

Sales forces can absorb as much as a quarter of a major pharma company's expenditure. This means that if sales can be increased by just 5% with the same sales force, then average operational profitability of pharma will rise from 27% to 28% on a profit before interest and taxes (PBIT) basis. Moreover, gaining this 5% additional sales should not be out of the reach of most companies provided they change their current practices.

Over the past few years, priority has been given to the size of sales forces by endlessly adding new teams. For example, Pfizer/Pharmacia's cox 2-inhibitor, Celebrex, was promoted simultaneously by up to ten sales forces during its launch phase in France. This quantitative approach has proven effective at increasing sales and gaining market share but at a cost which could prove prohibitive, considering the law of diminishing returns.

Pharma companies need to focus on what the reps actually do. And any effectiveness improvement initiative should be made a company priority, from top management to the representatives themselves, and the implementation rigorously monitored. In such a programme the priority should be given to the quality of the activities performed by the sales reps and their area managers.

Medical representatives

The good news regarding the medical representatives is that there is no reason to suppose that the physician's role and prescribing behaviour will change significantly over the coming years. Information technology tools such as personal digital assistants (PDAs) and e-detailing are expected to complement, rather than replace, the sales reps in their face-to-face selling activities. At best, they will help them better manage their time and abilities by facilitating, for example, the collection of information about the physicians they visit. What really makes the difference is not so much the tools as the way they are used to support the selling activity. The key issues to address to improve the performance of representatives have been well identified as:

- Which physicians should be called upon?
- What is the optimal call frequency?
- How to develop sales-generating calls?

In recent years, most pharma companies have introduced processes to screen for the best physicians to be visited. One selection criteria is the level of prescriptions that have been written for company products and/or those of competitors. In Europe, this information is generally provided by marketing

Talking up sales

Sales reps need to influence prescribing habits but as time in the surgery gets shorter and shorter, more sophisticated methods of presentation are called for. Jean-Michel Peny suggests a quality approach



Illustration by Rob Wilcockson

agencies which send a questionnaire once or twice a year to physicians to collect data on their prescribing habits. These data are a good starting point but, considering that not all physicians return the questionnaire and that it is just a declarative snap shot at a given point in time, they are hardly comprehensive. Unlike in the US, European pharma companies are not allowed access to duplicates of physicians' prescriptions.

To improve their screening processes, pharma companies in Europe should regularly update all external sources of information with the help of their sales forces. The information collected needs to be systematically assessed and validated in terms of relevance, precision and reliability, before being shared within the company. Thus, before deciding to include or discard a physician from the target list in a given territory, the new information should be assessed by the different reps covering that territory, then validated by the respective area managers

and by a customer base manager from head office, who would be in charge of sharing information throughout the company.

Regarding the optimal call frequency per physician, the level will depend on his or her acceptance of calls (an increasing number now limit them to once or twice a year per representative), on sensitivity to promotional pressure, on the intensity of the competition and on their prescribing potential for a given product or class of products. It is generally considered that less than three calls a year for a given product has no significant impact and physicians imposing such limitations should not be met. But there is no 'accepted' maximum number of calls even if, beyond a certain level, the profitability of such calls may be questioned.

In a country like France and for a major established product, physicians with average prescribing habits will be visited six to eight times a year by two sales reps. For some new entrants, however, there may

well be 20 or more calls a year by six or more representatives. Analyses of promotional investment have shown that to gain market share rapidly, new products must maintain a higher level of calls per physician than their established competitors for at least the first 12-18 months of commercialisation. And that call frequency for a given physician should be adjusted on the basis of need, according to new market events. These adjustment decisions, if initiated by the representatives, should be validated by their colleagues calling on the same physician and the area managers.

Once the right physician is called on at the right frequency, it remains to ensure that the calls generate more prescriptions.

Call time continues to shorten

As the call duration continues to shorten (five to 15 minutes on the open care market), it is hard for representatives to properly present the three products they are generally asked to promote. In practice, there are many physicians who do not give them enough time to detail three products. So, to make better use of their shrinking time, it is useful to consider three types of presentation:

- Full detailing, which includes a demonstration of the specific benefits of a product. The representative will also try to identify the physician's needs and convince him or her, with the help of promotional material, that this product is appropriate.
- Short detailing, which concentrates on one competitive advantage of the product.
- Reminder detailing, which just mentions the product name, its indications and corresponding dosages.

As a rule of the thumb it is generally considered more effective to start a call with the full detailing, followed by the shorter version, and finishing with the reminder. These three presentations last on average five to ten minutes, two to four minutes and less than one minute, respectively.

Which type of detailing to use will mainly depend on the product situation as shown in

Figure 1 below. However, other factors, such as a physician's psychological profile and the general knowledge of the products in question will also have an impact.

The factors influencing a physician's choice of product cannot be ignored. If prescribing habits appear to be the major reason to go for one brand rather than another, then the quality of the relationship with the representative is of secondary importance. The meeting must therefore not only provide physicians with information about the product, its relevant pathology and medical services, but it must also be conducted with these habits in mind. Thus, it appears that sales force effectiveness requires that representatives meet the right physicians, at

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the right frequency with the right message and in the right manner.

To influence prescribing habits, representatives must have a perfect knowledge of their and their competitors' products, their respective features and benefits; and of the related pathology treated. This will be acquired and maintained through training sessions or e-learning and by checking knowledge levels at cycle meetings three to four times a year as well as during field coaching sessions with the area manager.

Understanding individual physician's prescribing needs, prescription drivers, and current prescribing practices will also help adjust each call objective and strategy for maximum efficacy. This is why each medical call should be seen as an opportunity

to enrich knowledge and understanding of physicians' needs and habits.

Another key sales technique is to highlight product benefits that fulfil physicians' identified needs and, of course, to obtain a commitment to prescribe more of the promoted product. An important aspect in getting these additional prescriptions is to ask clearly and firmly for them. Physicians have such a large choice of equivalent products that they will favour those who ask. A pitfall for the reps is to think that if they get along well with a physician, he or she will prescribe their products. To have a good relationship is important but generally it is not enough to ensure prescriptions. Interestingly, some reps are reluctant to ask physicians to prescribe their products because they fear jeopardising the quality of the relationship they have built up with them.

As well as calling on physicians, most sales reps also organise medical meetings where presentations are made by a local, regional or national opinion leader. During these gatherings, the company's products will usually be presented in scientific terms and supported by clinical study data, serving not only to increase product exposure but also inflate the number of medical visits, especially when physicians limit their number. Thus, sales reps get to meet the physicians once to invite them, then to tell them about getting to the venue and, after the event, to get feed-back about the meeting.

Medical meetings rarely generate additional prescriptions *per se* but they do augment the number of possible contacts with physicians who limit their medical calls.

Area manager activity

The primary mission of the area manager should be to develop representatives' professional skills so that the sales they generate are maximised. One of the most effective ways to do this is through field coaching sessions. A recent study carried out in France showed that area managers spend on average only 40% of their time in the field with their reps. This could be increased to 50-55% of their time, if they redefined their priorities by, for example, reducing the amount of time spent in meetings or through using ETMS (electronic territory management systems) and PDAs to cut down on repetitive administrative tasks.

The number of representatives reporting to an area manager should remain in the range of 10-12. And it is thought that he or she should spend on average ten days a year in field coaching sessions with each representative. In other words, the number of representatives reporting to them will depend on the number of days they spend in

Selection criteria	Full detailing (5 - 10 minutes)	Short detailing (2 - 4 minutes)	Reminder detailing (< 1 minute)
• New product launch	●	●	●
• Established product			
– New indication	●	●	●
– New clinical study	●	●	●
– New formulation	●	●	●
– New dosage	●	●	●
– New packaging	●	●	●

● Most appropriate ● Least appropriate

Figure 1: To use time most effectively, it is important that reps choose the most appropriate kind of detailing. Source: Smart Pharma Consulting

the field. Thus, if an area manager spends 100 working days a year in the field, he should be in a position to coach ten representatives. However, representatives do not all require the same attention. The number of days spent with each will depend on their needs, their willingness to improve and the nature of their weaknesses.

Field coaching activities are particularly appropriate to improving selling techniques and the management of daily activities. Problems of product or competitor knowledge, territory coverage and call frequency definition can all be worked on through non-field training. Field coaching sessions need to be well planned with a pre-defined objective. A pre-call session may also be helpful in clarifying the purpose of the day and finding the best way to organise it. This meeting can be an opportunity for the area manager to help representatives with specific territory issues. A short meeting before each dual call to discuss the objective of the call and the corresponding strategy should be planned. During the dual call the area manager will mainly observe and analyse the situation, playing the role of a witness. Each call should be immediately followed by a debriefing during which the

call will be analysed and the representative's performance assessed and recorded. At the end of the day, they should spend 30-45 minutes summarising the key points of the day and the rep's strengths and weaknesses. A development programme should then be designed that clearly indicates the resources required, the time-lines, and how progress is to be measured.

Improving performance

To improve sales calls productivity, best medical sales practices must be systematically implemented by the vast majority of representatives and area managers. To obtain such a commitment, management must be strong enough to impose strict adherence to the above guidelines. Considering that sales people are generally independent and relatively autonomous people, imposing new practices will induce frustration, resistance and even possible resignations. To encourage the sales force to accept the need to change their professional habits it is imperative that a reliable way of measuring performance is put in place to objectivise the benefits of such a change programme on their results and their bonus. Existing tools like recall tests

do not provide the proper information to measure call effectiveness. They cannot ensure a physician writes more prescriptions of the measured product. What is needed is a tool that can track, for each physician, the impact of each medical call. In this respect, several marketing services companies are now developing tools to measure the impact of medical calls on groups of 10-30 physicians within a geographic unit – an improvement on current systems that measure performance at territory level on 300-400 physicians.

In a climate where physicians are granting less and less time for product presentations, pharma companies have little choice but to maintain the number of calls in line with the competition while doing everything they can to increase the productivity of each call by implementing quality programmes. Do not choose between quantity and quality. Ensure both. SM

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