

The Listening Gap

Same product. Same buyer. Same words. Two completely different conversations.

| PRODUCT | ACCOUNT | BUYER | REP'S GOAL |
|---|---|---|---|
| Higher-priced biologic vs. lower-cost formulary alternative | Non-profit hospital Mission-driven. Cost-conscious. | Pharmacy Director P&T influence. Reports to CMO. | Win formulary approval over lower-cost competitor |

THE BUYER SAYS — both reps hear exactly this:

"We're a non-profit. Our whole mission is keeping costs accessible for patients. I have a hard time going to leadership with a higher-priced option — even if I understand the clinical differentiation. And honestly, we've had situations before where we brought something in and had to reverse the decision. That's not a good look for anyone. The pharmacy committee is going to push back hard. I'm the one who has to defend it."

Active Listener — Best of the 20%

Textbook. Empathetic. Outcome-focused. Still in the 20%.

REP A

I completely understand — and I respect that. The good news is when you factor in total cost of care, not just acquisition cost, the economics look very different. Fewer hospitalizations, better adherence, lower downstream spend.

◆ **WHAT REP A IS HEARING:**

Heard: price objection. Responded: total cost argument. Missed entirely: fear, cultural identity, political exposure, the reversal story.

WIITT Listener — In the 80%

Listening for meaning. Staying in their story.

REP B

The reversal you mentioned — what actually drove that? Was it the price itself, or was something else going on inside the institution when it happened?

◆ **WHAT REP B IS HEARING:**

Ignored the price objection entirely. Went to the story. The reversal is where the real fear lives — safe to discuss because it already happened.

Conversation continued — Turn 1 buyer responses

Active Listener — Rep A

BUYER

That may be true. But it's still a harder conversation to have internally.

WIITT Listener — Rep B

BUYER

Honestly it was more about process. The CMO found out through the committee — not from us directly. That created a real problem. She felt blindsided.

— Turn 2

REP A

Absolutely. That's why I want to help you build the case. I can put together slides and a full health economics model we can customize for your committee's decision criteria.

◆ WHAT REP A IS HEARING:

Still listening for what the rep needs to position — not what the buyer is living with. Offered a deliverable. The real obstacles were never surfaced.

REP B

So the issue wasn't the drug — it was the sequence. She needed to be part of it before committee, not after. Has your committee ever approved a higher-priced option in another area — and what made that defensible when they did?

◆ WHAT REP B IS HEARING:

Named the real lesson from the reversal. Opened the precedent door — asking about history, not the current project. Safe to answer. Reveals the institutional logic.

— Turn 2 buyer responses

BUYER

Send those slides over and I'll take a look. I just want to make sure we have everything covered before committee.

BUYER

Actually yes. A few years ago we approved a more expensive anticoagulant. A senior pharmacist showed the lower-cost option had higher readmission rates in our patient population. She built the case with the CMO first — framed it as the mission-aligned choice. Choosing cheap when outcomes were worse wasn't actually living the mission.

Conversation continued — Turn 3

Active Listener — Rep A

REP A

Of course. I'll also include case studies from comparable non-profit systems. When's your next P&T committee meeting?

◆ **WHAT REP A IS HEARING:**

Optimizing for a calendar next step. The real blockers — the CMO, the cultural rule, the reversal, the identity risk — were never heard. Rep thinks they won the conversation. They lost. They don't know why.

WIITT Listener — Rep B

REP B

That's the argument for this drug too — and your patient population data is even stronger here. Is that pharmacist still here? It sounds like the path isn't committee first — it's her and the CMO first, the same way it worked before.

◆ **WHAT REP B IS HEARING:**

Rep didn't build the case. The buyer built it. Rep reflected it back and proposed the right next step using the buyer's own institutional logic and language.

Where the Paths Diverge

After three exchanges, the conversations are in completely different places — headed to completely different outcomes.

WHERE THIS GOES — Rep A

The slides get sent. The buyer reviews them alone. Goes to committee unprepared on the real objections. The CMO wasn't involved. Committee pushes back on price. Deal stalls or dies quietly. Rep never understands why — because the real conversation never happened.

WHERE THIS GOES — Rep B

Rep requests a clinical briefing with the pharmacist and CMO — not a sales call. CMO enters committee already informed. Pharmacy director goes in with an ally and a frame the committee already accepted once. Same drug. Same price. The deal moves.

What Each Rep Heard From the Same Words

Active Listener — heard information

- Price is the objection — needs a stronger ROI argument
- Committee is the obstacle — needs better data going in
- Past reversal = execution risk — needs implementation proof
- "Non-profit mission" = cost sensitivity — needs total cost framing

WIITT Listener — heard meaning

FEAR

Of being the person who breaks the unwritten institutional rule again

CULTURAL

"Non-profit" is identity — not just cost. Everyone enforces it. Nobody owns it.

MISSING TRUTH

Reversal was about sequence and the CMO — not price

HERO

There is a precedent, a champion, a frame that worked. It can happen again.

Why the 20% Never Gets Here — No Matter How Good They Are

The 20% listener asks about outcomes data, committee criteria, and ROI models — because they were trained to duck, dive, and dodge. To win the objection debate. They think they are listening. They are loading their next response. And they often think they won the conversation. They lost. They don't know why.

WIITT listening is different. WIITT — What's Important To Them and Why It Matters To Them — is a listening discipline built around understanding, not positioning. The WIITT listener heard what was important to the buyer and why it mattered: the fear of another reversal, the cultural weight of the non-profit identity, the political sequence that had burned them before. That understanding revealed the obstacle. And the obstacle revealed the path.

The WIITT Listening diagnostic after every lost deal:

"What was the buyer afraid of?"

If your rep cannot answer that — the deal died in the first conversation. You just found out in the last one.

The Four Signals WIITT Listening Listens For

FEAR

What failure would mean for this person personally — career, credibility, reputation.

IDENTITY

What professional self-image is at stake. "Non-profit" is not a budget position — it is who they are.

CULTURAL

The unspoken institutional rule nobody questions. Cannot be argued with. Can only be reframed.

POLITICAL

Who needs to know before committee. Who can block. What sequence makes a champion safe to act.