Radiologists do a lot of traveling—to attend CME courses, for vacation, and sometimes just to get to work. Most of them at some point in their career will also be expected to make site visits, for the purpose of making a decision involving the purchase of diagnostic technology. Because these trips are expensive and time-consuming, and affect long-term satisfaction with new equipment, they should be carefully planned and conducted.

To assure a positive outcome for this kind of travel, radiologists should first ask themselves five simple questions: What is the primary purpose for the trip? What can be done to make it most productive? Where should it be taken, and when? Who should go?

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Before committing to a trip, one should clearly identify why it’s being taken. For example, is it to gain consensus among all parties that an acquisition should be made? Is it to narrow the field of vendors being considered? Or is the aim to make a final decision on which vendor and product will be chosen? The planning necessary for each of these goals is considerably different.

Typically, decision-making trips are taken prematurely. The proper groundwork has not been laid, and it is too early in the buying cycle to actually make a final decision. As a result, these trips often are repeated or choices are based on incomplete or obsolete information.

Instead of holding off on site visits until the buyer is ready to make a final purchase decision, individuals or small groups should make “scouting visits” to become familiar with the technology and what to look for. Then, when the decision-making travel is made, everyone is well prepared and can focus on key issues.

Scouting trips may be taken with or without sales representatives. Quite often, the best information is obtained when there is no vendor involvement. Not only is the dialogue more open and comfortable, but one can usually spend more time observing the technology in use and speaking directly with those using it when only a few people are present.

A good example of a successful scouting trip is one I was involved in a number of years ago with a client in the Southeast. The purpose of the trip was to determine whether a major hospital should acquire its first MRI scanner and if so, what field strength, and should it be a fixed or mobile unit?
PURCHASING STRATEGY

To address these issues, we organized a trip to a site about two hours away for the chief radiologist, the CEO of the hospital, and a key board member. As a result of what was observed at the site and the discussion that occurred during our trip, the hospital staff members returned convinced that they should acquire a high-field, fixed MRI, and that they should move on that decision quickly. This agreement would not have been reached as easily if a scouting visit had not been conducted.

A simple trip report should always be written that summarizes the purpose for the trip, who went, what was accomplished, and the outcome, which includes a determination of what happens next. A standard part of the report should be an accurate drawing and photos of the site visited so that when the project moves into its design phase, there is reliable information to draw upon.

Also, when a trip report is expected, the one responsible for writing it is generally better prepared and more focused during the visit. That helps decision-makers accomplish their objectives in a more effective and efficient manner.

PRODUCTIVE TRIPS
A common mistake is to believe that there is one “right” choice for equipment and that all others are wrong. In nearly all cases, it is not so much the equipment that will affect your ultimate satisfaction, but the design of the suite, the skill levels of the individuals who operate the equipment, and the quality of service support they receive. As you visit sites, keep your eyes open for these types of issues and try to be certain that you incorporate them into your plans.

An agenda should be developed before the visit to insure that each individual’s objectives can be achieved. Instead of staying together as one group, it can be more effective to break up during the visit to enable each person to optimize his or her time on site.

A closed-door progress meeting should be held partway through the visit to ensure you are meeting your established objectives and to discuss new issues that have surfaced during the visit. Do not wait until you have returned home to realize that something more should have been done while you were at the site.

Be honest with your vendor and those you meet. Put the key issues on the table. If you have questions or have heard rumors about the manufacturer or its products, raise these so that the vendor can properly respond. At the same time, document information that is learned or answers that are given to your questions. If your purchase decision is based on those responses, it may be wise to incorporate them into your final purchase agreement.

As a general rule, I recommend a site visit team to consist of one administrator, one or two radiologists, the radiology manager, and a technologist. In preparing for a trip, the purpose of each team member should be clearly defined. For example, the radiologists may have specific concerns about certain procedures, the radiology manager may be focused on site planning issues, and the administrator on financial

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ones. Meanwhile, the technologist should spend his or her time talking with another technologist at the site. In many cases, the major benefit is that these individual discussions establish a bond for future dialogue.

I recommend that the final buying-decision trip be made three to four weeks before the date the decision is to be submitted for approval. This allows time to reconsider key issues and to close the negotiations. Instead of spreading these trips out over a number of months and involving various individuals, we strongly encourage a selection task force to block out a three-day window of time to make the final buying-decision trip.

The ideal schedule is to visit your third choice on day one, your second choice on day two, and your preferred choice on day three. The reason for this sequence is that quite often, one hears more about the downside of competitors than about the positives of the vendor who is hosting your visit. As a result, you then have a better list of issues on the following day. If that vendor can address these issues to your satisfaction, you are on your way to confirming your selection.

WHERE TO GO
Most vendors have selected showcase sites that they consider impressive. Often, these places have received special pricing and other subsidies, including on-site service and support, in return for always providing unbiased, positive comments regarding the equipment they use.

While we sometimes recommend visiting these sites, it’s often more effective to visit a place that is more tailored to your needs. Over the years we have built a portfolio of sites that we compare to a real estate agent’s listings. Before driving all over town to look at houses, a home buyer usually sits down with an agent and goes through some photos to get an idea of what’s out there and what may be suitable. We believe this same process should be followed in planning visits for selecting diagnostic equipment and technology.

Finally, make the most of your travels. In many cases, we schedule additional stops to visit a site where a competitor’s equipment is being used, to confirm the buyer’s choice of equipment or to investigate other issues. While most vendors initially balk at this suggestion, it should be to their benefit for you to make an educated decision. Remember: The buyer is the person who must live with the results, not the sales representative.

Traveling by stretch limousine is not the way to make a favorable impression at a community hospital that may be experiencing downsizing.