accept it and can't have it.

Further, the whole service would vanish and cease to exist.

No, the solution is to charge whatever the traffic will bear because one serves the motivations of personal gain and personal conviction. But in charging for it, DELIVER.

DELIVERY then is really more important than payment to the public.

Thus, an organization must deliver services that definitely serve personal gain and personal conviction. Services, smooth administration and support for those who serve and facilities for service, *these* are the first consideration of an organization and what is stressed in promotion and what is delivered.

Given normal promotion of these services and good backup of the promotion, finance ceases to be a vital point. The organization makes money, is solvent and well supported.

Give good promotion and service and your price list is taken for granted.

Direct, positive, corrective interest in all service flubs* or failures is itself good promotion.

The high hysteria the world gives finance and solvency and the necessity to keep pace with it is an evil with which we live. Working ONLY to “make good” within that hysteria is an hysterical action.

We live to serve. And we do it well.

Conviction: A strongly held belief, opinion, etc.

Flub(s): An error.

SPEED OF SERVICE

By L. Ron Hubbard

In a matter of courses and students, SPEED of service is of vital importance.

The prosperity of a business is directly proportional to the speed of flow of its particles* (despatches*, cables*, goods, messengers, students, customers, agents, etc.).

To prosper, service must be as close to instant as possible.

Anything which stops or delays the flows of a business or delays or puts a customer or product on WAIT is an enemy of that business.

Good management carefully isolates all stops on its flow lines and eradicates them to increase speed of flows.

Speed of service is of comparable magnitude to quality of service and where exaggerated ideas of quality exist they must become secondary to speed.

Only then can a business prosper.

Cable(s): A telegram sent to a foreign country.

Despatch(es): A memo from another staff member in your organization or in another.

Particle(s): Body, dispatch, raw materials, whatever.

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FROM EXAM TO CONSULTATION

NOTE: This write-up is being provided as suggestions and ideas for use in treatment presentation and acceptance in your office. This is not to be taken as a guarantee that the information provided is appropriate to your practice. Each practice is individually responsible for ensuring that any system implemented complies with the applicable federal, state and local accounting, tax and employment laws, rules and regulations governing the place in which your practice is located. These suggestions do NOT constitute legal or accounting advice. You should seek advice from your own accounting, legal or clinical advisors as to what is appropriate to implement in your practice, prior to implementation. MGE: Management Experts, Inc. is not responsible for any claims, real or otherwise, associated with this document or any part thereof.

Here are a few guidelines that can be applied to make the exam up through consult and scheduling a patient for treatment more efficient:

1. During the exam:

- Run good positive control throughout the procedure – don't leave the patient by themselves, or unnecessarily waiting.
- Avoid using “big” words or medical terminology that the patient would have no idea about.
- If possible, when doing the exam and charting for diagnosis, avoid using specific procedural terms. Save that for the treatment presentation.
- Obviously, ensure you have a good handle on their chief complaint and make sure you address it.
- If you are going to use abbreviations while charting, let the patient know so they don't get more misunderstood words from what you are saying.
- During the examination, assess what the patient's frame of mind is with regards to dental treatment and what they hope to achieve.
- Whether or not to schedule a consult, and how long you would schedule it for depends on five things:
 1. The size of the treatment plan
 2. Whether this is a new patient or patient of record
 3. The patient's tone level
 4. How much time you have today
 5. How much time the patient has today

2. Treatment plan work-up:

- Prior to consult, have the treatment plan fully worked up, including price, insurance participation and patient's co-payment.
- Doctor should review this form prior to presenting the treatment plan so the doctor knows what he or she is talking about.

3. The consultation:

- Prior to scheduling, ensure you have all decision makers present if possible.
- During the consult itself (again, good positive control is run), patient is not left by themselves or waiting. No heavy medical terminology. Make the treatment plan and why they need it real to the patient.
- When presenting treatment ensure you handle any originations or indicators that you observe with the patient to ensure the patient understands.
- Ensure that their chief complaint is part of what you are handling.
- Ideally, once the patient fully understands the treatment plan, doctor would review financial options with the patient and the patient would agree on a particular one prior to turning over to the staff member handling financial arrangements.
- During the financing communication, start off with how the patient would take care of payment as plan "a." Then use other options. You can always go back to plan "a" if the other options don't work out.
- If financing the treatment plan, have all financial arrangements made prior to patient leaving.
- If patient starts to change their treatment arrangement, or changes their mind about doing the treatment, the doctor should be asked to come and talk to them.
- If possible, use the doctor to assist in affirming the schedule, i.e., morning appointments, etc. This also assists the doctor in maintaining control over his or her schedule and productivity.
- Lastly (and more importantly), ensure that the same degree of control and speed used on the sales line is used to get the patient IN for treatment. There is no point pushing for a patient to sign up right away if you're not going to see them and take care of the treatment with the same vigor. If possible, start the patient's treatment right away.

COMMENTARY ON FINANCIAL ARRANGEMENTS

What follows are a few guidelines that might help to make the financial arrangements (and the financial discussion) run as smooth as possible.

1. Always, always, always have a clear cut written financial policy that is always followed!

This would be both internal (i.e., your practice's policy on payment options for patients that your staff must follow) and external (clear-cut financial policies on payment for patients to agree to).

The content of the policy and the methods of payment are up to the doctor/owner to decide or approve. Far more important is that these guidelines are a) workable and b) always followed. Done properly, a good financial policy takes all of the guesswork and questions out of the matter.

2. Payment for treatment is ultimately the patient's responsibility.

You can do whatever you can to help them figure it out. But, the patient has to participate in solving this problem as they are, after all, the only one who can.

3. Any financial arrangements should always be put in writing.

This would be for both your patient's benefit and your own. Even if the plan is half down and half later. When applicable (consult your attorney for more information) these should be signed by the patient.

4. Handle the financial discussion in a controlled, distraction-free atmosphere.

Finance as a subject can evoke any number of reactions. Having this conversation in a private, distraction-free environment can allow for frank discussion and maximum comfort. It helps in a number of ways, not the least with patient privacy issues.

THE ART OF SELLING

By L. Ron Hubbard

Every specialized activity has its technology* or (“tech” for short). Many people do not recognize that. Even washing a car has a tech and if it is not known and used, it takes hours to “wash the car” and the “product” at the end is a messed-up car. Building a brick wall or digging a ditch or writing symphonies, each activity, if it is going to result in a real product that has any value, has a specialized tech.

Selling, closing deals, getting the money is a highly specialized tech. I have seen a salesperson actually offer credit or suggest a tiny payment when the prospect was sitting there with the full price in his pocket, ready to hand it over.

Some salespeople can’t have money. Some have no reality on or don’t believe in their product.

Some are connected to people who invalidate* their product so much that they go into unconscious agreement and prevent its sale. You don’t put people in this condition on sales lines.

On the other side of the scene, there are salespeople who seem utterly magical. People walk in and people buy in droves, the money mounts up to great heights.

One could say these magical people may have a “knack” for selling, a talent. And leave it in mystery. It is no mystery.

They use the *tech* of selling and use it straight. They are not in doubt about what they are doing. They do it. They do not alter the tech or squirrel*. They just plow right ahead and SELL *and* CLOSE and take the money in full.

Invalidate: Cause something to be considered untrue or unimportant; make less of.

Squirrel: Altering standard procedures.

Technology: The methods of application of an art or science as opposed to mere knowledge of the science or art itself.

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The MGE Sales Team Seminar

NAME YOUR PRODUCT

By L. Ron Hubbard

The key phrase for any executive is:

NAME, WANT AND GET YOUR PRODUCT.

Breaking this down into its parts we find that the most common failure of any executive or staff member or Purchaser lies in the first item, NAME YOUR PRODUCT!

On organizing boards and even for sections, one has products listed. Departments have valuable final products. Every staff member has one or more products.

IF PRODUCTION IS NOT OCCURRING, THE ABILITY TO NAME THE PRODUCT IS PROBABLY MISSING.

Misunderstood post titles were collected once on a wide survey. Whenever it was found a staff member did not seem to be able to do his job, it was checked whether he knew the definition of the word – or words – that made up his post title. It was found, one for one, that he could not define it even though no unusual or special definition was being requested. In other words, the first thing about the post could not be defined – the post title. This may seem incredible, but only until you yourself check it out on staff that habitually goof.

The ability to NAME the product required goes further than a mere, glib* definition. Some engineers once drove a Purchaser halfway up the wall by glibly requesting “one dozen bolts.” The Purchaser kept bringing back all different thicknesses and lengths and types of bolts. The Purchaser was going daffy and so were the engineers. Until the engineers were forced to exactly name what they were seeking by giving it ALL its name. The Purchaser trying to purchase could not possibly obtain his product without being able to FULLY name it. Once this was done, nothing was easier.

An executive can ask, beg, plead, yell for his product. But maybe he isn't naming it! Maybe he isn't naming it fully. And maybe even he doesn't know the name of it. An executive should spend some time exactly and accurately naming the exact product he wants before asking for it. Otherwise he and his staff may be struggling around over many misunderstood words!

When you see a staff whirling around and dashing into walls and each other and not producing a thing, calmly try to find out if any of them or the executive in charge

can NAME what products they are trying to produce. Chances are, few of them can and maybe the executive as well.

Handle and it will all smooth out and products will occur.

Glib: Marked by lack of preparation or thought; shallow; superficial.

WANT YOUR PRODUCT

By L. Ron Hubbard

An executive has to name, WANT and get his product.

Where no real or valuable production is occurring, one has to ask the question, does the executive over the area really WANT the product he is demanding? And does the staff member or members he is dealing with WANT the product?

The reason that a psychotic or otherwise evilly intentioned person cannot achieve anything as an executive or staff member is that he does NOT want the product to occur. The intentions of psychos are aimed at destruction and not at creation.

Such persons may SAY they want the product but this is just "PR" (Public Relations) and a cover for their real activities.

Thus, in an organization run by or overloaded with destructive persons, you see a very low level of production if you see any at all. And the production is likely to be a "product" that will not be accepted or cannot be traded or exchanged and has more waste and liability connected with it than it has value.

One has to actually WANT the product he is asking for or is trying to produce. There may be many reasons he does not, none of which are necessarily connected with being psycho. But if it is a creative and valuable product and assists his and the survival of others and he still does not want it, then you know there will be problems.

One does not have to be in a passionate, mystic daze about wanting the product. But one shouldn't be moving mountains in the road of a guy trying to carry some lumber to the house site either.

The question of WANT the product has to be included in any examination of reasons why a person or an organization isn't producing.

TO GET YOU HAVE TO KNOW HOW TO ORGANIZE

By L. Ron Hubbard

An executive has to know how to GET a product.

All science and technology is built around this single point in the key phrase “Name, want and get your product.” Managers and scientists specialize in the HOW TO GET part of it and very often neglect the rest.

There are many executives who do NOT know enough about organization to organize things so they actually GET their product. These, all too often, cover up their ignorance on how to organize or their inability to do so by saying to one and all, “Don’t organize, just produce!” When you hear this you can suspect that the person saying it actually does not know the tech or know-how of organizing or how to put an organization together. He may not even know enough about organizing to shove aside other paper on his desk when he is trying to spread out and read a large chart – yet that is simple organization.

A bricklayer would look awfully silly trying to lay no-bricks. He hasn’t got any bricks. Yet there he is going through the motions of laying bricks. It takes a certain economic and purchasing and transport tech to get the bricks delivered – only then can you lay bricks.

A manager looks pretty silly trying to order a brick wall built when he doesn’t have any bricks or bricklayer and provides no means at all of obtaining either one.

An executive may be great at single-handing the show. How come? He doesn’t realize that building a show comes before one runs it. And even though economics demand at least a small show before one builds a large show, a very bad product officer who can’t really organize either, will, instead of making the small show bigger, make the small show smaller by trying to run a no-show.

There is a HOW of organization. It is covered pretty well in policy. Like you can’t put in communication lines unless you put in terminals* for them to connect with. Like you can’t get particles flowing in a profitable way unless they have something for them to run *on*. That’s simply the way things go in the universe in which you are operating.

The tech of how to produce something can be pretty vast. One doesn’t have to be a total expert on it to be able to manage the people doing it, but one has to have a pretty good idea of how it goes and know enough NOT to stop the guys who do know how to make bricks when one wants bricks.

If the product is to get somebody to come in to see you, then you have to have some means of communication and some tech of persuasion to make him want to come in to see you. Brute force may seem okay to cops but in organization it seldom works. There is more tech to it than that.

If an executive does not know there is tech involved in GETTING the product, then he will never make his staff study it or teach anybody to do it. And he will wind up with no product. So beware the executive who won't give time off for training! He doesn't know one has to know the tech of getting his product.

One has to spend some time organizing in many different ways – the organization itself, training, the technical skill staff members would have to have, to get anywhere in GETTING a product.

Sure, if you only organize and never produce you never get a product either. But if you only produce and never organize, the only brick wall you'll ever see is the one you run into.

MORNING PRODUCTION MEETINGS

I. PURPOSE OF THE “MORNING PRODUCTION MEETING”

The purpose of this meeting is to coordinate the scheduled production and case presentation activities of that day. It is also used to “line-up” which patients you will be presenting treatment to (or closing cases that have already been presented earlier) and when they will be seen to ensure that all of your patients are moving along on their treatment plans.

II. WHEN TO HAVE IT

The morning production meeting needs to be held at least fifteen to twenty minutes before the first patient of the day. It should take no more than this to get it done.

III. WHO SHOULD ATTEND

All staff should attend. And note, that this meeting is primarily to cover treatment planning and acceptance – as well as any specific patient scheduling and delivery issues. Detailed clinical discussion of cases should not be covered at this meeting. These should be covered in a separate “clinical meeting” accordingly.

IV. PRODUCTION MEETING RULES

Several rules should be followed to have an effective “production meeting”:

1. The meeting should be kept brief and efficient (no more than 15-20 minutes).
2. Every person attending needs to be on time and come prepared.
3. Keep the tasks that you assign simple and doable. Do not set “unreal” or unattainable targets.
4. The Office Manager runs the meeting and is in charge of starting, managing, coordinating activity and as well as when to end the meeting.

V. PRIOR TO THE MEETING

1. The Appointment Secretary would listen to voicemails and check office emails to ensure that any schedule changes and updates are accounted for.
2. The Appointment Secretary would print/copy hard copies of that day’s schedule for all attendees.

3. The Hygienists would review their charts for any outstanding treatment and bring this information to the meeting. If the office still uses physical charts, they would bring these to the meeting.
4. The Doctor and Office Manager would do the same as #3 above for the doctor's patients (at least initially as you establish the meeting procedure).

VI. SEQUENCE OF THE MEETING

1. To begin, the OM, has the Appointment Secretary point out any changes to the schedule along with any open time on today's and tomorrow's schedule.
2. The OM covers where the practice is at statistically (for collections, new patients and production) for the week and month to date and how this compares with the overall goal for the month. If below goal, the OM indicates any adjustments or actions that will occur to get the office back on track. This may include adjustments to the schedule or actions to be taken that day.
3. Beginning with Chair 1, review each patient coming in that day. As you cover each, look at the following:
 - What is being done with this patient today.
 - Are there any peculiarities to or specific requirements for this patient?
 - Is there an outstanding balance to collect from this patient?
 - Does this patient have any outstanding treatment that has already been diagnosed and not yet accepted?
 - If so, who is going to present/discuss this outstanding treatment with this patient?
 - Is there time in the schedule to discuss this outstanding treatment?
 - If not, is a consult appointment needed and if so, when would we like to get them in for a consult?
 - If we can present today, do we have time to begin this patient's treatment in the schedule? And if not, how can we make time if needed?
4. Do the above with each chart. For any patients that require action (i.e. collecting a balance, presenting treatment, etc.) determine WHO will be doing this and approximately when it will be done. As you go through your charts, keep the overall monthly goal as well as upcoming open time in the schedule in mind. For example, you might see that patient X who's seeing the Hygienist at 11:00 was interested in Invisalign. You might have time to get the doctor over to discuss, close and start the case without dis-rupting today's schedule. Things like this might make or help make your daily goal.
5. Before the close of the meeting, have each person present and note their tasks as applicable – i.e., the Financial Coordinator may need to check on Mr. Jones' account, etc.
6. Adjourn the meeting and have the office manager ensure throughout the day that everyone is accomplishing what was discussed.

VII. PRODUCTION BUGS

In the event you've hit a snag and are having trouble meeting your daily/weekly/monthly goal – a few things to keep in mind:

1. Be careful to keep the focus on the right things: the purpose of your practice, which is helping patients! It's easy to fall into the "numbers" trap – i.e. "We have to hit a certain number, etc." The problem with this is that patients aren't there to help you "hit your numbers." They are there to get help! If you stay focused on the same thing as they are (help), things tend to work out well.
2. If you find that you aren't lined up to meet your goal and there is not enough outstanding treatment on the schedule to hit it, you can look at:
 - New patients – While you can never guarantee what the person might need – there's always a chance, if you have time, to present and start treatment that day. Not a surefire solution but a possibility and
 - Future Treatment: You can always pull treatment from the future into today. Some patients might like the idea of being seen sooner. And today as far as the schedule goes is THE most important day! Then tomorrow and so on. On the flip side – please NEVER move patients to make room for a "Productive Procedure." Honor the scheduled time you've given people.

3. SUMMARY

The first step in getting production to occur is to figure out where it is going to come from (i.e., state exact-ly what is going to be accomplished). By following the above, you put CONTROL in on your office and can push yourself to new heights!

ON OUTFLOW

By L. Ron Hubbard

For short, we call any outgoing letters, mail and phone calls originating from your organization "outflow," i.e., communication flowing "out." What follows are several quotes by Mr. Hubbard on the subject of outflow and its relation to organization income.

"One of the principal routes to solvency is mail volume.

It's too simple a point: current mail volume indicates current and future business volume. It's a pure datum. It's a gross index you can rely on without having to know anything else.

If a person were as alive as he gave and received communication, then an organization could be considered as alive as it gave and received pieces of mail. It's that simple.

A mail volume slump is always followed in a few weeks (usually six) by an income slump. So it's a valuable danger signal.

Mail volume rise always presages* an income rise in the next few weeks."

"The volume of the income of an organization is in direct proportion to the number of phone calls and letters of an organization."

"THE SIZE NOT THE QUALITY OF AN ORGANIZATION'S MAILING LIST AND THE NUMBER OF MAILINGS AND LETTERS TO IT DETERMINES THE GROSS INCOME OF AN ORGANIZATION."

Presages: A foreboding of what is about to happen.

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GOODWILL

By L. Ron Hubbard

The amount of public demand for service and your future income are both largely dependent upon GOODWILL.

Goodwill is the reputation an organization has with its publics for integrity, good service, prompt bills paying, high quality delivery, friendliness, etc.

Excellent technical delivery is what generates a blaze of goodwill and PR that spreads by word of mouth like wildfire.

Events, open houses or tours – all such activities serve to generate public interest and goodwill.

PUBLIC RELATIONS

Good technical delivery makes it possible to have good “PR” (public relations). By definition, PR is good works well publicized. When technical is doing an excellent job on a regular basis, it is simply a matter of making this broadly known. Your public will even do it for you on a “word-of-mouth” basis.

WORD OF MOUTH

Word of mouth comes from having numerous people in the field* who are happy and cheerful and satisfied with their service. There is where the bulk of your income comes from.

Word of mouth is a superior form of advertising to newspaper, radio and TV ads. People tend to believe their friends. They are skeptical of advertising. “It worked for Joe, it will probably work for me” is what people think.

When word of mouth and PR have been in neglect, it will be because the organization has not worked on the basis of goodwill and has let its technical quality drop (and is therefore costing itself a mint). This applies to all organizations.

The “word,” whether good or bad, spreads like wildfire.

SUMMARY

Other factors also enter in where goodwill, word of mouth and PR are concerned. The public, in dealing with the business world, has grown to expect clean, pleasant quarters and smart, friendly service.

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There is nothing as destructive of goodwill as dirty quarters, sloppy, “help yourself” service and an unfriendly staff.

Clean quarters, professional conduct, good service and above all, a friendly staff, all go a long way to promoting goodwill.

It is not only the job of the Public Relations Officer to secure goodwill. It is part of *every* staff member’s job to help build goodwill for the organization by doing those things that will cause the public to think well of it, and by refraining from doing those things that would result in bad PR for the organization.

Above all, it is every staff member’s primary concern that the organization is delivering the best technical quality possible. This point *in* is *the* source of goodwill.

You must take a hand in creating goodwill. It is *your* organization!

Field: The general (geographical) areas, individuals and groups serviced by an organization.

TROUBLESHOOTING THE SALES LINE

If the Sales Line is bugged* as evidenced by statistic (i.e., down or low treatment acceptance and collections, poor closing ratio, future schedule beginning to look thin, etc.) it's important to get it "unbugged" quickly!

What follows are some guidelines that may assist in finding the actual reason or reasons behind whatever might be slowing the Sales Line. Finding the real reason behind the situation will lead to a real solution as opposed to a "reason" that in reality solves nothing. Saying things like: "Stats are down because everyone is on vacation," or "No one can pay anything," may make someone "feel better" about it, but unfortunately DOES NOT SOLVE THE PROBLEM! And how do you know you've found the "right thing?" Simple, statistics revert and go back up!

Now this checklist assumes that the person in charge of the Sales Line is doing the usual (i.e., Morning Production Meetings, setting quotas, applying conditions, etc.). If not, you would start by handling these basic actions first before proceeding with what follows.

Points to look at when the Sales Line bugs:

1. Immediately ensure outflow targets are under control as the first order of business.
2. Check the actual number of consults or treatment presentations.
3. Check the close rate on each of these.
4. If there are an inordinate amount of non-closes, look into why. List it out for each and see if there is some common pattern.
5. If closing is down, quickly review the exact point at which it started to go down and look at who was being sold at the time.
6. If the number of treatment presentations is low, figure out why. Specifically, look into:
 - a. Number of new patients
 - b. Number of recall patients

See if these are lower than usual and if so, figure out why and remedy. It might be a scheduling issue, or something may have changed in the way that scheduling is operating with these particles.

If no problem with the incoming flow on the Sales Line (new patient and recall patient numbers are approximately the same or higher), work with the individuals doing the sales (doctor & treatment coordinator) and see if anything has changed with how they are operating.

7. Look for any organizational changes of any kind - i.e., post changes, policy changes, etc.
8. Handle any disagreements that may exist between personnel on the Sales Line.

Bugged: Slang for snarled up or halted.

DISAGREEMENTS AND DANGER CONDITIONS

By L. Ron Hubbard

Where there is disagreement on a command channel* I am trying to forward *then* a bypass* occurs.

So we can assume correctly on experience and statistics that Danger conditions* occur only when there are fundamental disagreements on a command channel.

If you yourself then ferret out the disagreement ones of those under your orders, you will clear your command lines.

Where Danger conditions are declared, the declaring executive should make an effort to find the disagreement with himself, policy or the organization as a basic action on persons found responsible for a Danger condition. The only errors are not to look for them and not to find *all* the disagreements the person has on the subject of his superiors and post, policy or orders.

Bypass: Ignore the junior or juniors normally in charge of the activity and handle it personally.

Command Channel: Command channels go up through seniors over to a senior and down to a junior. Or they go up through all seniors. It is used upward for unusual permission or authorizations or information or important actions or compliances. Downward it is used for orders.

Danger Condition: A condition where:

- a) An area is not growing or continuing to shrink for too long.
- b) A statistic plunges downward very steeply.
- c) A senior executive suddenly finds himself or herself wearing the hat (doing the functions or job) of the activity because it is in trouble.

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The MGE Sales Team Seminar

ON STATISTIC ANALYSIS

By L. Ron Hubbard

The one big god-awful mistake an executive can make in reading and managing by graph is *being reasonable* about graphs. This is called JUSTIFYING A STATISTIC.

This is the single biggest error in graph interpretation by executives and the one thing that will clobber an organization.

One sees a graph down and says, "Oh well, of course, that's _____" and at that moment you've had it.

Never JUSTIFY why a graph continues to be down and never be reasonable* about it. A down graph is simply a down graph and somebody is goofing. The only *explanation* that is valid at all is, "What was changed just before it fell? Good. Unchange it fast!" If a graph is down it can and *must* go up. How it is going to go up is the only interest. "What did we do each time the last few times just before it went up? Good. Do it!"

Justifying a graph is saying, "Well, graphs are always down in December due to Christmas." That doesn't get it up or even really say why it's down!

And don't think you know why a graph is up or down without thorough investigation. If it doesn't stay up or continues down then one didn't know. It takes very close study on the ground where the work is done to find why a graph suddenly rose or why it fell.

GROSS REASONS

Graphs don't fall or rise for tiny, obscure, hard-to-find reasons. The errors are always BIG.

Book sales fall. People design new fliers for books, appropriate display money, go mad trying to get it up. And then at long last one discovers the real reason. The bookstore is always shut.

A big reason graphs fall is there's nobody there. Either the executive is double-hatted and is too busy on the *other* hat, or he just doesn't come to work.

STICKY GRAPHS

Bad graphs which resist all efforts to improve them are *made*. They don't just happen.

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A sticky graph is one that won't rise no matter what one does.

Such a graph is *made*. It is not a matter of omission. It is a matter of action.

If one is putting heavy effort into pushing a graph up and it won't go up, then there *must* be a hidden counter-effort to keep it down.

You can normally find this counter-effort by locating your biggest area of noncompliance with orders. That person is working *hard* to keep graphs down.

In this case it isn't laziness that's at fault. It's counter-action.

I have never seen an organization or a division or a section that had a sticky graph that was not actively pushing the graph down.

Such areas are not idle. They are not doing their jobs. They are always doing *something else*. And that something else may suddenly hit you in the teeth.

So beware of a sticky graph. Find the area of noncompliance and reorganize the personnel or you, as an executive, will soon be in real hot water from that quarter.

Those things which suddenly reared up out of your in-basket, all claws, happened after a long period of sticky graphs in that area.

Today's grief was visible months ago on your statistics.

Never get *reasonable* about a graph. The *only* reason it or its trend is down is that it is down. The thing to do is get it up.

THE HYGIENE FORMULA

A. **List out** total charts for at least last five years: _____

B. **Multiply** by 2 (for 2 recalls/year): _____

C. **Subtract** 40% from this number to account for attrition. This would equal potential recall appointments per year: _____

D. **Divide** "C" by the number of weeks you normally work in a year. This will give you your potential weekly recall appointment number. _____

E. **POTENTIAL HYGIENE DAYS:** Divide figure from "D" by 8. This will tell you how many days of hygiene you potentially should have in a given week – from just recall appointments. _____

F. **COMPLIANCE PERCENTAGE:**

i. Total up the average weekly recall appointments that your office has seen for the past four months. Simple way: get the total recall patients seen for the past four months and then multiply by 3 (for a 12 month year) and then divide by the weeks you for in a year (e.g. 50): _____

ii. Now, divide "i" above by "D" above. This will give you your compliance percentage in your Recall/Hygiene program. _____ %

THE EMOTIONAL TONE SCALE

By L. Ron Hubbard

