

**INSIDE: OUR SERIES ON DISEASE MANAGEMENT BEGINS**

# Pharmaceutical REPRESENTATIVE

Essential Skill

Selling

July 2008

**Focus, don't flip**

GETTING PROMOTIONAL TOOLS TO WORK FOR YOU

**Ties that bind**

FINDING SAFETY IN AN UNCERTAIN FUTURE

# 2008 ACCESS REPORT

**STATE OF THE SELLING ENVIRONMENT**

**PLUS:**

VITAMIN D AND BREAST CANCER  
SCARY STATS ON PILL SHARING

**AND:**

PART 2 OF NEIL BERLINER'S  
PHYSICIAN-ERRORS COLUMN

# 2008 ACCESS REPORT

FINDING OPPORTUNITY AMID THE CHALLENGES

## CURRENT TRENDS IN ACCESS

According to Health Strategies Group's 2008 "State of the Selling Environment," the vast majority of sales calls continue to feature a brief representative-physician interaction where the physician signs for samples and little or no product discussion occurs (see Figure 1).

A typical "sample signature only" call averages slightly more than one minute. When physicians engage in brief discussions while signing for samples, the call expands to almost three minutes.

Primary care physicians engage in longer (10-minute) discussions about once a day, specialists even less often. These may occur during unannounced drop-in visits - however, you are more likely to enjoy this opportunity when you schedule an appointment.

Breakfast and lunch meetings average more than 20 minutes, and remain the most common setting in which multiple product discussions take place, often to multiple physicians and other providers, such as NPs and PAs.

Figure 1

Physician-reported calls per week and average minutes per interaction

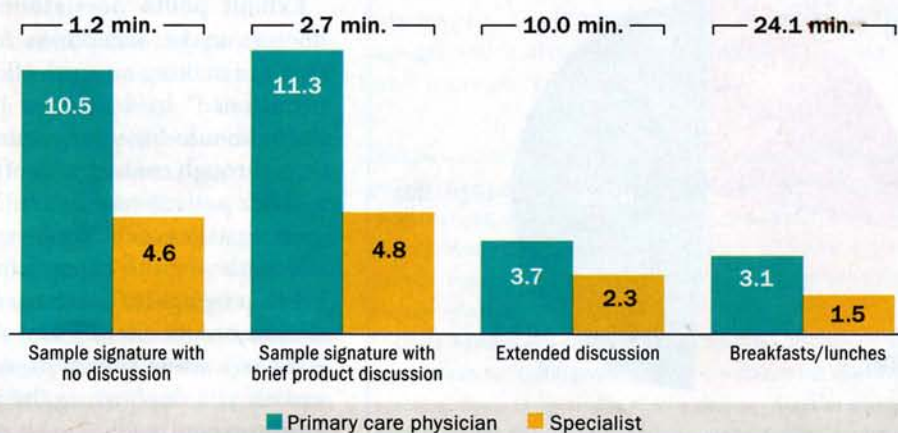


Figure 2

Representative estimates of physician access

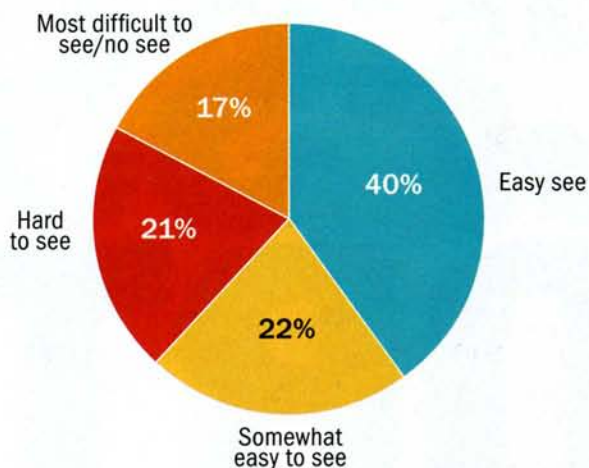


Figure 3

Representative-reported access trend

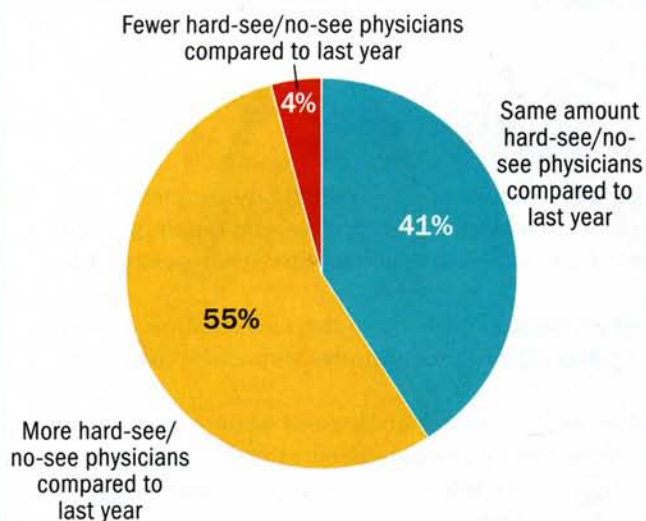
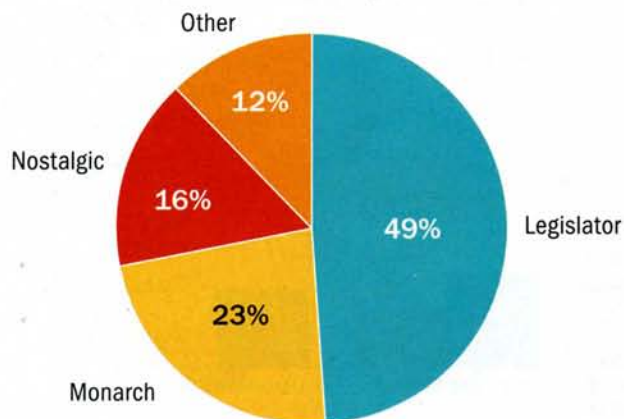


Figure 4

Representative access segmentation



TOUGH TO ACCESS: HARD-SEE AND NO-SEE PHYSICIANS

Today, representatives estimate that there are nearly equal numbers of easy-to-see and hard-see and no-see physicians (see Figure 2). Two trends converged to produce this balance:

- The proportion of easy-to-see doctors fell (down to 40% from 44% in 2006)
- The proportion of hard-see/no-see doctors rose (up to 38% from 33% in 2006)

Most, but not all, representatives experienced these trends locally in their territories. For example, representatives seeing increases in hard-see and no-see physicians outnumbered those seeing decreases by almost 15 to 1 (see Figure 3).

In a previous analysis, we found that hard-see and no-see doctors divide among three segments:

Segments	Beliefs that lead them to restrict representative access
“Legislators”	Enacting access rules prevents representatives from taking time needed for seeing patients
“Monarchs”	Representatives lack the training and experience required to teach them anything
“Nostalgics”	Though they once enjoyed having good relationships with representatives, it's no longer possible to forge these

In 2008, “legislators” represent the largest proportion of hard-see and no-see doctors, followed by “monarchs” (see Figure 4).

SEVEN TIPS FOR IMPROVING ACCESS

**Seize the most common opportunity** You may have several opportunities each day to extend one-minute, “sample signature only” calls into three-minute discussions. Understandably, most representatives attempt to pack information into their one-minute window, hoping to convey key product messages. Instead, ask an open-ended question to try to stimulate interest in a conversation. Busy physicians may walk away from representatives who are talking, but they rarely walk away when they’re the ones speaking.

**Exhibit polite persistence** Even hard-see and no-see doctors make exceptions for representatives who show they are making an extra effort to see them. Exhibit “polite persistence” by leaving a hand-written note explaining the rationale for your request, requesting the physician’s time through contact with office staff, or stopping by before or after patient care hours. You are one attempt closer to gaining access each time you hear “not today.” Pleasantly tell them when to expect your next visit (“... no problem. I’ll stop by again Thursday after patient hours and I hope she can see me then.”), and show up when you’re expected. Always walk in prepared, so that when your opportunity arrives you don’t waste the physician time you worked so hard to acquire.

**Get Real** Understand the meaningful advantages your

products offer, and don't try to elevate every product difference into a rationale to prescribe. One physician described why he preferred to avoid interacting with a particular representative:

I had a representative tell me that I should prescribe their product because it had 3% nausea and a competitor had 8% and that was 'statistically significant'. Well maybe so, but it had no significance to me. That small a difference is clinically invisible in day-to-day practice and totally irrelevant.

Know the appropriate role of your product, and how it compares to other treatment options.

**Turn one speaker program into at least three calls** Speaker programs that lead to prescribing changes share a common feature – representatives who actively engage their audience before and after the event. In addition to the extended interaction occurring at the event, you have at least three other call opportunities a speaker program creates, and which you can leverage for product discussions:

Call Objective	Description
Pre-event planning	Solicit input on preferred program location, format, speaker, content, days/times
Pre-event confirming needs and attendance	Reconfirm program details and plans to attend, seek topics they want the speaker to address, inquire about colleagues who might also be interested in attending the program
Post-event follow-up	Gather feedback on program quality and suggestions for improvement, uncover additional questions, supply samples

**Leave the marketing battle in the parking lot** Physicians want to help patients, not take sides in your marketing battle. Constant references to "competition" require customers to join you in a marketing discussion focused on pitting product against product, rather than you joining them in medical discussion focused on helping patients. As one physician stated:

Reps say "here's why you should write my product instead of my competitor's" and I understand what they mean, but they're not talking my language. I don't care who your competitor is. I select appropriate medications based on what I think is best for my patient.

To avoid creating the apathy this physician expresses (and the lower access it engenders), focus on customer needs in the office and leave the marketing lingo outside.

**Show respect for your customer's time** Recall from Figure 1 that PCPs experience about six representative interactions per day (specialists, about three per day), typically consisting of unscheduled, drop-in calls. From a physician's perspective, these unscheduled events represent interruptions that cause them to fall behind schedule,

leading to two negative consequences:

- Patients wait longer to be seen
- Doctors and office staff get them home to their families later

When dropping in unannounced, late in the day or during patient-care hours, graciously accept the time customers offer and avoid pressuring them to extend discussions.

## Ask open-ended questions – physicians may walk away from reps who are talking, but they rarely walk away when they're the ones speaking

When you know you want more time (for example when a new publication comes out), set up an appointment if possible, or at least call a day or two ahead to explain when you will be dropping in and how much time your discussion will ideally take.

**Address hard-see and no-see segment needs** As you encounter your most difficult-to-see customers, think about the beliefs causing them to restrict access (see the table on page 18). Legislators seek to control how they spend time, so an appointment they can plan for could be an appropriate approach. Monarchs lack confidence in representative training and experience, so unless you possess clinical training, a more productive approach could be to engage them as mentors to provide education, guidance and feedback. Nostalgics might be willing to develop a relationship if they were convinced you would be around long enough for it to pay dividends. Demonstrating consistency and reliability – for example, by visiting at consistent times and regular intervals – can help them perceive you as someone they want to know. By addressing each segment's needs, you increase your odds of becoming someone with whom they prefer to spend time.

### CONCLUSION

Despite the challenges today's evolving selling environment presents, effective representatives continue to win access and grow their business. If current trends continue, access will continue to be a challenge. The seven approaches described above provide strategies and tactics to enhance access. By implementing one or more of them, you can spend more time in meaningful customer interactions, and increase your success in 2008.

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