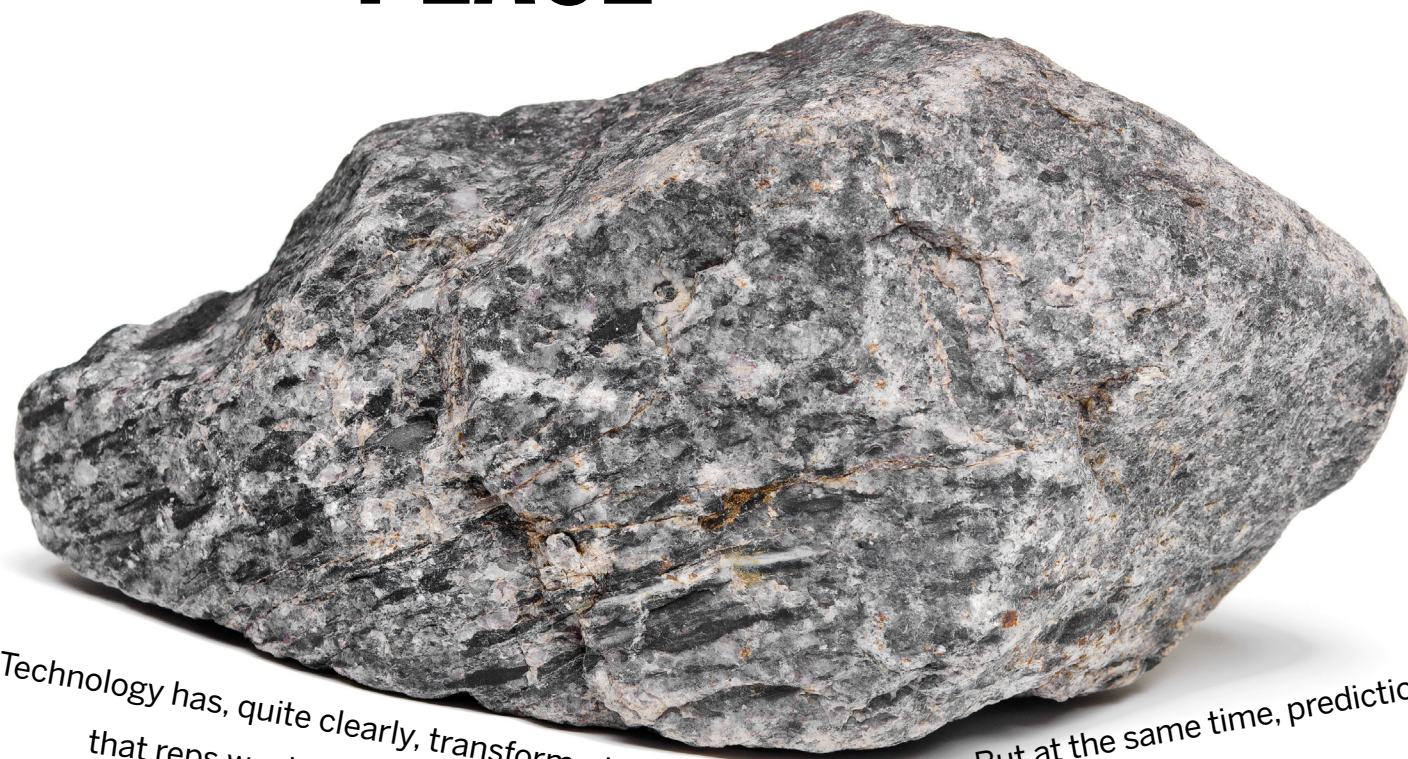


# REP AND A HARD PLACE



Technology has, quite clearly, transformed the role of the sales rep. But at the same time, predictions that reps would go the way of the dodo bird have themselves been proved false.  
**James Chase** surveys the rep's role in a changing media and sales environment

In April 1969 *Medical Marketing & Media* published the results of an exclusive Detailing & Physician Survey, from which its editors concluded the following: The role of the pharmaceutical “detailman” will remain relevant, despite analysts’ contentions that computer machines may someday replace systems of distribution and dissemination.

It is hopefully more a testament to the vision and judgment of *MM&M*’s editorial forebears than an acknowledgement of antiquated industry practices that, 46 years on, this statement remains largely true. The “computer machines” have, of course, long been established in their automation roles. However, as with almost every piece of crystal ball gazing from that era, the role technology would play in revolutionizing the art of communication was altogether overlooked.

Today’s field reps come factory-fitted with smart tablets, devices so perfect for detailing physicians that it’s sometimes hard to imagine them ever having been designed for any other purpose. The challenge now for the industry is to figure out how to use them properly—but more on that in a moment.

Most of the discussion around pharma sales forces in the past decade has been dominated by a handful of seismic shifts. The first was an industrywide downsizing of thousands of reps, signaling the end of a ludicrous arms race and ushering in a new era of efficiency and accountability. The second was the emergence of a new segment of physicians that would no longer see reps. This obviously remains a serious, ongoing issue for pharma, particularly as more docs than ever become employees of medical groups and more groups than ever ban reps from their hospitals and practices (see “Access Denied—the Price of a Bad Rep,” on p. 44). The proportion of rep-friendly physicians could already be as low as 51%, according to ZS Associates’ most recent AccessMonitor.

Should we be bracing for the death of the pharmaceutical sales rep altogether? Absolutely not, says Mike Luby, founder, president and CEO at BioPharma Alliance. “The rep channel is alive and kicking, much more than a lot of people would have projected even six or 12 months ago,” he says.

Luby, whose organization is building a body of research on rep visits across multiple specialties, sees little decline in the importance of the field force. “There are many markets where the access isn’t killing you and you can still go out there and really work it,” he explains. “That good old-fashioned sales and marketing hustle can still make a huge difference in an awful lot of categories.” He also feels industry shouldn’t underestimate the value of the services reps provide. “Co-pay cards and samples—that’s what the offices want.”

Rich Daly, managing partner at RavineRock Partners and former president, US diabetes, at AstraZeneca, believes that pharma company leaders have the ability to reignite the power of their sales forces. “Selling is a human endeavor,” he says. “Sales reps make a difference as long as they are properly trained and can speak the language.”

And while the swelling ranks of the no-see docs are clearly a major concern, those that welcome reps still prefer an in-person detail, according to recent data from CMI/Compas Media Values. Across all specialties, 73% of respondents cited in-person visits as

a preferred channel of rep communication, with almost half that number also open to remote e-detailing. In some specialties, the preference for rep visits was even higher, such as allergy/immunology (89%) and endocrinology (86%).

There’s little doubt that the introduction of the smart tablet, particularly the dominant iPad, has changed the detailing game—or, at least, has the potential to change it. “If you think back two or three years, the technology was really delivered by laptops and it was incredibly cumbersome,” says Scott Hansen, VP, executive director, digital creative at AbelsonTaylor. “But the iPad changed everything. It’s really the difference between a static call and the opportunity to do something that is dynamic. All of a sudden you can animate your call and you are able to really bring in thought leaders instantly. You no longer had to wait for a lunch ’n’ learn short video.”

Dr. Peter Shaw, chief medical officer at Qpharma, agrees. “Where iPads and Surfaces are so fantastic is that they can instantly go to somewhere that’s relevant to that particular doctor—assuming the rep is prepared,” he says. “In the past they’d have been scrambling around in their briefcase trying to find sales materials and clinical papers.”

According to various industry estimates, around three out of four pharma reps have already been issued tablets. However, the consensus is that, to date, companies haven’t done the best job of using these devices to their full potential.

“Taking a print piece, turning it into a PDF and putting it on an iPad truly does not take advantage of the native functionality of the device,” Hansen says.

## Tablets and the Time Crunch

One of the biggest complaints physicians have about reps is that they rarely offer anything new and compelling. “The patience of the HCP wanes,” says Daly. “These are smart people. They understand what the drug does. Breathing life into the product with new data, that’s what really drives the value that a good sales call can bring.”

Tablets have the potential to change that. “It should be about providing a new experience every single call to a single doctor,” Hansen notes. “Being able to come in and talk about the principal idea, the principle of your brand’s features and benefits, but from a new point of view, that’s what good looks like.”

Hansen and his team are currently working on the next frontier of iPad detailing, which they call the “immersive” sales experience. “Immersive” might even mean letting the doctor—not the rep—direct the call. “That gets into some interesting territory because it’s so counterintuitive,” Hansen continues. “Instead of a presentation, it can be more of a conversation.”

For the past few years, Shaw has been tracking the effectiveness of technology-driven sales calls. He notes that where mobile devices are used effectively, doctors tend to rate reps’ performance higher across multiple key performance indicators than when they use paper alone or no materials.

“There is also evidence that using mobile technology increases the likelihood of altering HCP behaviors,” Qpharma’s Shaw explains. The reason? Physicians like the fact that tablets offer them the opportunity for more information through easier links, waste

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less of their time and make it easy for them to sign for samples.

Shaw also found that the use of mobile devices increases with the duration of the interaction with HCPs. Tablets were used in almost all calls lasting more than 15 to 20 minutes but often not used at all in calls under five minutes: “Where the device is interactive and the sales rep is able to use it to open every call, the call will be on average five to seven minutes longer than if it is not used.”

Aside from underutilizing tablets, it’s also possible to try to do too much, a lesson Sunovion learned the hard way with the launch of Latuda in 2011. “The idea of the iPad sounded very sexy and engaging,” recalled Jeffrey Akin, director, Latuda marketing at Sunovion, at MM&M’s Skill Sets Live event back in September. “We had the mentality of trying to include everything and anything.” But when the reps started using the aid in the field, it was awkward to use. In fact, many of the features actually took away from the interaction between rep and physician. Sunovion was ultimately able to use these experiences to evolve the interactive aid into a one-stop tool that improved, not hindered, reps’ efficiency.

### ACCESS DENIED: THE PRICE OF A BAD REP

It is often assumed that the swelling ranks of docs who no longer see pharma reps is the result of a widespread backlash against the industry for a recent history of questionable sales approaches. According to Mike Luby, founder, president and CEO at BioPharma Alliance, it’s not that simple. Luby’s continued research points to widespread dissatisfaction among physicians who have been mandated by their employers not to see reps.

The following findings are based on meta analysis pooling data from PCPs, psychiatrists, cardiologists, pain specialists, allergists and pulmonologists:

**64%** of no-see doctors believe their patients miss out on resources of value because they do not see reps. Most-cited resources: patient support resources and information, disease-state information, co-pay assistance programs, samples

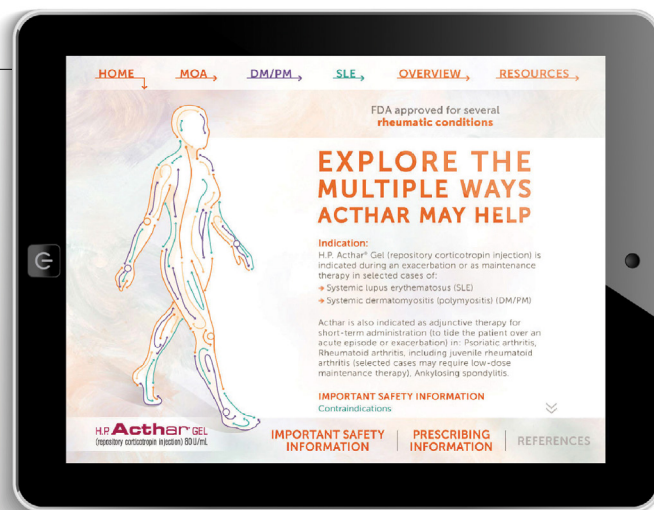
**61%** of no-see doctors believe their practice misses out on resources of value because they do not see reps. Most-cited resources: patient education tools and resources, specific information about formulary and co-pay assistance programs, samples

**58%** of no-see, no-choice doctors say they would reverse the decision not to see reps, if they could

Luby says the value of rep visits to docs is dismissed whenever a medical group closes its doors to pharma. “The headlines always seem to insinuate that they are cleaning up a mess and almost never acknowledge that physicians value pharma resources to help them stay on top of disease states and treatments,” he explains.

Luby also notes that closed doesn’t always mean closed. He cites the example of a major provider in Pittsburgh, which says it is closed to reps—“but we know from a lot of operators on the ground that if you get in you can leave co-pay cards and literature and things like that.”

One major area of opportunity amid decreased rep access is in e-detailing. Even where docs are forbidden to see reps, there are no restrictions on remote e-detailing. “These docs are the most starved for information,” Luby continues. “So if you can find them and get them engaged, they’re a very receptive audience.”



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**Sales lessons to be learned: “Knowing how to navigate through the digital sales aid is essential,” says Qpharma’s Peter Shaw.**

### The “90-Second Rule”

And that can make all the difference when face time with the doc is widely estimated to be around 90 seconds. While Shaw believes the 90-second rule is there to be broken, he says that by gaining mental access the call can be extended.

“The trick is to get the doctor to ask the first question within the first 10 to 15 seconds,” he notes. “Once the doctor is engaged in a discussion, the 90-second call will quickly extend to three-plus minutes. At that point, knowing how to navigate through the digital sales aid is essential. This is where the HCP is engaged or finding a reason to move on.”

Unsurprisingly, the regulatory approval process can be a hurdle to developing more complex and dynamic programs. “The regulatory pendulum has swung even more toward conservative, so people go into a review knowing that they are looking for the path of least resistance,” Hansen reports. “Everybody that works in this business knows that you can’t be irresponsible. But at the same time, anything that’s unique or innovative pushes you back a few weeks in approval.”

Another possible challenge on the horizon might be experimentation with different screen sizes. While the iPad format has been the standard to date, the widespread adoption of the iPhone 6-plus and other devices elsewhere could prompt a rethink. “In order to determine that as an industry, we’re going to have to go through some rigor with the usability,” Hansen continues. “I think it’s going to be how we manage the safety message that’s going to determine the adoption of a different screen size.”

Shaw, on the other hand, can’t understand why so many companies have stuck with the iPad. “It amazes me why more don’t go with the Surface,” he says. “Because a lot of those companies still give their reps laptops and iPads. Why not give them a Surface, which does both very well?” (In fact, the Sunovion team recently made such a leap from the iPad to a Windows 8 tablet platform because it wasn’t cost-effective to support both laptops and iPads in the field.)

As with every other pharma channel touched by digital, the pace of change in the sales aids arena has been dramatic. “When I started doing this stuff,” Hansen recalls, “it was just me and an art director sitting in a room going, ‘What do you think?’ Paper was paper. It was only about whether you wanted aqueous-40 or not. But now you have digital strategy and planning involved, you have UX, you have developers. In order to create the right product, you need a bigger and better team.” ■