

Reprint

A Crisis in Professional Detailing

By John Mack

Although many people argue that physician detailing is inefficient, is often unproductive, and is difficult to do effectively, it is still “the best way for a doctor to find out about a product,” according to Richard A. Bavasso, EVP/COO, Pharmedica Communications, LLC. He was speaking at a recent eyeforpharma conference on Sales Force Effectiveness, where he also moderated a panel of physicians who gave frank insights into what physicians want from pharmaceutical sales reps.

At least \$15 billion annually is spent on physician marketing activities – including:

- Sales rep details
- Samples
- Patient education materials
- Brand awareness items
- Peer selling
- Medical meetings
- Market research/consulting
- Medical journal articles
- Medical journal advertising
- Call centers/support

Twenty-five percent of the annual \$27 billion spent on pharmaceutical marketing is on the field force. “It’s a significant investment,” says Bavasso.

Not Just Donuts, Coffee, and Pizza

While medical practice has changed dramatically in the past 30 years, professional detailing has not. It still relies on a colorful piece of cardboard with some charts and graphs and claims and benefits. The representative still tries to convince the doc that his or her company’s product is better than the

competitor’s product.

After warning the audience that the series of referenced declaratives he was about to share with the audience were not going to be pleasant to their ears, Bavasso began to describe the physician perception that the value of the representative as a resource has declined over time. Instead of an educator, their perceived value has denigrated to a the most negative connotation of “sales person” and, in worst case scenarios, just a delivery person dropping off samples and pizzas! “The receptionist gets more excited about seeing the sales rep than the doc,” quips Bavasso with tongue in cheek, “because of the donuts, coffee, and pizza.”

Trends Impacting Effectiveness

It’s a very crowded and noisy marketplace with lots of fighting for share of voice. An average physician is called upon by 20 reps per day according to Bavasso who cited research by Ernst and Young and Hambrecht & Co. as sources. A high-volume prescriber may have 50 reps knocking on the door each day. Is it any wonder that reps are turned away 43% of the time or that some physicians are even considering charging for access?

The increase in the number of sales calls is not proportionate to the increase in number of sales

reps. Although the sales force has doubled between 1995 and 2000, the number of audited calls has only increased by 10%. Realistically, reps average only 2 quality details per day (quality details includes discussion of features, benefits, and data). The reps have less time per call, are only able to deliver incomplete messages, and aren’t able to really differentiate their product from the competition’s. “The pharma-

“The time has come to extirpate the word ‘detail’ from the vocabulary of the pharmaceutical industry. ...there is no disputing the fact that it has degenerated into a stereotyped, memorized, endlessly repeated, unmemorable, stupefyingly dull monologue that generally anaesthetizes the listener’s sensibilities: it often sounds as if it were deliberately designed to render him catatonic.”

Source: James Pancras, “The New Medical Representative,” Masterman

ceutical sales representative has one of the most difficult jobs in the country,” remarked Bavasso.

What Do Doctors Want?

The physicians on the panel were: Peter Alagona, MD, FACC, a clinical intervention cardiologist from Florida, a specialist who writes about 60 prescriptions per day (“a million dollar customer,” says Bavasso) and Robert Green, DO, FAOA, a primary care physician from Connecticut.

Dr. Alagona has always viewed healthcare in the US as a cooperative venture that includes third-party payors, the government, insurers, hospitals, medical centers, physicians, and the drug and medical device industries. At the risk of sounding “politically incorrect” Dr. Alagona emphasized that the pharmaceutical industry has been an indispensable partner. “I look at the industry as a resource, not just a partner,” said Dr. Alagona. “That’s why I try to interact with as many company representatives as I can.”

Dr. Green has also enjoyed interacting with representatives. “Unfortunately,” says Dr. Green, “not every representative has the ability to teach and some just push the sales aid. Only 10% to 20% have remarkable abilities, the rest can communicate, but tend to push the same message all the time. Towards the end of the day I’ve had enough.” Dr. Green especially welcomed reps that could bring to him concise results from clinical studies about new indications for products. “It’s an indispensable form of education for me.”

Good Rep vs. Bad Rep

Although Dr. Alagona praised reps who could engage in informative interactions and provide supporting evidence from the literature, he also was adamant the inadequacy of current detailing practices has less to do with sales reps than a failure of leadership and lack of vision. “Sales reps,” said Dr. Alagona, “have been hog-tied and gagged to the point where they are of very little value.” Dr. Alagona specifically cited PhRMA guidelines and other restrictions imposed on sales reps by their companies. The problem is made worse because companies interpret the guidelines differently.

“The most valuable representatives I’ve interacted with,” said Dr. Green, “were those that brought the education that I need, not the exact same message they give other docs over and over again.”

“It is much better to have one rep who is valuable, who has a relationship with the office staff, and knows when it’s a good day or not a good day to

see me,” suggested Dr. Alagona, “than to have ‘storm trooper’ representatives coming to the door.”

“Successful representatives,” said Dr. Green, “can build upon the relationship and remember what they talked about a week ago and now talk about a different point rather than come in with the same information over and over again.”

Samples & Patient Education

Both doctors agree that pharmaceutical samples are a great benefit to their patients and pharma companies should talk more about their sample programs in their public relations activities. “You are talking about billions of dollars worth of free medicine given out by the industry,” said Dr. Alagona, “but I have never seen this mentioned anywhere in the lay press. Doctors don’t appreciate and patients don’t appreciate it. To me this is a typical pharmaceutical PR faux pas.” He also suggested that by dropping off samples without getting any commitment from the doctor is rewarding bad behavior.

Dr. Green pointed out that he and many other doctors have had patients that were kept alive by samples due to their inability to pay for prescriptions. “Samples are indispensable,” said Dr. Green, “I would never start a patient on a new prescription without a trial run with samples first.”

“Patient educational information materials are extremely important,” suggested Dr. Alagona. “The problem I have is getting copies of scientific articles from reps. They just can’t do it even though the articles may be available on Web sites or are otherwise in the public domain.”

Sales Rep Preparedness

Sales reps don’t seem to know much about the relationships physicians may already have with their company. Dr. Alagona, for example, was a speaker at a product launch meeting, yet the rep inquired if he knew about the product! “There’s not enough education of the reps about the docs they are visiting,” say Dr. Alagona. Reps need to understand better the people they are trying to sell to.

Dr. Green would also like to see a progression in the information that reps deliver. “Each time I see a patient,” Dr. Green mentioned as an analogy, “I don’t go through their whole medical record with them starting from the beginning. A lot of times reps come in and start at the beginning with the same message. It would be much better if they built upon what they covered a few weeks ago.”

Local Dinner Meetings

An audience member asked about the worth of dinner meetings and what factors influence whether or not physicians decide to participate?

“A restaurant is nice to go to,” suggested Dr. Green, “but what’s important is who is presenting. Although the information is important, the presenter may not be a great communicator. You end up bored and wondering why you went! These types of meetings have real value for physicians who want to keep up to date in their practice.”

“Dinner meetings also take up a lot of my time,” says Dr. Green. “The future,” suggested Dr. Alagona, “will include more electronic education. But the reality today is that most doctors still want education where they can see their colleagues and ask them questions.”

Closing Remarks and Demonstration

Dr. Alagona asked “how come I’ve never seen anyone from the main office, the marketing VP in charge of cardiovascular drugs, etc., down here? How come they don’t spend any time in the field? How can they know what the problems are if they don’t go and see what the problems are?”

In closing, Dr. Green demonstrated a new tool being tested by some drug companies to help the

rep better educate the physician. This tool, a new tablet PC, stores all of the materials formerly held in the sales representative’s bag and allows the rep to focus discussions and/or rapidly answer questions posed by the doctor. It allows access to any piece of educational material, be it paper, multimedia, or video, at the touch of a pen. Physician reaction, says Green, has been very positive.

“This is the future of professional detailing and this is adding value to the sales rep’s ability to educate clinicians,” remarked Dr. Green.

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