

Can We Make Non-personal Promotion Feel MORE PERSONAL?

Personal promotion — which for years was defined as a physician office visit — is in danger of becoming extinct. I liken the evolution of pharma's rep-focused selling model to a *Tyrannosaurus rex*: once massive in size, initially considered to be a strong predator, and now viewed by some historians as merely a scavenger.

What's Killing Personal Promotion?

No surprise: it boils down to money for both healthcare providers — who cannot afford the time — as well as pharma marketers. The expenses of supporting a large sales force are increasingly prohibitive, especially in a dismal economy when you don't have a blockbuster brand — and who does these days?

A few years ago, the average cost of a primary care sales rep was \$175,000 a year. Today, a brand with 50 to 75 sales reps can cost upwards of \$13 million dollars in salary and benefits before a single pill, injection, cream, or other type of Rx is sold.

According to some figures, only 13% of all sales calls lead to face-to-face meetings. Managed care is squeezing healthcare providers dry. If a sales rep does manage to get through the door, he or she better provide value. When information about a therapeutic drug or medical device is needed, healthcare professionals can easily go to their computers or call an 800 number. Truth be told, does a healthcare provider with years of medical training really need — or want — someone to explain clinical trial results?

Where Do We Go From Here?

Healthcare professionals still want to know what their esteemed colleagues are doing and whether they are doing things differently. Developing credible, peer-delivered content — with input from those healthcare professionals whose opinions matter most — is still paramount.

But I'm beginning to think that all those dinner meetings are less about content and more about peer-to-peer interactions. And there are other ways to create that magic.

Today's Focus Is Digital Delivery (Until it Changes)

Our old sales model was all about the “push,” but now we're living in a “pull” world. We can use that to a brand's advantage.

Whether we're creating e-blasts, building branded or non-branded websites, or tapping into social media, the most memorable journeys are those that are interactive and self-directed. We can make it personal by providing opportunities for viewers to engage in two-way conversations with KOLs, companies, and brands.

A mouse and a keyboard are 21st century equivalents of a road map and a compass. It's important to provide viewers with clear navigation and to make the road fun to travel on. But now, more than ever, our target audiences need to feel that we're right there along with them; especially when they need us.

It's also important to recognize that a person's urge to “learn more about it” is often fast and fleeting — and he or she needs instant gratification. This means making it easy for healthcare providers to access everything they need the moment that feeling hits them.

A Foot Still Needs to Get Through the Door

Today, our success as healthcare marketers may be based upon our ability to personalize the selling experience without a person being involved in the delivery. At the end of the day, however, we are still detailing a brand.

As always, first impressions make or break us. That first touch must provide value, meet specific needs, and ideally address an identified problem. We all receive hundreds of e-mails every day. Most get deleted. E-mails that healthcare providers open interest them on some level. This is more than just creating

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compelling subject lines. Once an e-mail is opened, we need to capture enough data to be able to create a follow-up experience that is just as — if not more — valuable.

If I'm targeting healthcare professionals who have patients who are having difficulty adhering to therapy, my content needs to help them help their patients stick with their treatment (if fulfillment is part of my strategy, my lag time needs to be kept to a minimum). I need to not only provide my audiences with exactly what they need right now, but anticipate what they will need next.

In closing, our method of conversing with healthcare professionals is definitely changing. But talking to healthcare professionals is only half of the challenge. We *all* need to find new avenues for listening. **PV**

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