

Sales of the Future: *New Tools, New Roles,* NEW STRATEGIES

Salesforces target smaller audiences, with more customer service.

Threatened by downsizing and mergers, disrupted by managed-care policies, and stalled by no-see physicians — the list on the challenges facing today's sales reps goes on and on. To survive to sell another day, tomorrow's sales rep will need to do more than detail a pill. The new role will require business acumen, strategic thinking, disease knowledge, and the willingness to provide a service, not just a sale.

According to Cutting Edge, to prepare for tomorrow's environment, sales reps must build stronger, more personal rep-physician relationships that bring value to the physician.

One of those services will include assisting physicians in bringing the much-needed added value to patients in these days of pay-for-performance and healthcare reform.

According to Joshua Pagliaro, director, management consulting, PwC, customer-facing roles will evolve their focus, value propositions, and knowledge competencies to align with the new and incentive-based compensation models impacting individual physicians, where their income is now being tied to patient outcomes and quality-of-care ratings.

"Pharma's traditional retail and institutional channels are converging and there are new expectations on pharma to deliver value," he says.

Mr. Pagliaro outlines five factors (see box) that are driving the evolution of the traditional pharma customer, including pay for performance, coordinated care, and reimbursement.

Bringing value to physicians is important on two levels. One is the conversation that happens between the physician and the patient — the most critical for the brand — and two is the benefit of that information exchange for the patient, says Nick Colucci, president and CEO, Publicis Healthcare Communications Group.

"Programs that go through the physician not only help patients, but contribute to the



"Content will need to be more disease-state focused and locally relevant."

JEFF SPANBAUER / HRM

physicians — as well as hospitals, payer systems, pharmacies, etc.— to share product information and important data that could be used in a clinical care situation or referenced for research, is one offering that brings both direct and long-term value to patients," he says.

Sales reps can provide assistance to physicians in simple ways as well by providing patient education and information that will help both patients and the doctors in terms of product use and keep them current on changes

in healthcare reform, says Andrea McGonigle, managing director, life sciences, Microsoft.

According to Richard Butler, managing consultant, Alliance Life Sciences Consulting Group, these value adds can be easily offered through mobile devices, especially since usage by physicians is growing rapidly. In a study by Bulletin Healthcare, it was found that physician mobile usage grew 45% in the past year alone.

"Using targeted mobile brand applications provides an interactive way to present, and leave behind, valuable information to physicians, and enable the sales rep to better communicate value-based messages," he says.

Rick Randall, founder and chief patient success officer, Triplefin, believes that mobile device integration in all aspects of the pharmaceutical sales process is a driving force in the changing landscape, and can only improve physician and sales reps relationships.

"Industry acceptance of mobile tablets will

FAST FACT

**PHYSICIAN MOBILE USAGE GREW
45% IN THE PAST YEAR ALONE.**

Source: Bulletin Healthcare

credibility of both the brand and the company," he says.

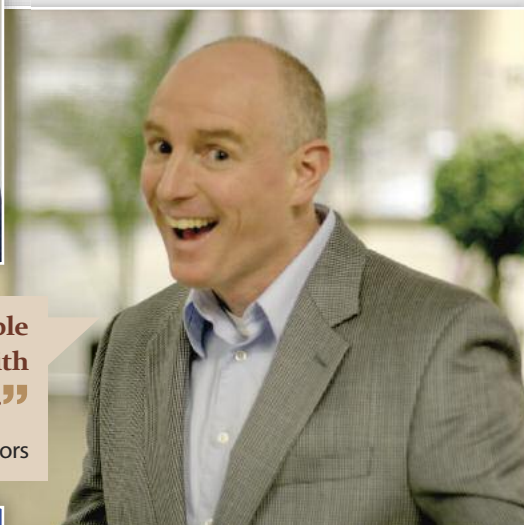
Information ultimately helps everyone, whether it is by supporting research efforts, improving outcomes, or simply enhancing quality of care during an office visit. The salesforce can be a valued partner in the distribution, training, education, and support of EHR, mobile, and Web-based services that assist the clinician, says Devin Paullin, executive VP, Physicians Interactive.

"Developing collective partnerships with



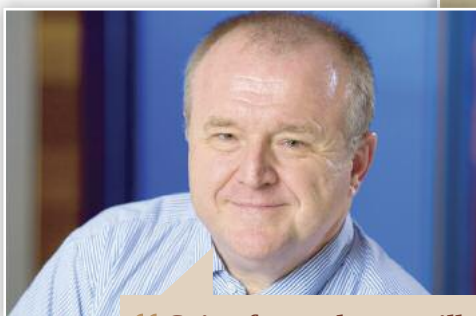
“Using targeted mobile brand applications provides an interactive way to present valuable information to physicians.”

RICHARD BUTLER / Alliance Life Sciences Consulting Group



“Representatives may be responsible for fewer physicians, but charged with knowing more about them.”

CURT STAAB / TGaS Advisors



“Going forward, reps will be skilled at using multiple channels.”

MIKE ACKERMANN / Quintiles

increase the efficiency of the representatives and provide territory insight unavailable with current technology,” Mr. Randall says. “From the physician and patient perspective, there will be added services to support the education process by providing electronic libraries of information combined with patient reimbursement support and a concierge approach to acquisition and adherence of new patients.”

Mobile technology allows product information to go where sales reps can’t — in the doctor’s office. This is an advantage for all parties involved. While there is still value in the depth of education and relationship a sales rep can provide to physicians, a mobile device can be in the exam room with a patient, so pharma companies need to shift their marketing approaches accordingly, says Adam Budish, senior VP, sales, Epocrates.

“Many companies are realizing the value of multichannel strategies beyond, or in complement of, their traditional salesforce efforts to

more effectively reach and engage physicians at the point of prescription,” he says. “The discussion has changed from ‘are physicians using smartphones?’ to ‘how can we engage with physicians on their smartphones?’”

Mobile technology can also help the physician create better relationships with his or her patients by tracking patient treatment through a suite of cutting-edge apps that are starting to appear in the industry, Mr. Butler adds. For example, patient adherence apps and dosing calculators are creating new ways for a patient to stay on-track based on physician guidelines. Patient adherence apps are condition specific, and include lifestyle guidelines such as physical activity regimens, diet, and medication tracking, etc. Dosing calculators are product specific, helping physicians determine the right dose for specific patients.

“New technologies such as these will quickly become industry standards as the healthcare model shifts over the next few years,” Mr. Butler says.

A More Targeted Approach Is Key

The industry has moved toward smaller and better-managed salesforces that take a more customer-focused approach rather than a product driven one. Companies need to change the traditional sales structure to a more targeted approach, that includes specific, thoughtful interactions with physicians.

The industry is predicted to move away from a high-prescribing decile targeting approach, to understanding, and focusing on the physician’s social relationships and network

connectivity, importance within the payer, provider, and patient “power-grid,” and success or failure of each physician as it relates to outcomes-based medicine, says Mark Grove, senior VP, of business development, East Coast, Qforma.

Beginning with a migration to increased integration into physician-adopted digital channels, pharma must adapt new hybrid sales models to better meet the needs of busy physicians, says Devin Paullin, executive VP, Physicians Interactive. Using more detailed customer assessment to redefine targeting strategies and broaden tactical reach, cost-effective digital programs will deliver information and tools when and where the vast majority of busy clinicians want them.

“A smaller salesforce for personal promotions will yield a group of highly trained specialists in target markets to nurture face-to-face relationships with a strictly defined group of key prescribers, when these interactions will prove most profitable,” Mr. Paullin says.

In the future, sales operations will evolve by calculating “total physician experience” as it relates to a particular brand.

“A new promotional science will evolve that will fully calibrate the number of in-person rep/physician interactions — no more traditional rep details — in relation to all of the other communication and non-personal promotion that is being applied to each physician as an individual,” Mr. Grove says. “There will be fewer one-to-one rep and physician interactions, but those that do occur will be more important and meaningful.”

Sales rep compensation models will fully shift away from payment for prescription growth to more of a current medical affairs model, with a focus on how they have impacted the health of patients within their local geography, he adds.

Salesforce structures will change to adopt a more targeted approach by creating more customer-centric alignments, says Curt Staab, executive director, sales advisory practice, TGaS. Instead of multiple representatives supporting the same product calling on the same healthcare provider, pharma companies are sending fewer representatives into the office with increased product responsibilities.

“Instead of telling their customers they are the ‘Brand X’ rep, they will now be the ‘Company Y’ rep, representing all the company resources the healthcare provider can use to improve patient care,” Mr. Staab says. “Representatives may be responsible for fewer physicians but charged with knowing more about their customers’ practices.”

The traditional geographically segmented structure is a thing of the past, says Scott Weintraub, chief marketing officer, HRM: Healthcare Regional Marketing.

PwC Outlines Changing Customer Landscape: Five Key Factors Driving the Evolution

1. New forms of payer contracts now tie reimbursement to outcomes, quality and cost reduction shifting risk to the provider.
2. Individual physician compensation and incentives are now driven by performance metrics, which is changing their behavior, how they make decisions, and what they value.
3. Driven by the shift of financial risk for care to the provider, new aggregate super customers are forming through consolidation, acquisition, and affiliation of individual providers, large group practices and sites of care (i.e., hospitals, long-term care facilities).
4. The delivery of care is becoming "corporate" with standardized treatment protocols and centralized decision over therapeutic choice spanning this coordinated care continuum.
5. Healthcare delivery is becoming localized with each geographic area of the country operating differently based on the interaction across the key local stakeholders.

Source: PwC. For more information, visit pwc.com.

"To maintain scalability and deep brand knowledge, salesforces will need to become more specialized in terms of brands and disease states," he says. "District managers will become disease state specialists for brands."

There are many options being explored for re-structuring the sales force for a more targeted approach to customers, says Lou Shapiro, senior VP of business development, Tunstall AMAC.

"Most companies are looking at a customer-centered approach that is focused on meeting customers' needs and providing value," he says. "Additionally, there are opportunities for other members of the team to support HCPs and field-based sales representatives, such as tele-sales representatives, teledetailing efforts, and territory warming initiatives."

Mobile technology offers a more targeted, personalized way to effectively reach and engage physicians at the point of care when they are making prescription decisions.

"Many pharma manufacturers today leverage the mobile channel to complement their existing sales representative program," Mr. Budish says. "Pharma companies can educate on relevant brands, offer drug samples, and provide a more direct line of communication for physicians to contact drug manufacturers."

The first step toward a new sales structure will begin when the industry removes the term "sales" from use, as well as "detail,"



"Today's reps must increase the level of their knowledge of clinical, reimbursement, and managed market landscapes."

KERRY GREENWOOD / ClearPoint

"high prescriber" and similar sales-directed thinking, says Bill Cooney, president and CEO, MedPoint.

"The field force of the future must partner with healthcare providers to improve clinical outcomes by providing expertise and resources that allow clinicians to more easily and effectively provide care and empower patients for better self-care," he says.

It will soon be a brave new world for pharma sales, our experts say, and in response to these changing dynamics, companies will need a targeted geographic approach that leverages new organizational structures, different capabilities, and functional roles to meet the needs of the localized healthcare delivery ecosystems and the evolving payment landscape. According to Mr. Pagliaro from PwC, new capabilities and services from pharma to address these evolving customer dynamics might include: outcomes specialists who will work with large integrated healthcare delivery systems to ensure the appropriate use of their products based on the system's collected outcomes data; revenue cycle specialists who will work with these customers to demonstrate how a company's suite of services assist in meeting the outcomes-driven contractual arrangements that support their revenue; and care pathway design experts who will work with customers to standardize care, reduce costs, optimize outcomes, and ensure appropriate product use across their patient population by designing care delivery models in partnership with the customer.

The traditional model of one-size-fits-all is dead, and the salesforce of the future will be better informed and more educated, says Prasad Subramani, principal director, analytics practice, Cognizant.

"There will be an evolution as the salesforce becomes specialized on therapeutic expertise," Mr. Subramani says. "And as therapeutic area experts, they will be selling a portfolio of products and not just one."

New Role, New Skills, New Training

Perhaps no other role in the pharmaceutical industry has changed more in the past several years than that of a sales representative, our experts say. Gone are the days of singular promotional messages with well-scripted responses to the most common objectives from a physician.

"Today's pharmaceutical representatives must increase the level of their clinical knowledge, the reimbursement and managed markets landscape, and be ready to provide a host of relevant value-add services as part of a broader team," says Kerry Greenwood, VP global sales, ClearPoint. "Business acumen, collaboration, customer service, and improved clinical and marketplace knowledge are just a few of the must-have skills to succeed in the industry in 2013 and beyond."

If the physician has a need that reaches beyond the sales rep, the rep of tomorrow will be ideally positioned to manage the process of getting physicians what they need.

"The best sales reps act as conduits between doctors and pharma companies," says Michelle Vitko, senior research analyst, Cutting Edge Information. "For example, in cases where physicians have patients who cannot afford their medications, reps can get those patients in contact with the groups that manage patient assistance programs."

If doctors have questions that reach beyond the scope of what reps can say, their new



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“Most companies are looking at a customer-centered approach that is focused on meeting customers’ needs and providing value.”

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“The industry is predicted to move away from a high-prescribing decile targeting approach.”

MARK GROVE / Qforma



“There is a disconnect between the skills of existing sales reps and the expected role they will fill in the future commercial model.”

PHILIP MCCREA / ClearPoint



“Many companies are realizing the value of multichannel strategies beyond or in complement of their traditional salesforce efforts.”

ADAM BUDISH / Epocrates

role will require them to get the physician in contact with medical information or dispatch at an MSL to them.

In discussions with multiple physicians, Snowfish has discovered that physicians tend to prefer the type of interaction afforded by the MSL. However, there are certain elements of that relationship that sales reps can replicate and still stay within their regulatory boundaries. Melissa Hammond, managing director at Snowfish, says physicians will appreciate these extra measures.

“For example, the exchange of new information regarding the disease state — not the drug — and ability to connect physicians with other colleagues has been cited as providing value,” she says. “This may necessitate a more experienced salesforce with biology or clinical

degrees. The focus of training for these types of reps will need to be on higher levels of scientific/clinical understanding, relationship management, and enhancing collaboration within the clinical community.”

Jeff Spanbauer, chief operating officer, principle, at HRM: Healthcare Regional Marketing, agrees that salesforces will need to become on-demand consultants and educators, as opposed to just deliverers of brand messages.

“Training will have to be virtual — the days of a POA in Scottsdale are over,” he says. “The content will need to be more disease-state focused and locally relevant, so that reps will be able to address the hot-button needs of providers according to local business drivers.”

The field rep of tomorrow must have the ability to talk about patients, not products, and earn respect by bringing intellectual expertise to targeted disease states.

“They must help clinicians navigate the evolving healthcare landscape, be a partner in better clinical outcomes, and understand the new ways in which outcomes metrics are recorded and scored,” Mr. Cooney says.

Mr. Colucci says customer relationship skills and experience with digital media will be crucial for the new sales rep role.

“Reps will become customer relationship managers, using not only face-to-face visits, but Web technology, distance detailing, and more,” he says. “Tomorrow’s sales rep will be responsible for creating a relationship, managing that relationship, and most of all, encouraging customer engagement. The CRM will be assessed on sales, but also on customer satisfaction and the level of customer engagement.”

The key going forward is that representatives will become much more familiar with and skilled using multiple channels in an orchestrated fashion. Reps will be able to strategically determine whether to have a face-to-face interaction, a small group discussion using remote live detailing, or a one-on-one remote live detail, or include a local or corporate disease specialist.

“In our experience, a remote live detailing approach has resulted in 15- to 20-minute details rather than two- to three-minute details, so the rep needs to have the materials and the skills to keep a provider engaged in a longer discussion,” says Mike Ackermann, senior VP, global commercial solutions, Quintiles. “The interaction between a company representative and a physician will become increasingly focused on achieving optimal patient outcome rather than simple product or disease state detailing.”

Salesforce training will need to evolve to meet the needs of the new sales paradigm, says Philip McCrea, CEO, ClearPoint. As salesforces continue to shift in both size and core focus, there is a growing disconnect between the skills and competencies of existing sales representatives and the expected role they will fill in the future commercial model.

“Most organizations are not in a position to replace and rehire, and thus it is left to the sales training team to fill the gaps,” he says. “While some organizations are downsizing or outsourcing key elements of their sales training, best-in-class commercial organizations are investing in new infrastructures, new training capabilities, and new delivery models to meet the growing needs of their sales teams.” **PV**

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As the role of the sales rep changes, so will his or her training.

Reps will need to be experts in therapeutic areas, know and understand formularies, and possess customer service skills.

First and foremost, our experts say, companies will need to hire and train more scientifically driven salesforces. However, this does not mean bulking up on

Pharm.D.s and Ph.D.s specifically as sales reps, but providing a strong, targeted approach to making sure that representatives are able to converse quickly and deeply on clinical issues, says Christopher Tobias, Ph.D., executive VP, chief scientific officer, director of business development, Dudnyk.

"Reps will also need to develop the ability to have academic debates with healthcare providers," Dr. Tobias says. "In other words, in addition to knowing how to respond to issues from an objection standpoint, they will also

need to know the therapeutic area well enough to engage in a robust dialogue on the benefits of a drug's supporting evidence and its impact on patients."

The training curriculum will evolve from a product-centric focus where the emphasis is on the strengths and weaknesses of a company's products against its competition to one aligned to the goals of the customer's healthcare delivery system and how the company's respective suite or service offerings inclusive of the product will aid the customer in meeting outcomes and quality metrics.

"Future customer-facing roles will require major account management skills and in-depth knowledge that spans the clinical, business, and revenue cycle needs of the evolving healthcare delivery system," says Joshua Pagliaro, director, management consulting, PwC Pharmaceutical and Life Sciences. "A key focus will be on gaining an in-depth understanding of how today's customers will operate to deliver care and are now being compensated."

Sales training will be challenged to ensure representatives can remain product knowledge experts while also training on the additional value-add resources companies are developing to help healthcare providers improve patient outcomes, says Curt Staab, executive director, sales advisory practice, TGaS. Sales training will need to move from training representatives to be transactional. For example, he says, the dialogue will change from: "Doctor, will you write my product for the next 10 patients you see?" to a trusted partner in the physician's office, who would ask, "Doctor, for your patients that present with these symptoms, here is a free non-branded resource that patients can use to manage their disease."



“Reps will need to know the therapeutic area well enough for them to engage in robust dialogue with the physician.”

DR. CHRISTOPHER TOBIAS / Dudnyk



“The gamification of training is an exciting development that improves training effectiveness.”

RICK KEEFER / Publicis Touchpoint Solutions

Salesforce training becomes even more important in today's new sales paradigm, says Rick Keefer, president and CEO, Publicis Touchpoint Solutions. All training will focus not just on the traditional feature/benefit approach, but will ultimately center on how the



“The use of social media, mobile technology, and health gaming will become important components of the future salesforce.”

MATT BROWN / ICC Lowe



“To be successful, nonpersonal must be integrated with other programs and other channels.”

FARUK CAPAN / Intouch

therapy results in better healthcare for patients.

Training will be ongoing — not just an event — and virtual through mobile devices that will enable a persistent training approach.

“The gamification of training is also an exciting development that can dramatically improve training effectiveness,” Mr. Keefer says.

Salesforce training will become contextual and available at all the times, says Prasad Subramani, principal director, analytics practice, Cognizant.

“Salesforce training will start to adopt newer e-learning models of providing courses and training wherever the sales person is,” he says. “It will deliver the training on multiple mobile and connected platforms and will be complemented by a coach who handles specific questions on the different topics. Training will go from a once-a-year, live event to a series of virtual events held many times a year.”

Sales training will be more intensive, technical, and clinically oriented than in the past, says Bill Cooney, president and CEO, MedPoint.

“Field representatives will need to bring true expertise to the front lines of clinical care, as well as resources and targeted intelligence,” he says. “For instance, reps will need to know more about comparative effectiveness research than anyone in the room, and help translate such information into clinical practice.”

Nonpersonal Communication: The New Office Call?

As salesforces continue to shrink and the number of no-see physicians continues to grow, the adoption of nonpersonal communication through digital media will become a necessary and valuable sales tool. However, to succeed, nonpersonal programs need to evolve beyond the current state of e-detailing.

According to Faruk Capan, CEO at Intouch, the trend toward more nonpersonal communications through digital media is

growing, but the method of use may often be incorrect. The nonpersonal approach has largely been performed in silos up to this point.

“We’re excited to see more clients recognize the power of the digital channel, but we don’t believe nonpersonal communications is the panacea the industry is seeking,” Mr. Capan says. “To be successful, nonpersonal communications must be integrated with other programs and other channels. The systems must talk to each other and work together. Rather than replacing personal promotion, nonpersonal communications should complement the rep’s activities.”

Synchronizing nonpersonal innovations and the personal selling skills of the representative will become increasingly more important, says Matt Brown, general manager, ICC Lowe. The key will be delivering authentic relationships that mirror today’s engagement.

“Digital NPP properties will continue to gain importance through 2013.”

GREG RICE / Klick Health



Not only will technology platforms need to be increasingly fluid and intuitive, representatives will need to be more sophisticated in their understanding of the tools and their data to be successful in the 21st century.

Mr. Brown expects there will be a growth of the virtual rep or call center-based sales combined with face-to-face detailing, as representatives find it harder to meet live with their customers. The use of social media, mobile technology, and health gaming will also become important components of the future salesforce.

“Mechanisms like this have great advantage of extending salesforce reach to the healthcare provider into non-office hours, engaging the HCP at the location and time of their preference,” Mr. Brown says. “By integrating non-personal initiatives with personal selling efforts of the salesforce, we can create an opportunity for greater, more intimate relationship building.”

Mr. Tobias predicts that smaller, nimbler salesforces will become the norm and therefore nonpersonal messaging will carry a larger and larger role. Digital media lends itself to the notion of “when it is convenient for you, Doctor,” so the challenge will be for salesforce leads to determine the best way to interact immediately with the HCP once a digital message has been delivered. “I believe the growth in non-

personal messaging will only strengthen the position of a salesforce, as long as the salesforce accurately and strategically follows up on emphasizing the brand message and reinforcing the brand experience,” he says.

Mr. Cooney of MedPoint doesn’t believe that using digital media is “nonpersonal.” To the contrary, he says, digital media can be more personal when combined with digital information about individual users.

“Customizing the presentation of digital media based on the known preferences of the individual is the current concept behind the business model of leading innovators such as Facebook, Apple iTunes, and Google. In medicine, the trend is lagging but on its way,” Mr. Cooney says. “Field forces can tap into this trend by providing specialized channels to digital media and serving as a digital concierge, providing guidance to individual clinicians on effective choice and use of digital resources.”

Pharmaceutical companies will also want to revamp their own HCP resources and ensure their sites are robust with relevant information and easy to navigate.

“In the future, HCP websites will become more overtly promotional, while maintaining a balanced science-based sensibility,” says Greg Rice, senior VP strategy, Klick Health. “Providing access to data is critical, but so is help-


ing a busy HCP make the most of his or her time on site.”

Nonpersonal promotion (NPP) sites need to both support the sales team and act as the primary source for no-see and whitespace physicians, he adds. Through the creative application of data, an NPP site can do both, while increasing the value HCPs receive from their sales rep visit.

“For example, to increase the effectiveness of a sales call, a rep might look at an NPP site report to learn what sections an HCP has been researching,” Mr. Rice says. “Realizing that Dr. Brown has been reviewing safety data, a sales representative could prioritize his or her presentation to address safety first.”

Some modern IVAs can import NPP site usage data for integration in traditional details.

For no-see physicians, a modern NPP site could adjust its presentation based on an HCP’s stated time available. For example, the content presented could scale based on answers to a few simple questions, and scale further based on interactions with the site. The site might also offer direct access to medical affairs for HCP initiated discussion.

“Digital NPP properties will continue to gain importance through 2013,” Mr. Rice says. “Mature data analysis and support for sales teams will drive innovation.” 

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