



Changing the Face of Detailing by Motivating Physicians to See Pharmaceutical Sales Reps

Pharmaceutical marketing has traditionally relied on a foundation of healthy interaction between the detail representative and the physician. In recent years, however, there has been well-documented erosion in the power of face-to-face detailing to drive prescriptions. By confronting this situation, pharmaceutical companies can begin to reverse this trend.



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Rising malpractice insurance premiums and falling reimbursement rates have forced most physicians to increase their patient loads during the past five years. In addition, the expanding medical needs of the geriatric and aging baby boomer populations have caused physicians who are the heaviest prescribers to spend more than 65 hours per week with patients.

Since 1995, the physician population has grown just 15%, according to the American Medical Association, Chicago. During that same period, the number of pharmaceutical reps has grown 94% to more than 90,000, according to Verispan, based in Yardley, Pennsylvania. Thus, today's pharmaceutical rep is vying with a massive army of competitors for diminishing physician time. Many sales reps even have to compete with others from their own company. A recent study by McKinsey Consulting, Florham, New Jersey, found that high-prescribing physicians receive "three to five times as many calls from sales reps as they did 10 years ago." The result has been a significant decline in physician access (Figure).

A study by Health Strategies Group, Palo Alto, California, of time spent by sales reps during office visits found that only 7% of rep visits with a prescriber lasted longer than two minutes. Forty-three percent of the visits never got past the receptionist. The same study found almost 40% of doctors' offices limit the number of reps seen in a day. Similarly, a survey

from Siebel Systems, San Mateo, California, reported that 35% of physicians are not seeing reps at all.

The competition for access has become even more difficult with the implementation of the Washington, DC-based Pharmaceutical Research and Manufacturers of America's (PhRMA's) Code of Interaction, published in July 2002. The Code specifically bans promotional practices such as "dine and dash" that had been traditionally used to gain physician access.

Are Traditional Detailing Tools Losing Effectiveness?

Pharmaceutical marketers have traditionally viewed product samples as the "currency" that helped reps gain access to physicians. Unfortunately, as a result of the growing competition for physician attention, even the use of samples as an access tool seems to be eroding. A sample tracking conducted by IMS Health, Plymouth Meeting, Pennsylvania, found that only 36% of samples are actually delivered while seeing a physician. More than half of samples (54%) are distributed by sales reps who have not seen the physician.

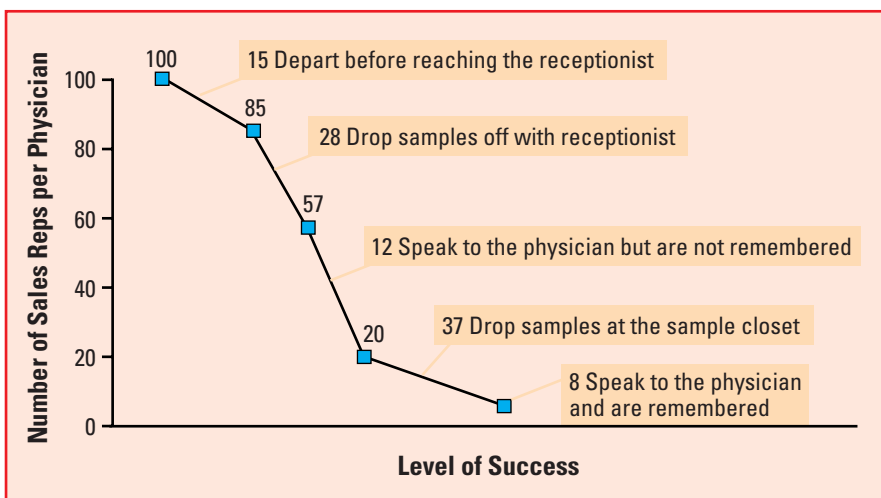


Figure. "If 100 reps call on a physician..." Reprinted from Elling ME, Fogle HJ, MckHann CS, et al: Making more of pharma's sales force. *McKinsey Quarterly* 2002;3. With permission.

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Detailing Return on Investment

The decline in physician access has had a material effect on the return on investment (ROI) that detailing is generating. A recent analysis of the top 14 pharmaceutical companies by Datamonitor, New York City, estimated that the average ROI on primary care physician- and patient-targeted promotion declined from \$22 to \$17 between 1998 and 2001.

Changes in the promotional environment, coupled with the decline in detailing ROI, suggest the need to reassess the role of the sales rep in the pharmaceutical marketing process. One pharmaceutical marketing executive recently described the current state of pharmaceutical sales and marketing: "I have two burning issues: (1) I need to know how to make my thousands of field reps more effective just as the market hits oversaturation and physicians are turning them away and (2) I need to know what our role is going to be in patient-physician communication."

A New Paradigm

Pharmaceutical reps have the primary goal of building relationships with physicians and delivering fair and balanced product information. With the implementation of the PhRMA guidelines, a new world of pharmaceutical detailing arrived. Today's pharmaceutical rep must become more of a consultant who is equipped with value-added tools and information that the physician can use in his or her practice. Only by helping the physician become more effective and efficient in the delivery of health care will reps increase access to, and the time they spend with, physicians.

Strategies likely to work in this new paradigm require the creation of a new set of value-added tools that will change the rep from a sales-aid presenter and sample delivery service to a valuable resource for the physician. Companies that learn how to transform their most valuable sales and marketing asset—their direct sales force—into part of the health care delivery solution will ultimately be winners.

Every day, physicians are called on to communicate with an ever-growing patient population. Pharma reps will benefit by helping their physicians make those connections more efficiently and effectively. Establishing physician partnerships by encouraging, supporting, and enabling better patient-physician communication will be the key to achieving success.

Goals of the New Paradigm

This new partnership-detailing paradigm will provide several sustainable marketplace advantages for brand teams. It will increase sales rep access to "hard-to-see" physicians and key staff members, increase ongoing sales rep "face time" with key physicians, elevate the status/role of company sales reps in the eyes of the physician, move beyond traditional promotion-based detailing to partnership-based detailing

differentiate the company and brands from the competition, and gain greater insight into physicians and their patients.

Results by Connecting Customers

The rise of the Internet resulted in many "product.com" websites. Although these sites still have a place in pharmaceutical marketing campaigns, much like the production of a product brochure, it is doubtful that a truly valuable connection between physicians and their patients will occur within a product's promotional website.

In 1999, Cyber Citizen, New York City, published the first study to document that the majority of patients want to get their on-line health information from their own physician. Patients want information they can trust to help them learn about and manage their condition. Who do patients trust the most? Not surprisingly, they trust their own physician.

What physician would not want to know their patient's opinions about the medications they have been instructed to take?

Helping make the health information connection between the prescriber and the patient is the big opportunity for pharmaceutical companies today. In addition to becoming a valuable contributor to the health care process by supporting a physician-to-patient channel, pharmaceutical companies will also benefit by gaining proprietary access to aggregate data about physician and patient behaviors, questions, opinions,

and preferences. Sales reps use historical marketshare data to determine which physicians may need extra detail time whereas marketers use this same data to craft product messages and new promotional strategies. What if a sales rep could walk into a physician's office with real-time data on that physician's own patients' preferences about certain drugs, and compliance information related to specific demographic groups in the physician's patient panel? What if a marketing manager could recraft a new product-positioning message to a subsegment of physicians based on actual patient feedback only 30 days after launch? Traditional marketshare and other retrospective data will always be available, but as pharmaceutical marketers shift to a more immediate and customized marketing approach, the ability to collect, analyze, and redistribute information from the prescriber-to-patient channel will become a clear competitive advantage.

Access to real-time prescriber-patient information is new and unique because it has been difficult to obtain. For the most part, this type of information has been gathered through one-time, in-house patient surveys or by special health care consumer focus groups funded to learn more about patient preferences. Managed care organizations, employers, large health care facilities, and some third parties are all starting to build physician-patient connecting websites which will eventually produce a next generation of "connected" health care information. Many sites are sponsored by pharmaceutical

companies. Legal and regulatory guidelines dictate the role a pharmaceutical company can play in a physician-to-patient connecting channel, but these challenges must be overcome because of the value of providing this connection and having access to the resulting aggregate data.

Predicting the Future

By sponsoring and participating in the channel that connects physicians to patients, pharmaceutical marketers will be positioned to ask patients questions in real time. This will be accomplished using noncommercial, nonpromotional, physician-hosted websites that patients visit often and are comfortable enough with to willingly provide personal feedback on attitudes, preferences, and drug side effects. Answers to these demographic and preference questions may then be correlated with educational content viewing patterns, as well as what is known about the patient's own physician to form unique patient profiles or "pictures" that pharmaceutical marketers previously had limited or no access.

With access to constantly "moving," real-time aggregate patient-based data, marketers can adjust marketing plans, services, and promotions. By arming sales teams with this

information to share with physicians, a new "detailing" relationship will emerge in which a physician will want to meet with the sales reps who have already analyzed the latest aggregate patient data and can help the physician learn more about his or her own patients. What physician would not want to know their patients' opinions about the medications they have been instructed to take?

To obtain ongoing access to physicians, pharmaceutical sales reps will need to provide information to physicians on the preferences, opinions, and resulting behaviors of each physician's own patients. As these patient data reports get more comprehensive and interesting, and sales reps become more proficient at using the data to help physicians provide better care, a new phenomenon may occur: physicians calling their pharmaceutical reps to schedule the next appointment!

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