

Gladiators of the Digital Age

Question: How can reps remain essential as the industry turns to online sales tactics?

Answer: Turn obstacles into opportunities.

By Jennifer Ringler

Picture today's sales rep, trying to get into a physician's office for some face-to-face time, as a Roman gladiator standing at the entrance of a cave, courageously ready to do battle to gain access to the valuable treasure inside. Cerberus, the vicious, three-headed dog-beast of Roman legend, fiercely guards the cave. (Melodramatic? Perhaps. Go with it.) Let's name the three heads of Cerberus that keep the rep from the treasure he seeks: Industry Cost Concerns, Physician Time Constraints, and Online Marketing Strategies.

Up against foes like this, what can the rep do to get through the formidable barriers and arrive at the treasure—a successful, face-to-face selling encounter with a physician? How can the rep adapt to the new sales reality, in a world where physicians are too pressed for time to focus on rep details, online marketing is often the preferred method of information-seeking, and pharma companies are cutting their sales forces? The secret lies in taming the three-headed beast, turning it into an ally to work with, not against.

By now, we're all aware that physicians are increasingly using online and mobile tools to gain information and make crucial prescribing decisions. But a recent study from Physicians Interactive Holdings (PIH)—a resource for healthcare information, medication samples, and mobile decision support tools—reveals some shocking numbers. According to the study, the number of healthcare practitioner requests to receive online samples has increased by 277 percent since January 2010. “We know from current research that at least 80 percent of physicians are interested in eSampling,” says Donato Tramuto, CEO and vice chairman of PIH.

Numbers like these, coupled with information from a recent Physician Access study from SK&A (a Cegedim company)—which finds that while the frequency of face visits between docs and reps has stabilized, physicians' offices are a lot harder to get into than they used to be—bring up some biting questions. Cerberus, with his three previously named defenses, is there at the entrance, making it ever more difficult for reps to get through.

According to the SK&A study, the percentage of physicians who require or prefer scheduled appointments for in-person visits, rather than drop-ins, increased from 38.5 percent in December 2008 to 49.6 percent in December 2009. The study also revealed that specialty physicians are less likely to grant sales reps access than general practitioners; offices with fewer patients seen daily are less likely to host sales reps; and that health system-owned, hospital-owned, and larger practices are each less likely to host sales reps.

Changing Fundamentals

So why this monumental shift to online sampling and other types of online marketing strategies? Why the increasing difficulty to get in front of a physician? And what might it mean

for the future of reps?

“It is estimated right now that there is one primary care physician (PCP) per 1,500 patients. It is estimated that by the end of this decade, there is going to be one PCP for every 5,000 or 6,000 patients. It is very apparent to me that with the influx of almost 31 million Americans coming into the health-care system, we are going to be crippled with the issue of how these physicians will take care of all these patients,” says Tramuto. With overwhelming figures like these, the fact that physicians are reluctant to see reps and are turning more to online tools becomes significantly less surprising.

“Physicians have a lot of challenges with managed care and less reimbursements for patients visiting them. Their patient volumes are increasing and they are under a lot of strain to meet overhead costs. So based on that they have less time to spend discussing products with sales reps,” confirms Jack Schember, director of marketing for SK&A.

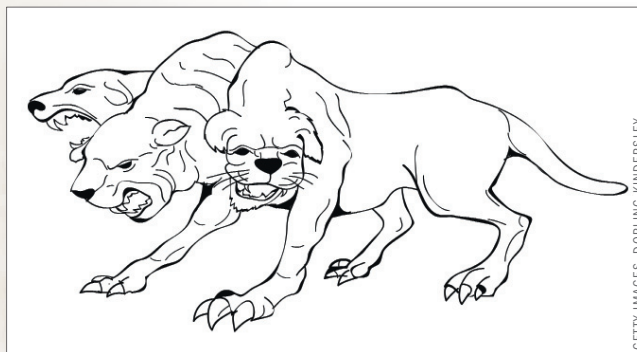
“We have to take a step back and look at the fundamentals of what's changing in our healthcare environment. Physicians don't have time. We are trying to meet physicians where and how they want to be met—we are trying to anticipate how these PCPs and specialists will want to receive information going forward,” explains Tramuto.

An imbalanced ratio of physicians to patients isn't the only wave of change that's leading to less face time between docs and reps. Government initiatives such as the Sunshine Act—though the intentions and results of such a policy may be mostly positive—are also playing a

part here. The aim of the Sunshine Act, a provision of the Affordable Care Act (ACA), is “to reduce inappropriate prescribing, curb drug marketing, and lower healthcare spending overall through public disclosure of payments from drug and medical product manufacturers, to physicians and teaching hospitals,” writes Washington correspondent Jill Wechsler in the October 2010 issue of *Pharmaceutical Executive*. And while the provision may indeed achieve all those noble, gladiator-worthy goals, there may be some epic-style side effects: With so many new disclosure laws and spending laws, sales teams are less and less likely to call meetings over lunches or offer physicians once-desirable incentives to meet.

“With legislative restrictions on what the reps can bring in, there's a fight in the field to have a valuable call,” explains Stephen Smith, chief marketing officer of M3 USA, which provides the life science industry with interactive marketing, education, content, and research solutions. “We know marketing works, so that's why the reps want to be there. But from the physician's perspective, a rep needs to bring something of value. And if they have nothing new to say, and they can't bring a nice lunch for the office anymore, the value is shrinking.”

In addition to legislative hurdles that may sometimes make



reps feel they've been thrown into the Colosseum with a hungry lion, that "something new to say" may also be a fierce opponent, keeping reps from in-person visits. "Now you have elements like the end of the blockbuster era, and patent cliffs," says Smith. "When reps would come in and have lots of new, exciting things to say because there were lots of new, exciting drugs, and nobody could keep up with all of them, it was easier to get in and talk. Physicians have been saying for years, 'I want to see them when they have something new to say.'"

Thrown to the Lions

The good news is that, according to all the experts *Pharm Rep* spoke with, these statistics do not mean that reps are going the way of the Roman Empire. Rather, they point to an opportunity for pharma companies and individual reps to embrace the digital age, and to think creatively about how to get around the new problems and utilize the new digital solutions in a way that will lead to a complementary relationship between sales reps and new marketing technologies.

The first step is recognizing and admitting the value of online sales tactics, rather than fearing them as potential replacements. The second step is embracing those tactics and leveraging them in our work as reps.

"I want my message where my audience is. And nearly 100 percent of physicians in the US today use the Internet weekly for practice, to gain knowledge," says Smith. And while traditional sales reps reach physicians only during office hours, "access of the Internet occurs during, before, and after office hours. So pharma companies can look at this as not only the opening of a channel to reach physicians where they are, but also as an extension of the time they have to reach out. So we've extended the marketing day."

"We all know there are these 'no-see' physicians, and no matter what the pharma companies do, they will never get into that region. That number is growing. So how does pharma attract those physicians, who are clearly high prescribers and very important to their business?" asks Tramuto. "I think the online channel is one incredible way. Online tactics are meeting the demands that healthcare professionals have been screaming for—an alternate route; the ability to have information when they want it, where they want it, and on the devices they want it on."

That element of control is an important advantage of online resources when it comes to time-strapped physicians. "From the physicians' perspectives, they need to do more with less. They want access to the reps, but in their own terms, on their own time, on their own controlled schedule," confirms Smith.

Once pharma companies and reps can accept the utility of online tactics—"That horse has already left the barn," says Tramuto—the difficulty of the transition lies in the ability to leverage such marketing tools in a way that ties reps and online tactics together, rather than a way that leaves room for only one or the other.

In the same way that online shopping has not rendered brick-and-mortar stores extinct, Tramuto believes that online sales tactics will not—cannot—replace 100 percent of face time with reps. "One thing that I've always respected about pharma companies is that they have a quintessential way of understanding how to take a situation and see

what they need to do to modify and optimize it in terms of a better program," he says. "ATM machines are the common denominator that joins all banks. You can go anywhere in the world and use your ATM card no matter where you are, and you don't really question the bank that you're pulling your money out of. The same thing has to happen now in healthcare, and the common denominator will be to understand that the communication we use to reach HCPs will consist of mobile technology, online elements, and electronic health records. And we'll have to differentiate ourselves around what products and services we come up with that will fit into this new communication model."

So where does that leave the reps? "I think reps will become more specialized," says Tramuto. "You can't have a sales rep there 24/7. So I think the reps' responsibilities will be much more as consultants. I think they will continue to bring important information so that the physicians are in fact augmenting their online capability with the nuances of changes and other things that might occur within their respective therapies, such as a new disease, or a new product coming out. Reps will become specialists, and more critical in terms of long-term education as opposed to on-the-spot decision making."

Online Battle Tactics

"Traditionally, maybe reps could look at online tactics and say, 'That's trying to replace me.' And that's not going to work," agrees Smith. "What we want is online tactics that a rep can look at and say, 'I'm so glad this is out there, because it makes me more effective.' Is there a way to re-think the e-connection so that it benefits the physician *and* the rep? That's the real opportunity."

"We have some data that shows that if you put a rep in the physician's office, the rep can generate a rise in scripts of X number. And a well-conducted online marketing program—one that is constructed around the full perspective of the physician's needs—will yield a rise in scripts that is *almost* as good as having a rep in the field," says Smith. "But the data shows that when you combine these tactics together, you *double* the impact of a rep in the field. That's what we should be doing. Not one or the other—both."

Clearly, it is possible for the rep to earn his place as a gladiator and warrior among men, if he's willing to face down Cerberus' many-faceted (perceived) threats to the sales force. Upon closer inspection, the beast may be more bark than bite. "There's definitely room for face to face communication, and there will still be reps on the street because these products require explanation," says Schember. "The reps have to change their behaviors. They have to be more knowledgeable and respectful of policies and procedures; they have to really understand what goes on in the physicians' offices; they need an understanding of practice management issues; they need to understand the business side of medical practices, regarding reimbursement and insurances and those issues; they have to be relevant; they have to be more insightful." **PR**