

Contributed by Charles Brennan

ASK IT THE RIGHT WAY

The marketplace is fast approaching 100,000 sales representatives, and reports in *The Wall Street Journal* suggest that physicians aren't influenced by what representatives are saying. The question is: Why are there so many reps who can't seem to get their message across? Adding more representatives doesn't seem to be the answer. The answer may lie in something as simple as sales reps asking the right questions and knowing what to do with the answers.

In a recent survey of physicians, an overwhelming number of doctors expressed frustration with their representative's inability to bring value to a discussion, carry a conversation, and present a point that connects with the discussion. Because many representatives across the country can't seem to perform such simple, albeit important tasks, a growing number of physicians are denying access to many reps who come through their door.

Last month in a one-on-one interview that I conducted with a cardiologist, he proudly stated that he was a "no-see" doctor. He mentioned that seeing representatives, for the most part, was a waste of his and his staff's time. He was of the opinion that representatives did not educate and engage him on topics that were of interest to him or could help him in his practice. This is compounded by the fact physicians often don't have control over prescribing; almost 70% of prescriptions are dictated by managed care. So, what is a representative to do?

BETTER TO BE GOOD THAN LUCKY

Connecting with physicians about what keeps them up at night is the key. What physicians want from representatives is for them to add value to a discussion; physicians want to converse as a peer and have reps stimulate new thinking in a discussion. Connecting with physicians goes beyond just mimicking the way they speak, aligning with their favorite pastime and hobby, or arranging a couple of files. While these things are important, connecting is about knowing how to ask questions that parallel the way physicians are taught and how they process and solve problems. Adopting a set of advanced skills to engage physicians in this manner brings value to any discussion.

In a publication available at Thomas Jefferson University Hospital that focuses on evidence-based medicine, an alarming statistic is revealed. The handbook suggests that only 4% of the articles that are published in leading journals meet the strict criteria of evidence-based medicine. So if these numbers are so low, what are the doctors asking for? What they want is information that will help them make better decisions. This information, however, can't be presented in a typical fashion. Information must be served up in the way physicians like it. Information must be presented during a conversation that challenges, stimulates, and engages physicians to consider alternatives to what

they are doing. These alternatives also must give indications that risk is not a major factor in prescription drug therapy and that they, along with others, seem to be making the same decisions to improve the quality of life of their patients as well as their practice.

BREAKING THE RECITAL PATTERN

In an assessment of primary-care and specialty representatives, data reveal that even after numerous sales and related training programs, representatives seem to ask the same questions that everyone else asks. These questions are identified as recital questions, which get a physician to recite information they already know the answers to or have been asked several times. Because of the mundane nature of these questions, which is compounded by the fact that physicians probably have heard these questions almost every day, physicians have become skilled at giving representatives the answers they want to hear just to get them out of the office.

So how can reps make an impact? They need to ask the right questions — dialogue questions. These are the types of questions that get the physician to stop, think, reflect, and respond. These are the types of questions that physicians don't hear every day. These are questions that get physicians to stop for a couple of minutes to talk.

Sounds too good to be true, doesn't it? It's not, it just takes practice. The best way to improve reps' questioning skills is to have them put themselves in the physician's position. Think of the questions that they would like to be asked. Would they want to answer them? Do questions get the doctor to regurgitate the same old answers? If they do, then they need to sit down and think about how they can ask them a better way. Identify what is important to the physician and design questions around these issues. Once this has been done, reps can improve their ability to engage a physician. But that is only half of the battle. Once reps ask a doctor a good question, they need to know how to carry the conversation. That's the next hurdle. But for now, get reps to focus on asking the better question.

Charles Brennan is president of Brennan Sales Institute, a provider of advanced sales and management training for the pharmaceutical industry, located in Upper Darby, Pa. For more information, visit brennantraining.com/video, or e-mail bsitraining@nni.com.

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