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Marketing's Role in Limiting Physician Access and What to Do About It

By **John Mack**

In the 1950's and 1960's, the relationship among healthcare professionals and sales representatives was collegial, cordial and one where the pressures of time and economics were secondary to the quality of care, bedside manner, and professional interactions between pharma sales representatives and the healthcare community.

As manufacturers developed more products to fight more diseases and the competition between "blockbuster" drugs intensified, it became apparent to major pharmaceutical companies that they needed an expanded and better-trained sales force to generate market share and increased sales. Coupled with a steady drumbeat to accelerate profits and retain margins, senior executives embarked upon a road of "more reps equal more sales."

This expansion, however, negatively affected the quality of the sales call and the physician-rep relationship. The pharmaceutical sales interaction has lost much of its value over the last 10 years in the mind of the customer (i.e., physician). The data on this has been presented many times at various conferences and in this and other publications. One study often cited is the Accel Report ("Through Our Customers' Eyes"), which was based on proprietary research conducted by Accel, an Omnicom agency, in March 2003 (see chart on next page and below).

"The pharmaceutical industry has only itself to blame for limited physician access and two minute sales calls," claims Gerald J. Acuff Jr., Chief Executive Officer, Delta Point, a sales agency that enhances the effectiveness of sales representatives. He was speaking at the recent Gaining Physician Access conference hosted by the Center for Business Intelligence in Philadelphia, PA.

Marketing's Role

Acuff emphasized that marketing departments have an opportunity to improve the impact of sales reps. He offered several useful insights about what marketers should do to change the negative perception that physicians have of pharma sales reps.

Marketing's role in limiting physician access could be due to either of the following two problems, according to Acuff:

1. Not truly understanding the difference between a marketing message and a sales message. The copy that accompanies sales aids, for example, is not written with an understanding of how sales are made.
2. Providing to the field suggested sales language that "closes down" customers. Examples of verbiage that signals the wrong thing include:
 - "Dr. If I could show you that....."
 - "Dr. Wouldn't you agree....."
 - "Dr. Today I am going to talk to you about....."

More Data from the Accel Report

Only 43% of pharma reps ever get past the receptionist

Only 7% of pharma rep visits last more than 2 minutes

Only 6% of physicians think representatives are very fair balanced

Only 8% of calls are remembered by the physician

56% of physicians think representatives are more aggressive today than in the past

- "Dr. Would you prescribe _____ for the next 5 patients you see with _____"
- "Dr I want to talk to you about your patients with....."
- "Dr. why do you prescribe a _____?"

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Such classic detail verbiage, says Acuff, turns the doctor off. Marketing often uses superlative language and claims. If you listen to the way doctors talk, you will seldom hear superlatives. Instead, you hear phrases like “appears to” or “has some benefits.” It’s no wonder that 94% of doctors think sales reps are overly biased.

“Sales reps,” says Acuff, “should stop talking like a drug rep and begin thinking like a physician. Being like every other sales rep just diminishes your credibility.” The suggested sales verbiage offered by marketers does not resonate with the customer.

If the rep thinks the language won’t work, he or she won’t use it and will become convinced that marketing doesn’t know what’s going on! This drives a wedge between marketing and sales.

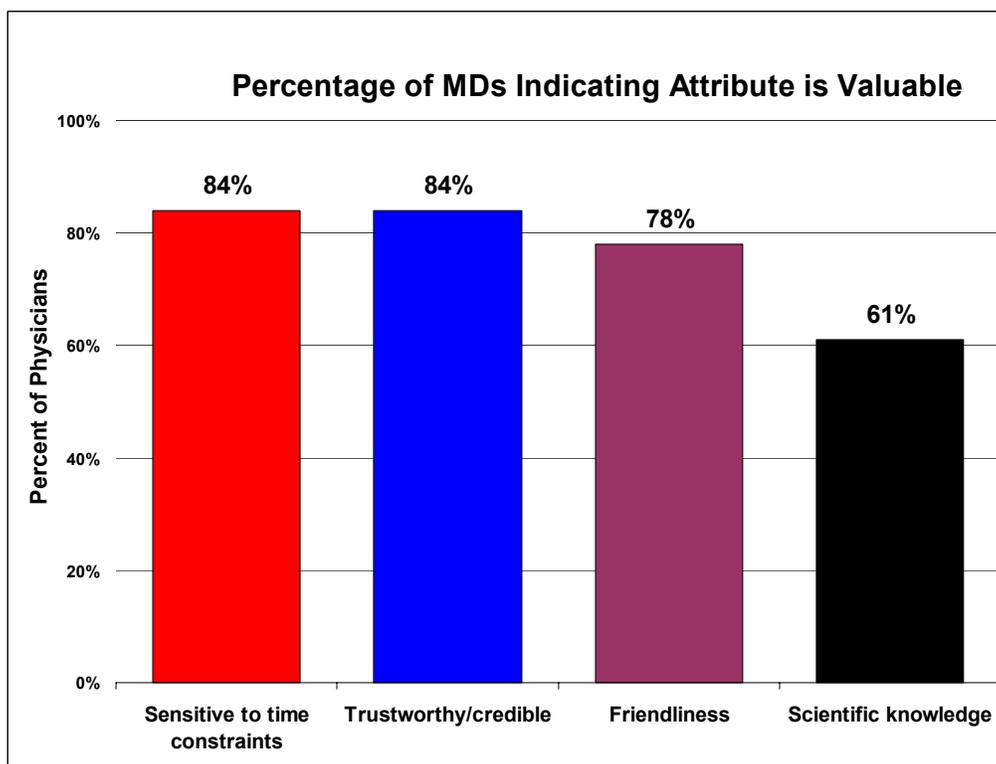
What to Do About It

Acuff cited a variety of pharma sales practices that have lead to the current situation:

Detailing won out over true “selling” in the early 90’s

- A focus on activity over almost everything else
- Share of voice became royalty at the expense of share of mind
- Activity trumped accomplishment (and accomplishment became nearly impossible to measure)
- A unit is a unit mentality (thanks to some consultants)
- No one accountable or responsible for the relationship
- A lack of understanding of how customers buy
- Meetings more important than field time
- Follow the leader mentality in Big Pharma
- A lack of understanding that many, many physicians see your product as a commodity
- A Blind Eye—not leveraging what great people do

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Representative attributes important to physicians (percent of MDs indicating attribute valuable; i.e., greater or equal to 8 on a scale of 1-10). Source: The Accel Report: Through Our Customers' Eyes.

The last item, according to Acuff, holds the promise of the solution. "Great reps are islands of excellence in a sea of mediocrity," said Acuff. "This is an opportunity to exploit NOT to ignore! The great reps today have no major access problems, so let's do what they do."

Whether you hire an outside agency or do it yourself, the process begins with "picking the brains" of the very best reps. Marketers, unfortunately, are not in the field enough to get this kind of input from the sales force. Differences between these reps and others may be subtle, but the impact is great.

The goal is to break down the disconnect between marketing and sales and to realize how sales messages differ from marketing messages. While the marketing message drives the sales message, the latter is a verbal interpretation of the former. Sales messages should be designed to engage the physician in meaningful dialog, which is the most likely way to get customers to "Think Differently" about the product. Marketing/sales messages that change behavior must first be truthful, believable and compelling to become powerful, memorable and highly effective.

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