

## Are Top Performers (Best In Class) A Viable Model for Performance Development?

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When sales training departments within pharmaceutical and biotech organizations begin to revamp their curriculum to enhance sales force effectiveness, it is natural to look to their successful and top producing sales representatives (in terms of sales targets and volume) to transfer their “best practices” to others. The assumption is that these top performers may exhibit certain best in class behaviors which make them more successful. It is also assumed that it may be possible to shift the bell curve and enable new hires and average performers to get to a higher performance level by directly observing top performers in action and emulating their behaviors. These behaviors are then incorporated into training curricula for improving performance development and are used as the basis for manager assessments.

Linked directly to this issue is the need for companies to shift new hires and experienced representatives to new territories or new products. The question becomes, are the best in class behaviors of top producers the correct set of skills needed for representatives to perform better with new product launches or who can move territories and products ahead and most likely have lasting success.

We performed a retrospective analysis of both quantitative and qualitative data from over 350,000 direct doctor assessments of sales representatives’ sales calls over a 5 year period (2002-’07). This represents some 50,000 industry wide representatives calling on over 1,200 different practicing doctors of all specialties.

Interestingly and not surprisingly, the results showed that the doctors consistently gave the “top performers” scores that were in the upper-middle of the rankings. It was unusual for these company-identified top performers to be ranked at the very top in any of the ratings. Instead, there was a demonstrable record of new hires with 12-18 months experience ranking consistently at a par and more often higher than many of the top performers. This trend was also noted in *Representative of the Year* contests held in three of the years included in the analysis (2002, ’03 & ’04) where many sales representatives with 1 ½ to 2 years experience were ranked higher than the tenured, top producing sales representatives who were entered into the contest. In fact, in one of the years, the overall winner was one of these least experienced sales representatives.

The analysis also documented that Doctors consistently rate representatives much differently than sales managers when using the same set of behavioral criteria (selling skills and knowledge). In many cases, what is rated higher by managers is rated lower by doctors. This called into question the current criteria used to coach representative performance.

This article discusses the methodology, finding and recommendations regarding the use of ‘best in class’ behaviors of top performers to enhance sales force effectiveness.

### Assessment Design:

In MD Feedback sessions, sales representatives called on 4 different practicing Metamorph Doctors who all reflected their target doctors in the field. The calls were of varying length (minimum of 4 minutes to maximum 10 minutes) and the Metamorph Doctors were all specially trained to assess each of the representatives on 18 separate and unique Key Performance Indicators (KPI's) including interpersonal and selling skills, product and therapeutic area knowledge, use of clinical trial data and reprints. The doctors are trained to refrain from biases; they assess the sales representatives purely on their ability to deliver a message that is relevant to the doctors' clinical practice and is supported with appropriate clinical data and evidence. The doctors' use or disuse, like or dislike of the product under discussion does not enter into their assessment. The compiled qualitative and quantitative data on each of the representatives therefore conveys the individual's ability to change the doctors' clinical behaviors and/or prescribing habits based on knowledge, understanding of the needs of the doctor and support with relevant data and clinical evidence.

In all cases, the *relationship selling* influence was eliminated as the representatives had no prior contact with or intimate knowledge of the doctors they saw; all representatives received the same basic information on all doctors regarding the doctors' clinical experience, practice demographics and prescribing profile in the relevant therapy area so that they could do appropriate pre-call planning.

### Retrospective Analysis Design:

Both quantitative and qualitative data from over 350,000 doctor assessments of sales representatives' calls over a 5 year period (2002-7) representing over 50,000 representatives calling on over 1,200 doctors was collated and analyzed. We specifically looked at scores and rankings based on the representatives' performance in 18 Key Performance Indicators (KPIs). The scores were analyzed in two ways; overall scores, and scores in each of the assessed KPI's. Those sales representatives who ranked 93% and above showed an ability to have "doctor focused" interactions and in the doctors' mind were a positive influence on their prescribing habits/thought process.

Results:

Figure 1.

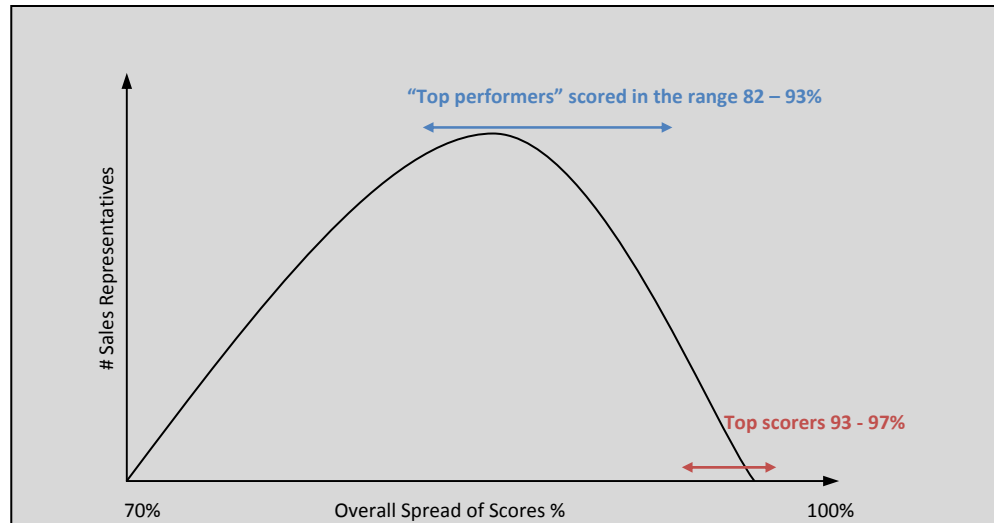


Figure 1 shows the distribution of all scores. Invariably there is a “Normal” distribution with a slight positive skew. The “top performers” as rated by the individual companies scored between 82% – 93% (Average 87.25% SD 2.5%) and the top scorers were rated highest by the doctors scored in the 93% – 97% range (Av. 95% SD 2.0%). These top scorers are the representatives who will most likely receive ongoing access and have a stronger positive effect on changing clinical behaviors and prescribing habits.

The majority of the company-identified top performers were tenured and experienced / senior sales representatives. Yet, when confronted by a “new” doctor in a controlled environment and on a level playing field, they consistently scored lower than anticipated and were out-performed by newer and less experienced sales professionals who showed a greater ability to adapt to the specific needs and experience of the assessing doctors.

Figure 2.

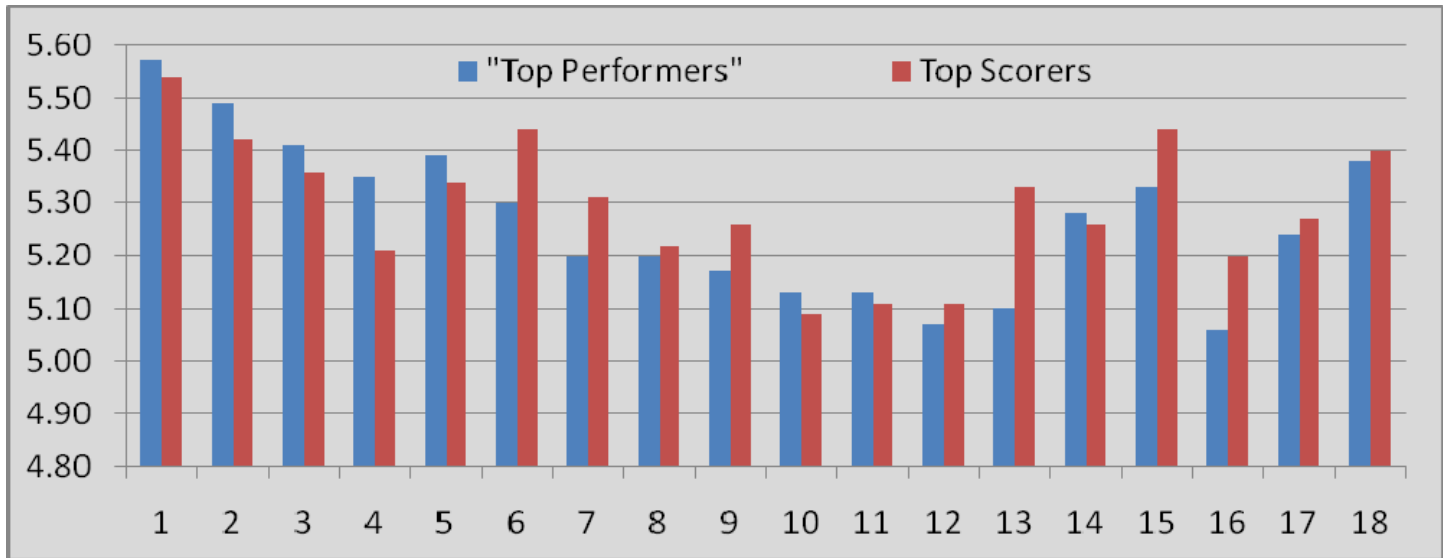


Figure 2 shows how the sales representatives performed across the 18 KPIs assessed by the doctors. For the purposes of this chart, we have only represented the scores of the top performers as determined by sales volume and target, and the sales representatives deemed 'doctor-focused' by the assessing doctors. This clearly demonstrates that although top performers have great interpersonal skills (KPIs 1-5), they sometimes fail to apply the selling skills and knowledge (KPIs 6-18) necessary to successfully sell a product to a doctor who is new to them and where the existing relationship has no bearing on the outcome of the sale.

Figure 3.

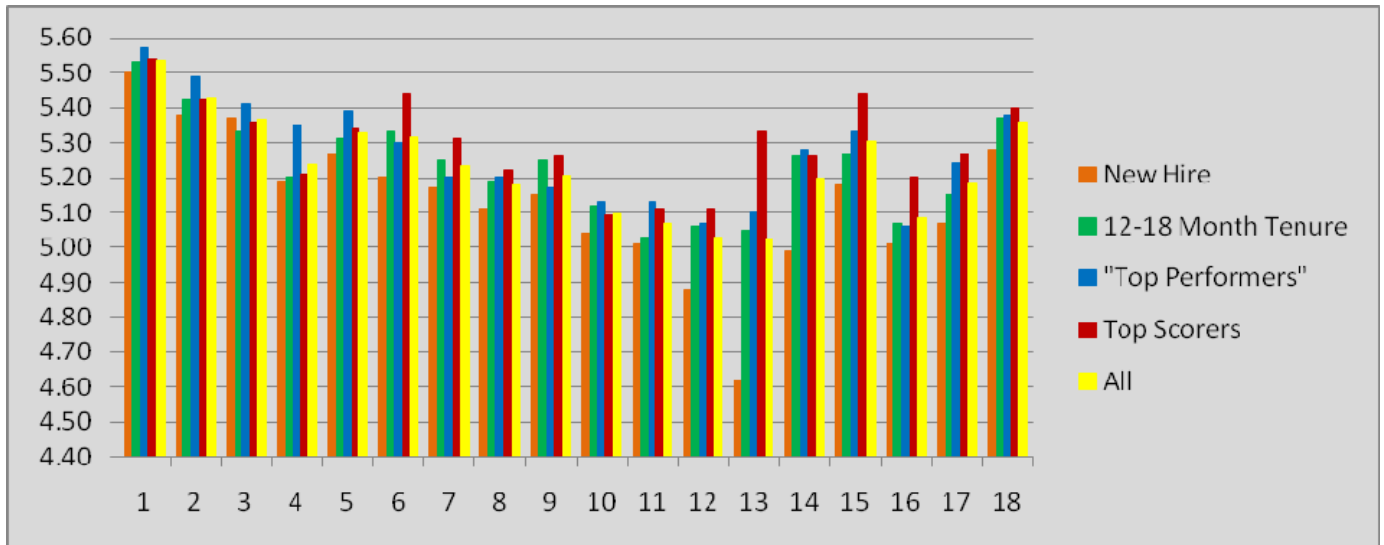


Figure 3 shows that there were significant differences between the performance of 12-18 month tenured sales representatives and experienced "top performers" in some of the KPI's, reinforcing that a knowledge, evidence and solution based approach works better with doctors and is more likely to have an influence on prescribing habits.

In a significant subset of assessments, managers observed the MD Feedback calls and assessed the representatives on the same 18 KPI's as the doctors. In addition, many client companies allowed us to compare the responses of manager assessments from ride along sessions to the assessments performed by doctors. Our analysis of this data showed that there was a consistent and distinct difference between the value system of doctors, and that of the company and its managers. Doctors placed higher value on the presentation of unbiased scientific information given in an educational rather than a selling manner, asked more questions and gave more attention to representatives who were doctor-focused (helping to solve the doctors problems) rather than mainly product focused.

Conversely, managers tended to rate higher those areas that demonstrated that the representatives built a rapport with the doctor, and performed the call along the company endorsed selling model and skills. Use of materials was documented, but the effect on the doctor was not noted on the assessment forms. Managers consistently had a focus on 'what' the representative did in the call, rather than the 'how' or 'why' it affected the doctors' behaviors.

Conclusions:

The familiarity that comes with a long association with specific products, territory and with doctors naturally leads many sales representatives to rely more on relationship selling rather than skills-based and knowledge-based selling. With relationship selling eliminated as a factor by the assessments (new doctors, new setting), many of the top sales performers are no longer relying on the skills and knowledge that doctors want and need to change their clinical behaviors.

What becomes very clear through this analysis is that many top performers may rely more on relationship selling rather than the application of skills and knowledge, as evidenced by their scoring in the lower percentage range. Doctors rated them lower because they do not perceive value in the interaction. In direct contrast, those representatives who relied on clinically relevant information, supported by evidence, had good command of the clinical information, and were able to communicate the information succinctly and in an organized fashion, were scored as having highly valuable information and were more likely to alter prescribing habits.

Because new hires and experienced representatives who are shifted to new territories or new products do not have the luxury of experience with the doctors and products, they rely on the solid foundations of what they have learned to dictate their interactions with the doctors. The shift to the unfamiliar forces them to rely on the learned skills and newly learned information as the basis for forming a new relationship. These representatives are the ones who may perform better with new product launches or who can move territories and products ahead and are most likely have lasting success.

Figure 4.

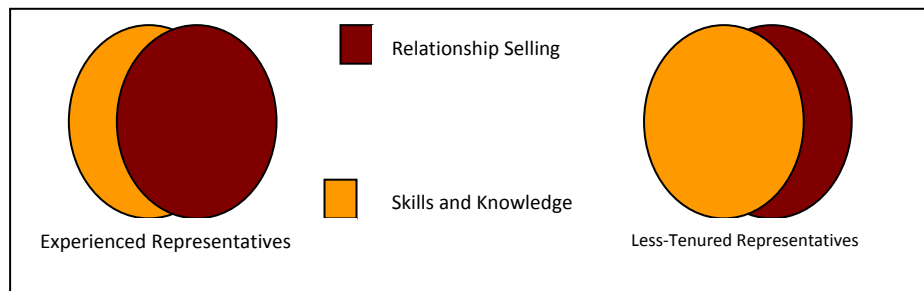


Figure 4 shows the distribution of distinct spheres of behaviors on which representatives rely. The mix of these two spheres is tenure-specific.

Managers must be aware of this shift toward relationship selling and consistently redirect their representatives back toward an appropriate mix of presenting scientific, clinically relevant data along with establishing a personal relationship. The lower rating from doctors indicate that representative behaviors in many cases are perceived as not bringing value to the doctor and subsequently no change in clinical behavior takes place.

So to which of these mixes does the doctor best respond? Do doctors respond better to the tenured representative with the good social skills or the newly hired or promoted representative with solid knowledge and selling skills? Consistent with other research and company experiences, several truisms appear:

- Relationship selling gets people in the door, but scientific selling moves product
- Relationship selling does not move doctors beyond what they are already doing, does not 'grow the market' beyond current practice
- Doctors are still individuals, and their personalities, level of education and practice, and therapeutic specialties will dictate their value system and their needs
- Managers need to redirect their representative observations and coaching to a more doctor-focused orientation

The implications are clear from this data:

- The traditional use of experienced and top performers' best in class behaviors as models for future success may need re-examination and modification by companies to increase sales force effectiveness in the overall sales force.
- The practice of relying on relationship selling does not provide what the customer wants or needs to change clinical behavior.
- There must be a proper mix of relationship selling and skills/knowledge based selling that meets the need of each doctor
- The mix may change based on the therapeutic area and the doctor's personality or practice setting; representatives must plan the call based on their knowledge of the doctor and the setting
- There must be a re-orienting of tenured representatives to skills and knowledge to gain the advantage of 'mental access' to move product beyond current use
- Scientific presentation and clinical discussion are key when introducing new products, when trying to move into new indications and when a representative is establishing credibility with new doctors

Recommendations for Sales Management and Training:

- Adopt a more doctor-focused approach based on the specific mindset of the target doctors' specialties
- Undertake an analysis of the sales team utilizing specially trained doctors to help identify disconnects between representative actions and doctors' needs
- Identify specific interventions that develop the skills necessary to add value to the doctor-representative relationship
- Educate the sales team on the need to change their methods for individual doctors and to utilize effective pre-call planning and post-call analysis to document doctor needs
- Undertake a doctor-focused education with sales management utilizing comparative assessments with doctors
- Involve sales management and, if possible, marketing in creating a culture that provides messaging, sales materials and coaching efforts in synch with a doctor-focused team approach