## Conference Highlights

# Sales Effectiveness Meets eMarketing

*Two Co-located eyeforpharma Conferences*

By **Steve Woodruff** and **John Mack**

*I met Steve Woodruff at eyeforpharma's eCommunication and Online Marketing conference in Philadelphia and we decided to collaborate on this article summarizing the highlights of that conference as well as the co-located Sales Force Effectiveness conference held at the same time.* – John Mack

**Steve**: I spent two days at the recent eyeforpharma Sales Effectiveness conference in Philadelphia—actually, there were 2 co-located eyeforpharma conferences (the other was E-communication and On-line Marketing; see Harry Sweeney's summary: "Pharma's Plodding Approach to eMarketing"), and I was able to time-shift between them.

**John**: At first I didn't even realize that two conferences were going on simultaneously! Then I noticed that the exhibit hall was pretty well stacked with vendors, which is unusual these days for a purely "e" conference.

### International Flavor

**Steve**: Overall, it was a well-organized event. eyeforpharma is a UK-based organization, and there was certainly more of an "international" flavor among the attendees, speakers, and organizers. It is clear, however, that there are some very universal challenges facing pharmaceutical sales and marketing.

**John**: I also was impressed by the international mix of speakers and attendees. On the eCommunication and eMarketing side, I met pharma people from China, Peru, Germany, UK, and Mexico as well as the US. Of course, all were proponents of "e" for marketing and the two most discussed topics were social marketing on the consumer side and eDetailing on the physician side.

### Complex Regulations

**Steve**: One of the more striking presentations was given right out of the gate by Preeti Pinto, Sr. Director and Head of Promotional Regulatory Affairs at AstraZeneca. Pinto discussed how the many layers (and sources) of regulatory restriction impinge on selling practice. Federal regulations are troublesome enough, but one of the growing issues that will add complexity is the move among states to create their own specific regulations. This atmosphere may well make it very difficult to retain self-motivated, entrepreneurial sales professionals who yearn to just sell—in fact, one trend noted by an audience member when discussing retention issues was the growing number of field reps/managers simply leaving the industry altogether.

**John**: I am sorry that I missed Preeti's presentation. She's been working in this field for many years and knows a great deal about applying FDA regulations to the Internet as well (see the ePharma Marketing Special Supplement). Unfortunately, she wasn't at the conference on the second day when I really could have used her help in a debate I started around the proper use of drug tradenames in Google AdWords (see "Google AdWord Controversy" below).

### New Drug Development: Commercial Viability vs. Clinical Efficacy

**Steve**: An interesting statistic given out by Stewart Adkins, lead of Lehman Brothers' pharmaceutical sector, was that although the average number of drugs launched per year is roughly steady (about 44), the profit-value-per-drug is trending downward as the number of blockbusters decreases and the number of in-licensed drugs increases. Adkins also suggested that pricing and reimbursement issues (commercial viability) increasingly are trumping drug approval issues (clinical efficacy) when companies make decisions on pipeline candidates.

**John**: Does this mean that, in some cases, pharmaceutical companies may be choosing less efficacious drugs to develop if there is a prospect of high volume sales? I am thinking of new obesity medications coming to market like Acomplia. In trials, those taking Acomplia shed only between 5% and 10% of their body weight if they stayed on the drug for two years. Despite this very modest effect, sales of Acomplia are expected to be very good.

**Steve**: In the past, clinical efficacy seemed to be THE major issue driving a drug's journey into and through the pipeline—sometimes without much regard to commercial potential. While this seems more "pure" from a scientific standpoint, I think it was inevitable that commercial considerations

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would be pushed all the way back to the beginnings of the research process. Like it or not, we're in an era where development of "successful" drugs is going to be shaped by potential marketplace success.

**Access to Physician Prescribing Data**

**Steve**: I admit to a bit of disappointment that there was little active discussion about the impact of opt-out practices for physician-level prescribing data. The AMA's Prescription Data Restriction Program (PDRP) may make it more difficult to access granular information about the prescribing habits of specific doctors. It is clear that the US market is moving inexorably toward the more privacy-centric European model.

**John**: I covered this topic on Pharma Marketing Blog not too long ago where I discussed the New Hampshire law and suggested there should be a way for physicians to opt out of having their Rx data sold for marketing purposes. This may be a better solution than a blanket law—such as NH HB 1346—which prevents it outright (see "Whose Data Is It Anyway?"). The AMA program seems to fit the bill.

*"This [NH bill] is incredibly stupid and perhaps unconstitutional legislation, but an ominous augur. If the trend proliferates to larger states, we may be back to the future, when the industry had to rely on survey data…"* – Anonymous commenter to Pharma marketing Blog

**Not Your Father's eDetailing**

**John**: Mark Bard of Manhattan Research moderated a panel discussion entitled "Using the Internet to Support and Evolve Sales." Panel members included Craig DeLarge, Associate Director of eMarketing at Novo Nordisk, and Clay Butterworth, eMarketing Manager at Shire.

Bard, as usual, opened with some numbers regarding physician use of the Internet and adoption of eDetailing. He summed up the current eDetailing situation succinctly by stating "Half our clients think eDetailing will be dead in 2 years, the other half says it will take off." He pointed out that for eDetailing to take off it has got to change and get more in sync with what physicians who use the Internet want, which is something Bard knows a lot about (see, for example, the report that Manhattan Research was handing out at its booth: "Trends Impacting Consumer and Physician eMarketing").

Bard presented some data showing that the percentage of physicians using eDetail programs in the past year has leveled off at around 40%—no longer growing, in other words. However, only 20% of docs say they have absolutely no use for eDetailing. That leaves 20% who might have use for it if it offered them what they want. Unfortunately, a lot of them want money or cash equivalents. Although pharmaceutical companies have gotten away from a "pay for view" regime, which is frowned upon by the watchdogs, some have worked around this issue by paying physicians to take a short survey after the eDetail. Some doctors have their children press the forward button to get through the eDetail so that they can get to the money at the end.

**Top 5 Characteristics of the Ideal Electronic Detail As Ranked by U.S. Physicians**

1. Short (less than 5 minutes)
2. Available 24/7
3. Contains fresh information (not redundant with information from
1. detail rep)
4. Interactive or self-guided learning
5. Has an incentive attached

Source: Electronic Detailing: Trends in Adoption and Use of Web-based Applications (manhattanRESEARCH)

The core problem with eDetailing remains: it's still a sales activity rather than an information sharing or communication activity that physicians prefer. Whereas, a savvy physician can manipulate a live rep to just deliver the goods—essential prescribing information and samples—manipulating computerized eDetails is not so easy and you don't get the samples at the end!

DeLarge agreed—and I am paraphrasing him here—that eDetails are too sales focused vs. customer insight focused. There is an opportunity, DeLarge said, through the eChannel, to get a better idea what physicians want vs. being another sales channel. "Companies that do this well will have a tremendous competitive advantage in the next 2-5 years," he said.

A new vendor in the space asked what pharmaceutical companies wanted from eDetail vendors. What the best vendors offered were eyeballs (access to physicians) and analytics. Pharma companies actually want to own the physicians and are not content to "rent" lists from vendors. Some vendors have pushed back and refused to deal. That may be the Achilles heal of eDetailing.

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**Steve**: With eDetailing, as wilth all other promotional and educational efforts, I think it is crucial to evaluate any strategy in light of the main point of this industry: the appropriate patient(s) using the optimal medicine(s) properly. Is eDetailing—or live detailing for that matter—the best way to reach this goal? The best thing we can do is look at legacy methods and practices with a critical eye as new channels become available.

**Web 2.0**

**Steve**: On the marketing side, I was quite pleased to see how much active wrestling was occurring with the need to find a way to participate in the "Web 2.0" movement of user-generated media, community discussion, etc.

The major Web trends, moving away from centralized and controlled information flow toward a more personalized and user-centric model, seem to be in conflict with the highly regulated/controlled approach that must be followed in pharmaceutical marketing (and sales training). Putting some toes in the water will require risk and courage and wisdom—not doing so will mean simply being left out as a participant in the discussion. These will be tricky waters to navigate, as evidenced by the lively exchanges that occurred in these sessions. Representatives from such companies and Yahoo and Google gave their perspectives as presenters.

**John**: Social networking (aka, Web 2.0) was a common thread throughout the eMarketing conference and many speakers, including the presenter from Google, were extolling the virtues of this new phenom and encouraging pharma marketers to get involved or be left in the dustbin of Internet marketing. Consumer Opinion Leaders (COLs), product wikis, Computer-Assisted Persuasion (Captology) were some of the concepts that were discussed in some detail.

I agree with Steve that social networking is a great opportunity for marketers, but it will require astute navigation through the legal, regulatory, and ethical hurdles involved. It's not something that pharmaceutical marketers should leave up to their agencies to handle without close adult supervision.

What pharmaceutical companies are being encouraged to do is to insert themselves—actually their brands—into the conversation because conversations about their products are going on all the time. As the saying goes, when you are invited to a party and you don't show up, people talk about you.

I have blogged about several faux pas's committed by agencies in the employ of pharma companies attempting to insert themselves into the conversation (see "Influencing the Dialogue: Marketers Suck at It!" and "Question Everything"). Indeed, I covered this at the conference in my own presentation entitled "Clear Words, Obscure Benefits," which you can download.

**Consumer Opinion Leaders**

**John**: Jack Barrette, pharmaceutical category leader at Yahoo!, claims he coined the term Consumer Opinion Leaders (COLs) to describe ordinary people who influence what many other consumers believe and buy. He cited examples from Yahoo! Answers, which is a social network where people ask questions and Yahoo! experts—who can be any qualified person—provide answers.

COLs earn their status by getting good "grades" from the people that requested help. If you have ever ordered a book on Amazon.com, you may have seen reviews of books written by other readers. Amazon allows visitors to vote on how helpful reviews were to them. You can look up all the reviews that a person has written and see how they scored. This gives you an idea of how helpful this person is likely to be in future reviews.

**When COLs Speak, Others Listen.**

Other pundits have spoken about these kinds of people. For example, Malcom Gladwell—author of the book "The Tipping Point"—calls these people "Mavens." "There is something about the personal, disinterested, expert opinion of a Maven that makes us sit up and listen," says Gladwell.

Just how pharmaceutical marketers can take advantage of COLs in the health arena remains to be seen. It could be similar to how they work with celebrities who are paid to appear in commercials or on talk shows. COLs might be paid to do podcasts, for example.

**Steve**: Obviously, there are landmines everywhere when talking about pharma companies directly engaging in this type of networking. The thought occurred to me, however, that if industry-leading companies wanted to try to get solid medical content into the on-line conversation, and reap some PR points in the process, they could collaboratively sponsor groups of medical professionals who would engage the consumer community with medically responsible perspectives (from a central site and on networking sites). As with CME, this type of format would be sponsored with "hands-off" support dollars to maintain independence. It would be a very helpful community service without commercial taint,

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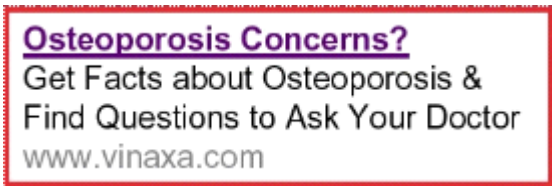
though sponsoring companies would, of course, have their logos on a central site.

**Google AdWord Controversy**
**John**: A Google healthcare operations specialist gave a presentation entitled "The Importance of Interactivity: How multimedia technologies will change the way you Connect with Consumers & Physicians."

A bit of a controversy arose when I questioned the example of an AdWord Google used. The example was an Adword similar to the Lunesta AdWord I talked about on Pharma Marketing Blog (see article in this issue, "Pharma's Plodding Approach to eMarketing").

Just like that Lunesta AdWord, the AdWord in the Google example included both the trade name of the drug (in the URL) and its indication:




Example a fictitious AdWord Google used in its presentation. It mentions both the drug tradename and indication but provides no direct link to the package insert or brief summary.

My opinion—as well as about 75% of respondents to a Pharma Marketing Blog poll on this issue—is that these kinds of AdWords violate FDA regulations regarding DTC advertising; namely that when brand name and indication are both mentioned in an ad, the package insert or brief summary must also be available. At the conference, I pointed this out and asked the audience what they thought. One person from a pharmaceutical company, perhaps playing the devil's advocate, contended that the ad may pass muster with the FDA because the package insert or brief summary is "one or two clicks away." His argument was that without specific guidance from the FDA, no one knows what is correct in this case.

**The One Click Rule**
**John**: FDA says it's OK on an Rx product Web site to merely provide a link to the package insert or brief summary. In that case there is no need to provide that information on the same page that mentions the drug name and its indication.

Thus, an AdWord could be said to comply with the "one click rule" only if there was a direct link to the package insert (PI) or brief summary within the AdWord. In the example that Google used, there was only a link to www.vinaxa.com—the product Web site, not the PI. Presumably, the user would have to find the link to PI once on the "Vinaxa" Web site. I don't think two clicks would pass muster with the FDA.

**The Ideal Pharma Sales Conference**
**Steve**: The co-located conferences got me thinking about the "ideal" pharma sales conference. These 2 topic areas (Sales Effectiveness; E-marketing) are quite separate and so there was limited "flow" between the two, and it also led to a vendor area of unrelated companies that serviced very distinct groups. Nonetheless, I think very highly of the idea of co-locating conferences, or, perhaps more precisely, creating broader conferences that have related tracks. Here would be my ideal pharma sales conference, consisting of tracks and vendors focused on the following themes/target needs:

- Sales Training
- Sales Effectiveness
- Promotional/Sales Compliance
- Global Sales

Such a conference could lead to great cross-pollenization among related disciplines, and have a more cohesive set of attendees, speakers, and vendors. Keynote addresses could span multiple areas (e.g., The Use of Technology to Equip Global Sales Forces; Certification of Sales Professionals; The Impact of Corporate Consent Decrees on Sales Practices, etc.), while specific "tracks" could dig deeply enough into the major themes that all attendees would be able to enjoy a full conference of sessions that interest them (including cross-over into other tracks).

While each of these areas of focus could be (or has been) its own conference, often those events are lightly attended - a better critical mass would be reached by having a larger conference with inter-related themes.

**Pharma Marketing News**


Listen to Mark Bard' and Fard Johnmar' comments on eDetailing trends and COLs made during a Pharma Marketing Talk podcast live from the conference: http://www.pharma-mkting.com/talk/show002.htm