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Detailing: Back to the drawing board

Technologies beget new approaches, but physicians still don't have the time

By **Suzi Martin-Cusimano** for THE CHRONICLE OF HEALTHCARE MARKETING

At no time has the term "detail" person been more relevant in today's Pharma sales environment. With statistics indicating that only slightly more than seven per cent of reps are able to speak to a physician for over two minutes at a time, the key to a successful sales call is all in the timely delivery of details.

But the reality is that many visits to physician's offices by product reps result in disappointing "no-see" service calls, the communication of partial details, or quick sample drops. The solution, some say, rests with new technology, but observers also wonder if the "e-channel evolution" will signal the end of traditional detailing.

"Everybody knows that the role of sales reps is changing significantly. I think that most companies have come to the realization that they've probably invested too much in sales forces and they're starting to pull back," says Greg Cook, prexy of Toronto's mdBriefCase. Companies are "struggling" with the role of the sales reps since doctors "don't want to see reps come in and open a detail aid anymore," he adds.

Indeed, a recent decision by drug company GlaxoSmithKline to assign its 8,000 US sales representatives to deliver corporate messaging to community groups and schools could signal a major rethinking of the sales force function. Last December, Merck CEO Richard Clark also announced that the company will hack the promotional costs for each of its brands by 15 to 20 per cent by 2010 by increasing electronic pitches to doctors and redeploying some of its sales force toward new product launches.

Wayne Fisher, principal of Oakville, Ont.'s Plexus 360 Inc., a company specializing in web-based marketing solutions, thinks that many companies have put a lot of resources into pharmaceutical detailing, and that "the next trend is unwinding some of that detailing resource." With doctors increasingly closing their doors to sales reps and new rules governing CME, companies need alternative ways to develop and maintain relationships with physicians add in the move in Canada toward electronic medical record keeping (EMR), and a national plan devised by provincial ministers of health to spread technology to physicians across Canada and, Fisher predicts, "There'll be a shift in power-physicians will be able to receive information in a different way."

Already, a growing willingness among physicians to embrace online technology is surprising even seasoned pharma marketers. In their 2004 study *E-detailing: A passing phase or here to stay?* Angie Perrotti-Amoroso, prexy of NewAngles Inc. in Montreal and co-author Niki Tsakonas of 3P Consulting Inc., also in Montreal, observe that pharma companies are "falling behind" the needs of physician's online solutions.

"Doctors online savvy is much greater than what we're providing them with," says Perrotti-Amoroso, who believes that physician receptiveness to online solutions such as e-detailing is greater than most people think. One hundred per cent of physicians with some e-detailing experience, and 85 per cent of physicians with no experience, said they were very likely to participate in online detailing activities in the next 12 months, according to the results of the research.

PHYSICIANS AND THE INTERNET

But there are still misconceptions about the number of physicians who use the Internet. Estimates by even senior industry people tend to be way off base with not so-educated guesses ranging from 40 to 50 per cent for specialists, and 20 per cent for general practitioners. According to her research, Perrotti-Amoroso believes 91 per cent of GPs and 100 percent of specialists use the Internet for medical purposes.

Even more profound is data from Perrotti-Amoroso's ongoing "Doctors on the Net" study, which shows an exponential growth in e-detailing interest among GPs, a figure that increased to 46 per cent in 2004 from a low of three per cent in 2001. "We can't ignore this, it's happening, doctors are very receptive and when we ask about satisfaction [in the e-detailing process], they like it," she says.

Unfortunately, few companies have demonstrated the ability to put together comprehensive or convincing e-detailing programs. She likens some attempts to "watching Star Trek," when what doctors want is very simple. "Give me the information I need, make it easy for me, and make it convenient."

Fisher maintains that a host of creative tools are at the fingertips of pharma marketers, including voice, data, and video communications. Marketers need to get over the "mystique" surrounding online technology and once they've identified their communication objective, discover there's "a lot of new arrows" in the quiver.

Identifying that objective naturally depends on understanding the needs of the target audience. But traditionally speaking, only 20 per cent of top pharma reps are able to build the relationships required to understand physicians' needs, and get feedback on call content, according to Chris Nickum and Tim Kelly, practice leaders with IMS Information Management Consulting in the US.

Using advancements in industry data sources and analytics, companies can go far beyond the current "oversimplified view of the physician-customer, in terms of market share for a given product and potential market value, by incorporating the influences and attitudes of each physician. "A physician's prescribing value is a function of the opportunity to prescribe, plus his or her attitude toward prescribing, along with outside influences. By building these multiple dimensions into physician's profiles, it is possible to understand the "why" behind the "what" and "how" of their behavior. This enhanced view of the customer and his or her situation is challenging the industry to change its operating model to center on individual customers or segments," they wrote in the Sept. 2005 issue of *Pharmaceutical Executive* magazine.

LACK OF TIME BIGGEST FACTOR

One factor driving physician behavior that may have been overlooked, and which was revealed during the course of Perrotti-Amoroso's research, is the simple lack of time most physicians have available for many detailing activities. It seems what doctors really want now is the ability to access product information on their own time, with a preference for weeknights between 6 and 9 p.m. The problem, she adds, is if e-solutions are poorly presented or have technological problems, there is always the chance that physicians will be turned off by e-detailing glitches.

Robert Charasidis, senior director of sales for Aptilon, a provider of e-sales and marketing solutions for the pharma industry, believes that the success of an online sales and marketing program depends on providing the physicians with rich interactive content, easy access, and open navigation.

"If you waste the physician's time with a long registration process or with content that is not relevant or easy to navigate, you will lose them," Charasidis says. "We have integrated our technology with our partners, which facilitates the process. We know who the physician is when he or she gets their invitation so when they click through, they are pre-cleared."

Aptilon, which employs a suite of proprietary, self-serve and web-based live detailing e-platforms, invites physicians to the programs via company lists and their proprietary ReachNet, a multi-channel recruiting network with access to over 450,000 healthcare professionals in North America. The online solution offers a "boutique" of medical information relevant to a brand or therapy via our unique and interactive "dashboard" format. Its self-serve on-demand format can be used by physicians at their convenience via three approaches: Self-serve on-demand, where a physician can view key information at their convenience, such as archived presentations by key opinion leaders, case studies, and product information accessible 24 hours a day, seven days a week. The company also offers a Call Center option where an online rep can help the doctor with interactive content, in addition to a web-based live detailing sales tool for pharma reps that can be customized by the rep at the doctor's office for later online interaction and follow-up.

Interestingly, while the programs are developed using existing content which is repurposed for an online audience, physicians often perceive the content as new, "even when it's three to five years old," says Charasidis. It speaks to the limitations of traditional detailing when reps come armed with 12-page detail aids and "the physician's time is so pressed...and they don't get a chance to go through all the messaging."

Research in the US has suggested there is a potential 200 to 400 per cent increase in ROI as a result of e-detailing, which raises the question of what the role of the traditional sales rep might be in the future. But Charasidis insists that the "e-channel" is not about detracting from the rep-physician relationship, it's about enriching it by offering extended service options and greater coverage in reaching physicians. It's about creating an integrated, on-going sales and marketing process through harnessing the full potential of the Internet, he says.

DETAIL PIECES: STILL ESSENTIAL, OR NOT?

Perrotti-Amoroso says that her company's research shows that doctors don't see e-detailing as replacing Pharma reps, but rather as a complement to traditional sales force activities. "Doctors enjoy seeing the reps because of the face-to-face contact," but their time is restricted. A successful e-detailing session can lead to a follow-up at a convenient time, she adds.

But Cook believes that new media still has the potential to replace what sales reps do. No doctor wants to see a rep come in and open a detail aid anymore, he claims. Moreover, sales reps don't like getting detail aids either. "Companies spend a lot of money creating detail aids and sales reps have to be pushed into using them," he says.

However, Mike Luby, CEO and co-founder of TargetRx, a US marketing information company for the pharma industry, thinks that the detail piece should be pharma's most powerful sales tool. Unfortunately, many reps often don't always have adequate confidence in the work of the marketing departments that create the materials.

The fact remains that few detail pieces are adequately tested for effectiveness, says Luby. As a result, "predictive modelling" should be employed beforehand to assess effectiveness prior to the detail piece getting into the hands of the reps.

He concedes that e-detailing might continue to expand in 2006, however, the jury is still out on the effectiveness of the approach. A survey of data by his company suggests that e-detailing, in much the same way as detailing with a tablet PC, has proven to be only marginally more effective than traditional detailing at moving physician prescribing. "Our belief is that there is still a novelty effect for some physicians, while others have a preference for the medium," he adds.