

A Personal TOUCH

Pharmaceutical company sales teams are responding to tighter regulations on physician promotion by sharpening their focus on the fundamental mission of the sales representative: providing meaningful interactions and relevant product information that supports clinicians in their patient-care decisions.

Most pharmaceutical industry leaders agree that the customer remains the one constant in the shifting sales-force model.

"Our goal as an industry has always been to provide physicians with meaningful information that translates into sound decision-making around their patients," says Amy Jenner, a divisional VP of sales for specialty care at Pfizer. "I don't believe the economic or legislative environments in which we operate have shifted our sales-force strategy. It is the customer who has shaped and continues to shape our thinking."

While most of the companies surveyed by Best Practices for a recent report plan to keep their sales forces flat in the upcoming year, 53% of respondents said they expect sales force sizes to increase within the next three years, as products currently in development enter the market, opening up new therapeutic areas and customer segments to address.

Ms. Jenner notes that Pfizer, like many large pharmaceutical companies, has moved to smaller, more focused sales forces.



Eric Newmark
IDC Health

Beyond gaining visibility to where money is being spent, companies should be able to strategically decide where funds should be spent to get the most bang for the buck with each physician.

"We've taken this direction because the doctors have told us that they wanted a single point of contact who could give them high-quality, in-depth information about our medicines," she says. "Coupled with the fact that the prescribers were pressed for time, it made sense for us to scale back the number of representatives that we were sending to offices."

Matthew Rue, senior VP, marketing, at Oceana Therapeutics, observes that companies now recognize that the old model of sending multiple reps to the same doctor for the same product is not only costly, but alienating.

"I suspect it's a combination of economics and plain physician fatigue that has prompted companies to significantly cut down on the number of reps calling on clinicians," Mr. Rue says.

Ms. Jenner says the traditional "reach and frequency" model, where the strategy was to get a lot of reps in to see physicians, was actually in response to how the physicians wanted to be seen at that time.

"Then, they wanted to be seen quickly, with sound bites of information," she adds. "That's not necessarily how they want to be seen anymore. Today's physicians want a single point of contact, with more depth, and I think we've responded in kind, both as an industry and at Pfizer, specifically."

A study by Best Practices notes that the customer centricity that defines today's pharmaceutical sales model has led many companies to adjust the size of their territories to better focus their representatives, to create individualized call plans for key accounts, and to reduce how many accounts reps can call upon.

Mr. Rue says Oceana has recently added sales reps to its specialty force, which calls on pediatric urologists, and reconfigured its sales territories to increase frequency of physician contacts.

"We call on a small number of physicians, but they're geographically dispersed, and some of our sales representatives had enormous territories," he says. "So we adjusted the territories in a fashion that allows us to call on physicians in an efficient manner, but still retain an adequate number of physician targets for each sales representative."

SHOW THEM THE EVIDENCE

According to SK&A's February 2010 report on physician access, 98% of doctors surveyed say their



Amy Jenner
Pfizer

As we move into an environment where there's a bigger focus on specialty-care medicine, and talk to different types of audiences about the information that we have, providing deeper clinical information is going to be increasingly important.

offices are visited by up to 20 sales reps each week from the pharmaceutical or medical device industries, and almost half say they require or prefer appointments to be made by sales reps to set up one-on-one meetings. The number of physicians who restrict access altogether has remained unchanged in the past 12 months, at about 23%.

"In the past year, access to physicians has stabilized, indicating there is a right mix of personal and nonpersonal promotion available to businesses wishing to reach physicians in offices," says Dave Escalante, VP of data and information solutions at SK&A.

Although much has been made of the pharmaceutical industry's transition to a more evidence-based sales model, industry experts insist that scientific proof of a product's benefit to patients has always been a key element of promotion.



Matthew Rue
Oceana Therapeutics

Sales representatives are the best way for clinicians to get solid information. They can choose to listen to it or reject it, but at least they get an opportunity to hear a different point of view, challenge it, question it, and ask for nuance and clarification.

"Pharmaceutical companies' interactions with prescribers have always been about disseminating accurate, balanced, high-quality scientific information," Ms. Jenner says. "And as we move into an environment where there's a bigger focus on specialty-care medicine, and talk to different types of audiences about the information that we have, providing deeper clinical information is going to be increasingly important."

As part of its sales training model, Oceana provides its sales representatives with interactive tools that give them instant access to relevant clinical abstracts, journal articles, and other scientific information. The program also educates its sales forces in delivering that information with knowledge and skill during calls so that they can accurately and effectively address physicians' questions and concerns about the product or the disease it treats.

"This provides a service above and beyond promotion, where the representative becomes somewhat of a partner with the clinician in making clinical decisions," Mr. Rue says. "Clinicians receive information in a way they're used to, in a language they're used to, from research conducted by people they know."

According to Garry O'Grady, senior VP and general manager at the Pharmaceutical Institute, a division of Campbell Alliance, to get the most from distance learning, training teams must properly integrate it into a cohesive learning pathway — one that is designed to meet clearly defined needs and that elicits the desired changes in the field. In most cases, this means that a training team must consider all of the following areas and then develop a program that addresses them appropriately. (Please turn to page 48 to learn more about getting the most from distance learning.)

While Ms. Jenner agrees that it is crucial to train

OVERALL DRUG AND DEVICE REPS' ACCESS TO PHYSICIANS			
	December 2008	June 2009	December 2009
Access Permitted	76.4%	77.3%	77.1%
No Access	23.6%	22.7%	22.9%
TOTAL	100.0%	100.0%	100.0%
Appointment Required/Preferred	38.5%	48.4%	49.6%

DRUG AND DEVICE REPS' ACCESS TO PHYSICIANS, BY PRACTICE SPECIALTY					
June 2009			December 2009		
	No Access	Appt. Req.		No Access	Appt. Req.
Top 3 Specialties			Top 3 Specialties		
Diagnostic			Diagnostic		
Radiology	91.1%	21.2%	Radiology	91.8%	21.8%
Pathologist	90.9%	16.0%	Pathologist	91.7%	16.3%
Pediatric			Neuroradiology	91.5%	25.5%
Radiology	90.8%	22.9%			
Bottom 3 Specialties			Bottom 3 Specialties		
Allergist/Immunologist	4.7%	41.3%	Allergist/Immunologist	4.4%	43.2%
Diabetes Specialist	7.4%	64.8%	Diabetes Specialist	7.0%	68.4%
Gynecologist	7.5%	48.3%	Gynecologist	7.5%	49.5%

Source: SK&A, Physician Access: U.S. Physicians' Availability to See Drug and Device Sales Reps. For more information, visit skainfo.com.

sales reps to provide physicians with sophisticated, up-to-date evidence-based information, she believes conventional selling techniques will always play a role in pharmaceutical promotion.

"Dialoguing with prescribers about their needs, probing for clarity and understanding and alignment — those techniques are absolutely essential for meaningful engagement, and I think they make our

prescribers feel even better-served," she says.

According to Carolina Castano, director of marketing and operations, at BioPath Consulting, there are two factors that stand out as having the greatest impact on sales performance: having a scientifically/clinically trained field force and deployment strategies that center on customer-focused consultative models versus reach and frequency models (consultative ver-

THOUGHT LEADERS

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MATTHEW RUE. Senior VP, Marketing, Oceana Therapeutics Inc., a privately held specialty pharmaceuticals company focused on redefining the way illnesses are treated. For more information, visit oceanathera.com.

sus sales reps, respectively). (Please turn to page 46 to learn more about the evolution of sales models.)

NO MORE PENS, NO MORE PADS

In a blog post earlier this year, Eric Newmark, research manager, business systems strategies for IDC Health Insights, observed that pharmaceutical sales representative calls have traditionally relied heavily on soft-dollar promotional budgets to help create influence and capture the attention of physicians with items like free pens and notepads.

"More importantly, as physician availability has continued to grow more scarce over the years, sales reps have relied a great deal on taking physicians out to lunches, dinners, and off-site meetings to help create an environment where they can capture their undivided attention," Mr. Newmark added.

But these techniques are no longer relevant in the current environment of increased state and federal regulation of promotional activities to physicians, as well as the voluntary code instituted last year by PhRMA that recommends the pharmaceutical industry scale back or eliminate certain types of physician promotion, including reminder items such as pens, note pads, and the like. Most major pharmaceutical companies have agreed to stop distributing these items in the year since the PhRMA code took effect, and their disappearance from the sales rep case does not appear to have had any noticeable impact on physician access.

"Our engagement with healthcare professionals has always been centered on delivering clinical information about medicines," Ms. Jenner says. "Reminder items were never a driver, and, in my view, their elimination has removed a distraction and allowed sales representatives to focus exclusively on providing meaningful information."

"I don't think anyone in the industry honestly believed that a pen compelled prescription-writing," Mr. Rue says. "The things that everyone has stopped distributing were probably the most innocuous. Activities such as sponsored trips and large speaker fees for events that weren't providing physicians with accurate and balanced information are what were truly antithetical to ethical promotion."

Many state and federal-level agencies have implemented increasingly stringent rules governing such activities. For example, in July 2009 Massachusetts instituted regulation that, according to Mr. Newmark, prohibits almost all soft-dollar items and activities, including CME events, conference fees, and free meals outside the hospital or office setting. Companies are also now required to report all payments to physicians in excess of \$50 to the Massachusetts Department of Public Health, even if they're for legitimate consulting fees, and the department plans to make



Carolina Castano
BioPath Consulting

As markets and medicine evolve, pharmaceutical sales models and deployment strategies must keep up, for the sake of survival.



Garry O'Grady
Pharmaceutical Institute

There is no question that webinars, e-courses, CDs, podcasts, and printed modules will continue to play a major role in sales training curricula.

the database containing this information available to the public in July to promote transparency. These regulations are similar to those enacted by other state and federal agencies, and companies in noncompliance can face fines of up to \$5,000 per infraction.

As a result, Mr. Newmark said, pharmaceutical companies are scrambling to implement software solutions and analytics applications that will help manage these aggregate spend compliance issues.

"However, this is just the first step," he cautioned. "Once the proper reporting and dashboards are put in place for organizations to monitor this and be reactive, pharmaceutical companies will need to continue investing and working to become proactive."

"Beyond gaining visibility to where money is being spent, companies should be able to strategically decide where funds should be spent to get the most bang for the buck with each physician," Mr. Newmark continued. "This will enable decisions to be made, such as which brand team should use the allotted \$50 in promotional activity for a particular physician, whether all brands split the funds equally, or whether they should all be spent by one brand."

Sales force training curricula are evolving to address these and other factors reshaping the sales model. Roughly 60% of companies surveyed by Best Practices say they are actively revising the training curriculum for their district managers. In the next three years, according to the study, DMs will be increasingly tasked with setting strategic direction, conducting local market analysis, managing budget, and problem-solving. In addition, 55% of companies say they are providing greater analytics and decision-training for DMs to differentiate local market priorities and plans.

NO E-SUBSTITUTES

The continued evolution of information technology and Internet resources, and the myriad ways in which people access that information, have kept analysts busy trying to project what this means for the

person-to-person selling model. Rapid experimentation is occurring, and myriad sales model changes are under way, but Best Practices asserts that predictions as to how quickly e-channels and technologies will transform the sales model have been overstated.

Ms. Jenner says Pfizer has incorporated tools such as e-detailing and webinars into its sales model in response to feedback from customers who prefer those methods of interaction.

"We've always kept the customer at the center of what we're doing, and we're delivering a much more customized approach to how we interact with the prescriber," she says. "It's important that we keep up with the technology and try to anticipate where the prescriber is going to go next, and incorporate more and more of these tools in a way that gives prescribers access to the information they need."

But Ms. Jenner believes that technological advances will not diminish the importance of the sales rep's role.

"Healthcare professionals, just like all of us, are now using all kinds of technology and other vehicles to get the information they need," she says. "But there will always be a place for quality, face-to-face interactions, because they provide meaningful information, and, more importantly, a forum for discussion."

Mr. Rue agrees wholeheartedly, stating that there will never, ever be a replacement for a person speaking to another person.

"Physicians can't question an ad, they can't question a sales aid, but they can question a salesperson," he says. "Sales representatives are the best way for clinicians to get solid information. They can choose to listen to it or reject it, but at least they get an opportunity to hear a different point of view, challenge it, question it, and ask for nuance and clarification." ♦

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoices.com.

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