



What Doctors Want

Charlene Prounis

MDs are disenchanted with standard sales calls, but reps can change that. An online survey points the way.

having a detrimental effect on sales and, even more important, on the power of the sales call—pharma's primary marketing tool.

Together, US pharma companies' field forces have swelled to more than 80,000 reps—a 31 percent jump in the last two years alone—yet doctors' available time is fixed or shrinking. As a result, Scott-Levin reports, the average length of a sales rep visit has fallen from four minutes in 1998 to a paltry 90 seconds today, and even 30-second "hallway visits" are commonplace. In fact, 43 percent of sales reps' visits end at the receptionist's desk.

ARTVILLE

Every relationship has its ups and downs, and the bond between pharma sales reps and the doctors they detail is no exception. The field force "arms race" of the last decade has created a rift between physicians and reps that is

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Moreover, doctors' receptivity to brand messages is often made irrelevant by third-party restrictions such as formularies. Under such conditions, even "sample-drop calls," are no longer cost-effective.

This article examines the doctor–rep relationship through primary physicians' responses to an online survey requested by *Pharmaceutical Executive*. (See "About the Study.") The resulting "Accel Report" gives marketers a timely look at changes in that relationship and suggests what they can do to enhance their field forces' value to doctors—and to pharma.

Through Doctors' Eyes

At one time, doctors saw pharma sales reps as purveyors of helpful, up-to-date information from the companies that discover and produce new medications. Field forces are still the primary contact between manufacturers and prescribers, but their sheer proliferation has eroded the relationship so much that doctors may someday tolerate reps only as a sample drop-off service. In fact, 63 percent of doctors admitted that, if sales reps stopped delivering samples, they would rarely agree to be detailed. (See "No Sample, No Detail," page 14.) But if sample delivery is all reps have to offer, Fedex or UPS could easily do the job, making reps virtually obsolete.

Responding doctors revealed that they view sales reps more negatively than they did five years ago. (See "How Doctors See Reps," page 14.) They say reps

- use more aggressive sales tactics
- are more oriented to business than to medicine

- are more biased than their predecessors
- are younger and less informed, with fewer health care degrees
- have little to offer beyond basic product information and samples.

As a result, MDs now have much less rapport with reps and are less trusting in their interactions with them.

Despite that assessment, however, doctors value reps for their knowledge of formularies, good patient education materials, and their readiness to supply detailed answers from their companies' medical affairs departments.

So, although doctors are still within the field force's reach, it is clear that pharma companies must give them what they value—and are not getting—if they hope to win back their trust and recoup the strength of a once mighty marketing tool. Rebuilding trust by presenting balanced information and elevating the interaction to a more collegial level are essential. (See "What Doctors' Value from Reps," page 16.)

Needs and Solutions

What, then, do physicians want from pharma companies and what can reps do to meet those needs? Following, in a nutshell, are respon-

IN THEIR OWN WORDS

Accel's study went beyond the usual Q&A and held one-on-one conversations with doctors. Respondents spelled out what they perceive as the "true value" of pharma companies and their sales forces. Their words, on pages 14, 16, and 20, are revealing.

dents' current views and wish lists and the strategic steps pharma can take to return the MD–rep relationship to firm footing:

Finding: A large majority (70 percent) of doctors believe that sales rep information is biased. (See "Credibility Gap," page 16.)

Docs Wish: Balanced information. Doctors love a debate. They want to hear the honesty and passion behind all sides of a story, then draw their own conclusions.

Rep Strategy #1: Create the debate right in the doctor's office by showing the pros and cons of the product. Develop sales materials that provide opposing points of view, using distinguished faculty or other third parties to support the content's fairness.

Rep Strategy #2: Taking a cue from so-called "reality based" entertainment, make sales calls more relevant by describing a medication's

ABOUT THE STUDY

In collaboration with *Pharmaceutical Executive*, in March 2003 Accel conducted a quantitative online survey of physicians. A statistically representative sample of 150 high-volume (100–200 patients a week) primary care physicians from across the United States gave 125 analyzable responses. Each respondent meets with 5–10 reps per week for an average of three minutes per detail. For a copy of the complete survey, call (646) 602 6941.

RELATIONSHIPS — What Doctors Want

pros and cons—according to an outside expert—versus its competitors. Companies can even imbed audio chips in printed sales aids or include a DVD/CD-ROM giving thought leaders' views on the brand.

Docs Wish: More clinical comparisons—but only credible ones.

Rep Strategy: Present the results of head-to-head clinical trials, if possible. If not, use the best data available and seek third-party endorsements. Have pharmacy schools or medical associations conduct drug comparison studies, get the results published in peer-reviewed journals, and have reps distribute those articles to doctors.

Finding: Doctors prefer hearing their peers' views about medications and prescribing patterns.

Docs Wish: Surveys that show

HOW DOCTORS SEE REPS

- ▶ “Reps are less colleagues and more just salespeople.”
- ▶ “They are limited to product information and samples.”
- ▶ “There are not as many career or seasoned reps. Many of these young kids are marketers, not the pharmacists, researchers, nurses, or dietitians that I used to see.”
- ▶ “They are more competitive, younger, and less experienced, with frequent turnovers.”
- ▶ “They are walking sample delivery devices.”
- ▶ “Information is always skewed toward positive results from reps' products.”

what others in the medical community think about various medications and what they prescribe (40 percent).

Rep Strategy #1: Partner with local pharmacies or other databases to provide trusted third-party-endorsed surveys.

Rep Strategy #2: Create a medical “Crossfire” program, delivered in print or electronic form, in which physician thought leaders offer differing opinions about a treatment.

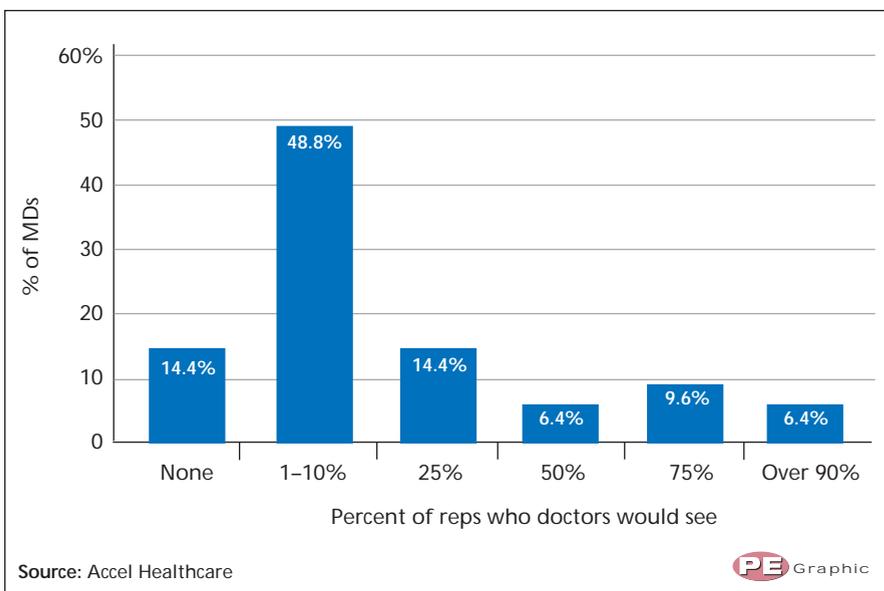
(Nearly 76 percent of respondents were receptive to the idea.)

Rep Strategy #3: Present a case study using the Delphi technique, as follows: Reps ask all doctors they visit to discuss the treatments they prefer. Reps feed their responses into a computer, so the doctors can immediately see, on the rep's next visit or posted on the website, how their answers compare with those of their peers. If one physician's response is at variance with the others, the consensus may pull him or her toward the norm. The technique essentially uses peer influence to achieve consensus and is helpful for educating physicians about pharmaceutical decisions or any new data that will have an impact on product choice.

Finding: Less than half of reps provide useful information beyond what physicians already know. In fact, only 25 percent provide any news at all. (See “Information Please,” page 20.)

Docs Wish: News, such as new clinical data, formulary updates, new information about and new uses for products, and the latest updates in practice management, such as coding and billing issues.

No Sample, No Detail



The vast majority of doctors say they would not see reps if they did not provide samples.

RELATIONSHIPS — What Doctors Want

Rep Strategy #1: Start with the news and then reinforce the core brand message. Have a series of sheets put together like a newspaper or flash cards that feature news about the company's brand to capture doctors' interest. Under "brand news" include physician thought leader quotes, data points from a recent article, or sales figures. Discuss formulary updates, new uses for old products, and new clinical data. Create "weekly faxes" to bring to every visit—news about the brand drawn from conferences, articles, publications, and studies.

Rep Strategy #2: Provide surveys, such as the *Wall Street Journal* Harris poll cited in "PhRMA Guidelines on the Firing Line" on page 21, showing that patients believe their doctors prescribe what is right for them regardless of pharmaceutical marketing tactics. (See also

WHAT DOCTORS VALUE FROM REPS

- ▶ "Balanced information regarding differing points of view on a product."
- ▶ "Better scientific information."
- ▶ "Educational information: more detailed information about study results, not just the polished results."
- ▶ "Cost-effectiveness analysis and unbiased comparisons with other products."
- ▶ "More on-demand CME opportunities."

"How Doctors View PhRMA's New Guidelines," page 20.) Supply updates about the local medical community, such as which practice just hired new partners or installed a new billing system.

To achieve success in that arena, reps must keep up with current events in the industry and the local medical community, an effort that sales management may resist. However, if reps can start a conversation with a survey tidbit that engages the doctor, then they can more easily move to news about the

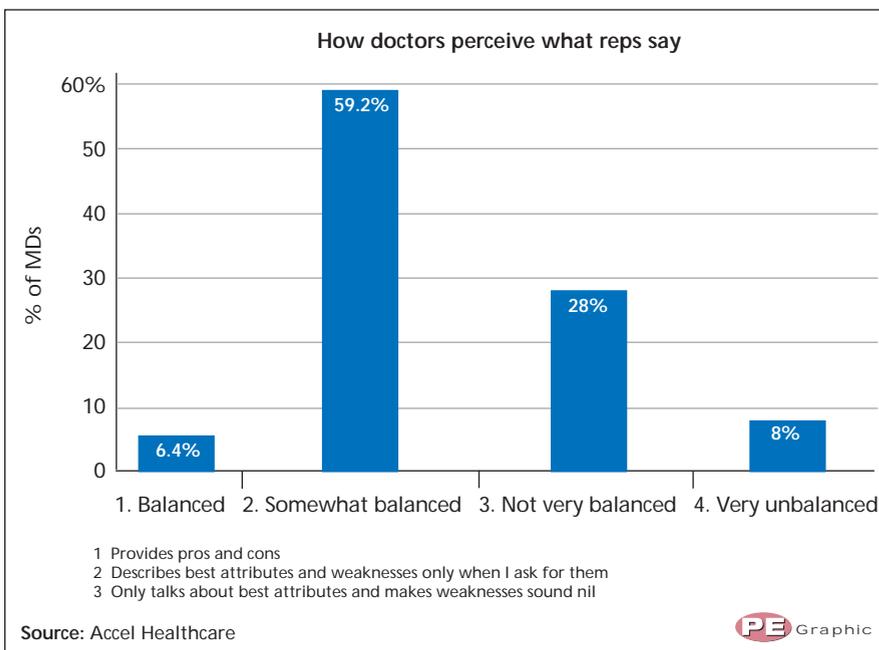
product. The goal is to restore the reps' value by having them provide knowledge about more than the product so they will stand out and gain access.

It is a challenge to maintain a consistent message while regularly altering sales materials to reflect the latest news, but it can be done. Marketing and agency teams need to patrol literature, conference reports, website, and educational information to find the news that fits the brand's strategic message. It's better to be at the forefront of constructive changes than it is to allow sales rep productivity to erode further.

Docs Wish: Access to journal articles; unbiased educational opportunities; patient discounts for medications through coupons, discount cards, or indigent programs; patient education; continuing medical education (CME); information about web-based products, and interesting applications or stories rather than product messages.

Rep Strategy: Deliver all those things with flair, remembering that everyone loves to hear a story, not a directive. Companies should create sales materials that unfold in a compelling way and should train reps to use case examples in a narrative fashion.

Credibility Gap



Doctors tend to be wary of detailers.

RELATIONSHIPS — What Doctors Want

Docs Wish: Some want detailing once a month, some prefer to learn about products at dinner meetings, some prefer e-detailing, some want teleconferences, some want e-mail

updates, and a few want to get information through direct mail or call-in centers.

Rep Strategy: Learn doctors' preferences by conducting interviews in person or by phone, then

target the sales force's resources accordingly. Use that information to create a database, not only of individual doctors but of regional and local trends in media preferences as well.

Branding the Sales Force

To have its sales force stand out and break through the clutter of other reps, every pharma company must launch its sales force—or re-launch it—as if it were a brand.

Because it is a radical departure from business as usual, such a campaign requires time to implement and senior managers' faith that it will work. Here are some ideas for a creative sales force launch:

Think "brand." Just as marketers use market research to decide how to brand a product, use market research to compare the company's sales force with its competitors', assess its strengths and weakness-

RELATIONSHIPS — What Doctors Want

es, identify its market position, and use the results to create a corporate brand.

Consider the sales force's assets. Are they "medical/healthcare experts," the sales force with all the answers, the "wireless" sales force that uses technology to bring databases and information together, or just "sample droppers"? Any of those characterizations may require wholesale restructuring. Thus, if a company decides to position its sales force as well schooled in medical expertise, it could hire only healthcare professionals as sales reps to foster a dialogue with physicians, explain the science behind the medication, and be seen as trusted colleagues.

"Package" the sales force appropriately. From the bag they carry, to the clothes they wear, to the materials they drop off, all elements need to have a common brand.

HOW DOCTORS VIEW PhRMA's NEW GUIDELINES

- ▶ "Other segments of the population are able to participate in marketing congresses, so why should new codes just affect doctors?"
- ▶ "Any physician who has any sense of morals or scruples will not accept inappropriate gifts from the pharmaceutical industry."
- ▶ "My time away from work is my time. If I spend it on educational activity, I should have the option to have family accompany me, or else I should be paid to attend drug company-sponsored educational programs."
- ▶ "Physicians are now unwilling to attend the meetings; unable to hold roundtables, lunch meetings, or any other event; and unable to educate other physicians about new products or new indications."

Use advocacy and public relations. As with a brand-name product, pharma could create its own advocates to inform other physicians about the sales force in publications, seminars, conferences, and lectures. At those events, doctors will learn about reps' rigorous medical training, the product's third-party endorsements, and the balanced viewpoints the company rigorously requires of its reps—thereby branding its sales force, policies, and

products as superior to others.

Stand out. Reps should try to connect with physicians emotionally by building trust, collegiality, and rapport. Saturn launched itself as "a different kind of car company," and that wasn't just promotion. Its management considered everything, particularly its customers' pet peeves, and built a unique brand—a car company that really cared. Saturn retains that brand image to this day.

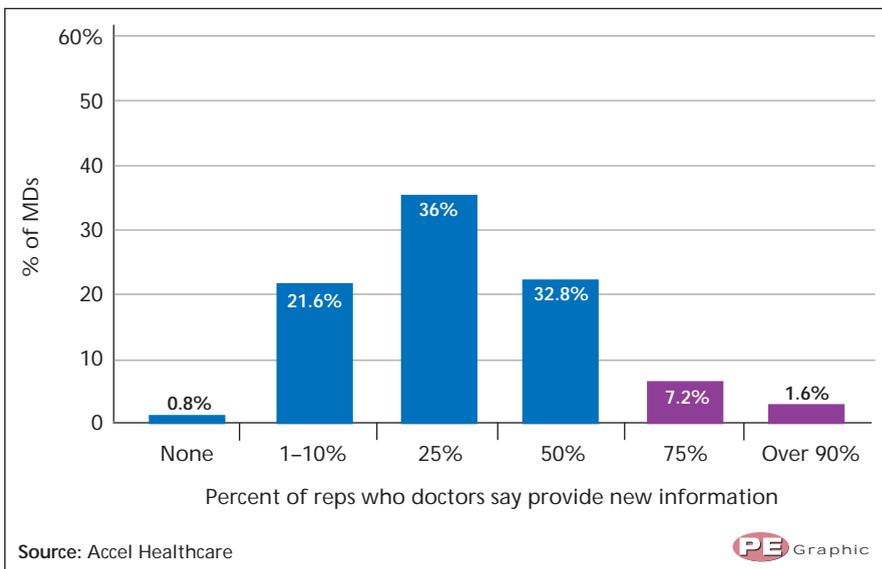
Long-Term Tactics

Reconnecting with doctors is likely to take more than a few quick changes. Companies should be prepared to revamp their sales forces to implement solutions that change the way reps are perceived.

Segue from sales to science. Medical certification, preferably endorsed by a respected third party such as the American College of Physicians, or reps with professional healthcare degrees can revitalize physicians' trust and increase the value of sales interactions.

Although medical science liaisons exist now, they are limited in number. The idea is to create a higher level of sales force, perhaps even a two-tiered one of highly

Information Please



The majority of MDs say fewer than half of reps bring them new information.

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skilled sales reps supported by service reps—the sample droppers.

Create a virtual sales rep. Close the loop between online marketing and field sales activities by integrating new e-services and traditional field sales activities. Maximize share of voice by introducing an online virtual rep who mediates physicians'

interactions with the company, perhaps in the form of an animated persona that speaks, gestures, and leads physicians through the "Company X experience" on a web portal. They could receive brand information, get assistance with their practice, and read or hear news updates on demand.

Doctors could also participate in defining the "contract" of their relationship with a company by their preferred modes of communication. They could perform searches, request medical literature, access links to CME, register for meetings and events, and request sample drops.

That, in turn, would create a new resource for customer relationship management, in-depth user profiling, permission marketing, and on-demand communication. The company could forward the information to the sales force so that every interaction with physicians would be individualized, relevant, and valuable. Through increased automation, such a system could also help reduce sales force size or work load.

Re-allocate some of the field force to DTP. Direct-to-patient education reps could gain credentials to host patient education seminars off-site or in physicians' offices. Programs would need to be fair, balanced, and designed to enhance dialogue between patients and their physicians—as well as to boost doctors' requests for more information from the sponsoring company.

Major changes are in the works for sales force and pharma company relations with doctors. If companies fail to address sales reps' negative image, physicians—and possibly governments—are likely to further restrict, or even terminate, the doctor-rep relationship. But companies can take steps to strengthen that bond. Doctors may be unhappy about pharma's huge field force, but they understand that reps have a job to do. Better pharma marketing will make doctors and reps happier. And both sides will benefit. ■

PhRMA Guidelines ON THE FIRING LINE

The Pharmaceutical Research and Manufacturers of America's new marketing code has had its own effect on the doctor-sales rep relationship. More than 40 percent of survey respondents oppose the guidelines, and only one in four say anything supportive about them. Scott-Levin reports that physicians believe the guidelines will damage their relationships with sales reps. Because the guidelines restrict some activities, the amount of time reps have to spend with doctors has declined even further.

The research shows that many doctors believe the new restrictions obstruct the after-office-hours educational meetings and events that they find most helpful. Two-thirds say they find everything from company-sponsored symposia to informal luncheon meetings more effective than traditional detailing. Many respondents are particularly displeased that spouses and family members will no longer be invited to company-sponsored events, thereby reducing the number of doctors willing to attend.

Most patients don't believe their doctors need those guidelines either. In January 2003, a *Wall Street Journal* Online/Harris Interactive Health-Care

poll revealed that two out of three adults trust their doctors to choose the best treatments, regardless of marketers' influence. Only 23 percent believe their doctors would be inappropriately influenced by promotional efforts, 21 percent prefer their doctors to meet with pharma sales reps, and only 8 percent don't want their doctors to meet with marketers at all.

Sixty-four percent of consumer respondents say doctors should decide for themselves whether—and how—to meet with pharma companies to learn about their products. Seventy-two percent say companies should be allowed to sponsor continuing education programs to describe their treatments to MDs; only 11 percent disagree.

But patients don't see pharma companies as perfect. Twenty-five percent believe they are much too aggressive, and another 30 percent report they are a little too aggressive in their physician promotion tactics. Only 26 percent feel pharma marketing is acceptable and reasonable. That means 55 percent of patients believe pharma marketing practices are out of line. Companies should keep that in mind as they consider, develop, propose, and implement new ways to market their products to healthcare professionals.