



Promote or Perish: The Pharmaceutical Sales Model Needs Innovation Now

BY QUANG X. PHAM

A YOUNG WOMAN SAT QUIETLY BY HERSELF IN THE PHYSICIAN'S RECEPTION area with the three male patients waiting to be called back to see the doctor. It was late in the morning and the office was about to shut down for lunch. I had been the last patient to arrive; the other two were fidgeting with old magazines.

The woman wore a blue suit and held a small piece of paper in one hand. A small canvas handbag hung from her side. Five minutes went by—then ten, then fifteen. The clock above the receptionist's window inched toward high noon. She showed no sign of impatience, as if it she had expected the delay. The other two patients were finally taken to the back office. Now it was just me and her and we were standing in between the office staff and their lunch break.

Who would get to see the doctor first, the patient or the drug rep? Me or her?

My mind flashed back to the time when I first entered pharmaceutical sales. Those days consisted of fighting the Los Angeles traffic, driving from one doctor's office to another. It was a lot like being in the military—hours of boredom and isolation interrupted by brief moments of sheer quality work: the minutes of effective face-to-face detailing each day and the weekly five-star dining/speaker programs.

But that was in the mid 1990s when the pharmaceutical salesforce comprised about half of the rep count today. I was promoting what was about to become a billion

dollar blockbuster with little competition. And I could take my doctors for golf outings. Today's pharmaceutical salesforces operate in a much tougher climate. The industry's challenges have been well documented and drug reps have

been laid off and mocked by nearly everyone—from the New York Times to an ex-Viagra rep-turned author. Industry leaders have talked about salesforces for the future for years and have armed them with fancy tablet PCs and other gadgets. Yet current tactics involving reps have not been able to extend physician reach. To many doctors and their staff, drug rep visits interfere with the front and back office during working hours.

While ample data have shown that physicians are accessing drug information via the Internet, alternative promotional efforts, specifically E-promotion, have limited rep involvement. Who is better equipped to know how to deploy marketing tactics at the local territory than the reps themselves? What does that mean? The reps of the future need to deploy tactics at the local level and marketing needs to decentralize E-promotion now.

So back to the reception area. When the doctor finally appeared behind the counter, the woman stood up and approached the receptionist, handing her a piece of paper. The doctor suddenly raised his voice, "How many times have I told you that reps are not allowed to come while patients are here." The receptionist became flustered and handed him the paper slip that the woman had been holding. The doctor quickly scribbled something onto the slip and grabbed a file before heading down the hall. The receptionist returned the slip to the woman, who managed a nervous smile, reached into her bag, and left a handful of samples on the counter. As she scurried out of the office, I noticed the name of a major pharmaceutical company emblazoned on her bag. I wonder if her district manager's presence would have made a difference. I assume she would record that visit as one of her daily sales calls required by management. I wish I could have told my doctor that she may have had important drug information to provide him.

Perhaps she should have not made such an in-person sales call. Perhaps she could have used another channel to reach this doctor. This unpleasant incident proves that the current sales model needs to evolve in a hurry. Decisions and investment must be made before drug reps slowly vanish like Encyclopedia door-to-door salesmen of the past. ○

DISCLAIMER: The Guest Commentary page allows contributors to voice their opinions on important issues that affect the industry. The views of the authors are their own, and are not necessarily those of PM360 and its staff.

 "The reps of the future need to deploy tactics at the local level and marketing needs to decentralize E-promotion now."

dollar blockbuster with little competition. And I could take my doctors for golf outings. Today's pharmaceutical salesforces operate in a much tougher climate. The industry's challenges have been well documented and drug reps have

been laid off and mocked by nearly everyone—from the New York Times to an ex-Viagra rep-turned author. Industry leaders have talked about salesforces for the future for years and have armed them with fancy tablet PCs and other gadgets. Yet current tactics involving reps have not been able to extend physician reach. To many doctors and their staff, drug rep visits interfere with the front and back office during working hours.

While ample data have shown that physicians are accessing drug information via the Internet, alternative promotional efforts, specifically E-promotion, have limited rep involvement. Who is better equipped to know how to deploy marketing tactics at the local territory than the reps themselves? What does that mean? The reps of the future need to deploy tactics at the local level and marketing needs to decentralize E-promotion now.

So back to the reception area. When the doctor finally appeared behind the counter, the woman stood up and approached the receptionist, handing her a piece of paper. The doctor suddenly raised his voice, "How many times have I told you that reps are not allowed to come while patients are here." The receptionist became flustered and handed him the paper slip that the woman had been holding. The doctor quickly scribbled something onto the slip and grabbed a file before heading down the hall. The receptionist returned the slip to the woman, who managed a nervous smile, reached into her bag, and left a handful of samples on the counter. As she scurried out of the office, I noticed the name of a major pharmaceutical company emblazoned on her bag. I wonder if her district manager's presence would have made a difference. I assume she would record that visit as one of her daily sales calls required by management. I wish I could have told my doctor that she may have had important drug information to provide him.

Perhaps she should have not made such an in-person sales call. Perhaps she could have used another channel to reach this doctor. This unpleasant incident proves that the current sales model needs to evolve in a hurry. Decisions and investment must be made before drug reps slowly vanish like Encyclopedia door-to-door salesmen of the past. ○

DISCLAIMER: The Guest Commentary page allows contributors to voice their opinions on important issues that affect the industry. The views of the authors are their own, and are not necessarily those of PM360 and its staff.



VISIT www.PM360online.com/feedback TO COMMENT ON WHAT YOU'VE READ.