

LETTERS



The road to a successful partnership

“Dr./Mr./Ms. Pharma CEO, let’s build roads to successful partnerships. May we ask you to help establish the operational processes that build the relationships that bring your organizations top value?”

— Frank S. Kilpatrick
HEALTHCARE COMMUNICATIONS GROUP

recommendations of our friend Richard B. Vanderveer, CEO of V2 Inc., on the need to redefine the drivers of and acquisition processes for successful pharmaceutical company/vendor relationships. (“The shifting relationship between pharmaceutical company and supplier: Are partnerships in peril?” PharmaVOICE, May 2003.) To expand on several of his comments:

- Three-Bid Process — Fit for commodities-not consultants. We underscore Dr. Vanderveer’s proposal that pharmaceutical developers rethink the distinction between

acquisition of clinical commodity “ingredient” purchases and those of external marketing-support services — and not apply increasingly common “bid-based” procedures to them uniformly.

V2’s deliverables in this vein may include strategic market research heuristics, while our firm provides consultative recommendations for accelerating clinical-trial patient recruitment; clearly, these services are not best purchased “by the pound.”

We believe a more enlightened selection approach is particularly valuable for pharma companies seeking to assess service providers that will make judgment-based contributions to their long-term global strategies and drug portfolio outcomes.

A product line’s development is just too valuable to be guided by lowest-cost-provider criteria alone! In fact, a reductionistic “three-bid” perspective negates qualified decision-makers’ bona fide experience-based assessment role in identifying the subtle “value-added” performance distinctions between potential solution providers.

Does the pharma industry really achieve optimal results when unidimensional “rationality” is substituted for cogent human evaluation?

- RFI-itis — We have noted a parallel trend toward “RFI-itis.” Myriad questions are asked; hundreds of hours are invested by all parties; travel time and executive resources are expended. But, as often turns out, undisclosed “disqualifiers” are identified after the fact.

And, even at its best, RFI processes focuses narrow emphasis on individual service components — while overlooking the comprehensive value of their interrelated synergies. Overdependence on these exercises can cause everyone’s costs to go up!

Interactive collaboration leads to optimal solutions.

Results-oriented partnerships

We read with great interest the incisive

What’s Your Opinion?

CUSTOMER SERVICE — WHERE HAS IT GONE?

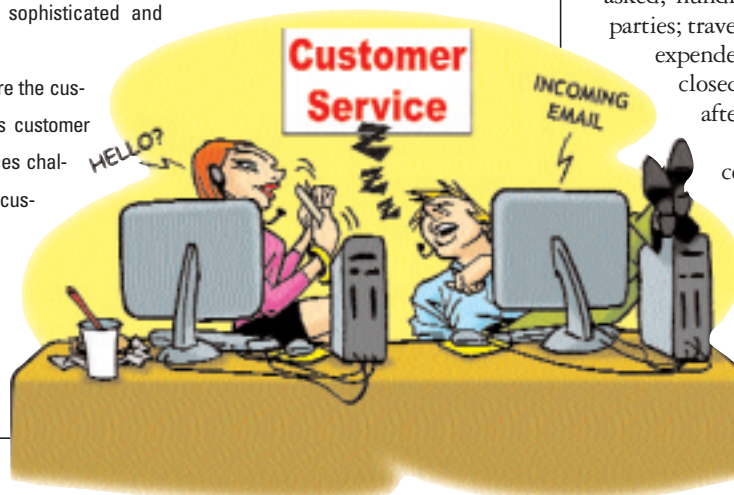
Twenty years ago, good customer service was the norm; today, it’s the exception. A recent study conducted by The Customer Respect Group found that more than one-half of pharmaceutical, healthcare, and healthcare wholesale companies don’t respond to Website inquiries from customers (for more information about this study, please turn to page 50 in this issue).

Additionally, Quest Media, organizer of the National Customer Service Awards, conducted a major survey of 250 senior managers working in customer service across all sectors. The survey revealed the biggest issues they are facing today include: changing customer expectations; performance management; board-level customer service support; and creating and managing staff morale.

Each of these key areas plays a fundamental role in the delivery of good quality service, and failure to correctly address any one of them can only result in the delivery of inadequate service at a time when customers are becoming increasingly sophisticated and demanding.

PharmaVOICE wants to know in an age where the customer is king, how can the industry improve its customer relations? What are the biggest customer-services challenges? And what strategies work best to meet customer demands?

WHAT’S YOUR OPINION?
Please e-mail your comments to
feedback@pharmavoices.com.



Conversely, our firm has delivered its greatest successes working hand-in-hand with qualified researchers who contribute essential baseline knowledge regarding their trials' recruitment obstacles.

This results in a synergistic collaboration to solve clinical-trial enrollment issues together. By providing the most supportive environment possible, clients obtain vendors' most committed contribution to the solution of their challenges, including (or not) obtaining their willingness to "burn the midnight oil."

Our recommendation: Remove barriers to motivating vendors as they deliver strategic expertise and specialized problem-solving ability that may yield million-dollar client breakthroughs.

- Not a Vendor — A "Consultant/Partner." To arrest the much-noted recent erosion in drug development throughput, we offer that it is wise for each pharma company to build a growing and "leveragable" repository of knowledge and expertise with each selected key vendor.

A corollary to this is that a committed investment be proactively budgeted to disseminate the generalizable learnings — whether regarding demography, prevalence, or media response patterns — of each program to the related business team, within each client pharma organization.

Finally, when a pharmaceutical company establishes a true "ownership" relationship with a supplier, it may well receive the invisible value of "free thinking" — a "spec" piece of design, a hallway brainstorm — for which it is never billed, based on a commitment to the greater good for all parties.

Our recommendation: Remove the redundancy of "lesson re-learning" by making qualified, selected vendors your partners. You get what you pay for — or, if you're perceived as a client partner, you can get more.

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Frank S. Kilpatrick

PRESIDENT

HEALTHCARE COMMUNICATIONS GROUP

Switching sides

I am writing to respond to the article "From the bedside to the sales side" published in May 2003 PharmaVOICE. I am one of those healthcare professionals who decided to make the switch. I graduated from medical school, went through a year of residency, and decided to obtain a MBA degree.

During my first year of residency I came to the conclusion that practicing medicine post residency was not for me. Managed-care woes, a pager glued to the hip, and many hours away from home became increasingly unappealing. I always had an interest in business so that is why I decided to follow a different career path sooner rather than later.

Even while in medical school I had doubts about practicing medicine but I was not told of any other options; it was either residency or research — not working for pharma or biotech companies.

Currently, I am head of medical affairs at Thermo Electron's Point of Care & Rapid Diagnostics division. I am able to leverage the medical and MBA degrees by being a resource to marketing, sales, and research and development.

As I explain how I get to go home at night, the activities I can participate in during the week and on weekends, and the overall satisfaction of being valued to my practicing physician friends, most are considering the switch.

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MANAGER, MEDICAL AFFAIRS

POINT OF CARE & RAPID DIAGNOSTICS

CLINICAL DIAGNOSTICS,

THERMO ELECTRON CORP.