

Detail Diagnosis

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An innovative program uses doctors to teach reps what works, and what doesn't, during sales calls.

Physician focus groups and panels may offer valuable information to sales and marketing managers, but the most useful feedback comes from the interactions between pharma sales reps and their physician customers. Thus, it is critical to consider real-world experiences in evaluating reps' performance and the viability of

marketing strategies, sales force training, and product messages. Specially trained physicians in the United States, the United Kingdom, and other European countries deliver pharma and biotech companies both the good and bad news by assessing real detail calls using a standardized set of data points. From those assessments, sophisticated data analyses generate benchmarks against which companies can judge current and future plans. Those benchmarks offer marketing managers ways to validate or reposition their strategies and give sales trainers tools with which to evaluate their curricula, trainer competence, and the implementation of new skills, using real customers in

safe, controlled, educational environments. This article outlines that process and uses four real-world cases to demonstrate its applications.

No Dress Rehearsal

The key to effective benchmarking is to recruit and train physicians to assess reps' detail calls according to 12 key performance indicators or data points. Extensive research and input from pharma marketing personnel, sales trainers, and brand managers helped define those data points, which measure product and disease-state knowledge, competitive product awareness, selling and interpersonal skills, product message effectiveness, and influence on physi-

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cians' clinical behavior and prescribing habits.

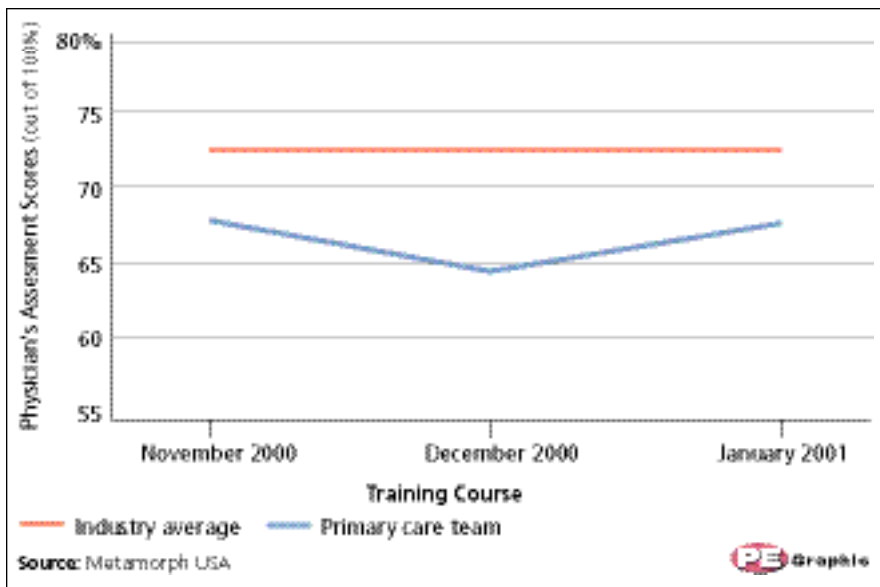
Physicians assess reps in actual sales calls, not role plays. They behave

the same way and ask the same questions that they normally would when seeing a rep in their office. At the end of a call, the physicians pro-

vide reps with constructive and supportive feedback about what they did well and what areas need improvement. The sales call and the verbal feedback are videotaped for immediate and future review.

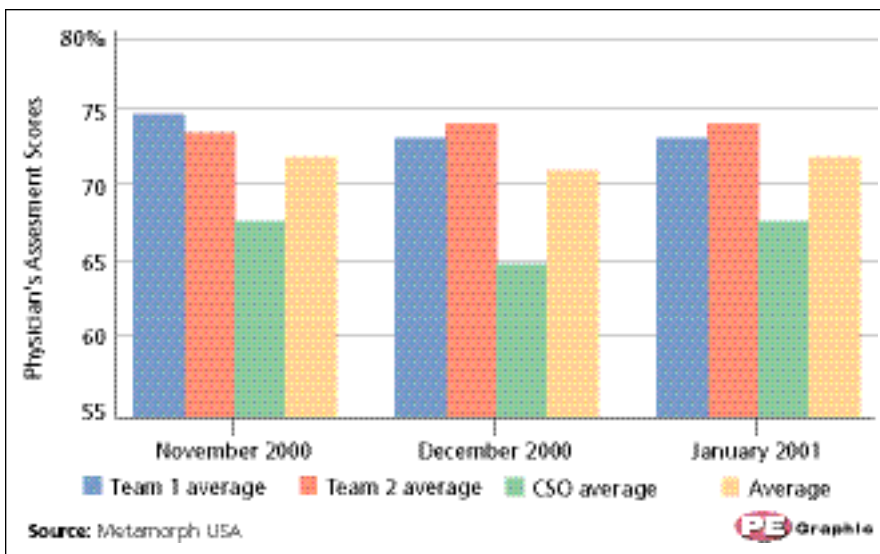
Physicians complete an evaluation form scoring the reps on the 12 performance indicators supported by written comments. Analysts generate weighted scores and use them to create benchmarks—internally and industry-wide—in each performance area.

Recruits Under Review



An analysis of benchmarking data showed that the primary care team was “performing below industry standards.”

CSO Team Below Par



Detailed analysis revealed that the contract sales team was “undermining overall performance.”

CASE #1

Recruiting Issues

Pharma Company A had physicians assess all sales teams at the end of initial training classes before they went into the field on their own. When analysts applied external benchmarks, a review of the data from the past year demonstrated that the company's primary care team was performing below industry norms. (See “Recruits Under Review.”) Application of internal benchmarking found that the contract sales team was performing significantly worse than the company's in-house team, thus dragging down overall performance. (See “CSO Team Under Par.”) As a result, the company modified its curriculum for the CSO teams to improve overall performance to match industry norms.

CASE #2

Training Needs

Pharma Company B had three teams selling the same group of products. Data analysis after physician assessment and benchmarking determined

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that one team significantly underperformed compared with the other two. Breaking out the three teams' scores by data points showed that the trailing team had done poorly on knowledge of the competition (data point 7) resulting in poor handling of objections (point 8), and lack of message clarity (point 9). They also earned low scores on influencing doctors' prescribing (point 11) and

poor closing (point 12). (See "Lackluster Performance Picture," page 36.)

Further analysis showed that the lagging team spent little time training on competitive issues. So the company emphasized competitor knowledge during the next two training sessions. Benchmarking data from subsequent physician assessments showed improvement in the targeted area and in

reps' ability to influence doctors to consider prescribing.

CASE #3

Core Messages

Pharma Company C noticed a decrease in market share after it changed its core marketing message and leadership statement, both of which had been thoroughly tested in focus groups. Marketing was convinced that the reps failed to deliver the message, while sales was convinced that the message was the problem.

BENCHMARKING BENEFITS

Physician scoring enables pharma companies to benchmark internally and externally through a standardized set of key performance indicators and helps them recognize positive and negative short- and long-term trends among physician customers.

It gives sales and marketing managers the

- opportunity to see and hear key sales messages being delivered to customers as well as customers' responses.

It gives training departments the

- use of benchmarking data to evaluate current training and curriculum changes
- ability to identify sales force skill gaps and training needs of individuals and district managers
- data analysis that evaluates all aspects of sales force development, including training curriculum, contract sales organizations' capabilities, individual trainers, and recruiting issues.

For sales reps, it

- shortens the learning curve through encounters with real physicians in a safe learning environment
- offers one-to-one, structured, and constructive feedback directly from customers' insights into key performance indicators, allowing for personal improvement during the process
- builds confidence that enables them to be more effective in their territory on the very next day
- fosters ownership of personal development through identification of personal/professional needs
- develops skills using videos and individual coaching from trainers during and after the details
- enables them to learn by watching peers in live assessment calls with doctors.

Encounters with real physicians are more valuable than role-playing exercises for evaluating reps' performance.

Physicians' assessment scores showed a marked deterioration in comparison with the company's normal internal benchmarks. Further analysis of all the data points demonstrated that scores on points 2 (building rapport appropriately), 3 (introducing the subject), 10 (the rep's professionalism), and 11 (influencing prescribing habits) were all significantly lower than internal benchmarks. (See "Message or Delivery?" page 36.)

Most of the physicians' comments referred specifically to the core message and leadership statement. They found both to be irritating and patronizing and said that they nega-

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tively affected the sales call no matter how they were delivered.

Armed with that feedback, Pharma Company C returned to its original core message and leadership statement. The reps were then reassessed by a different group of physicians. Performance

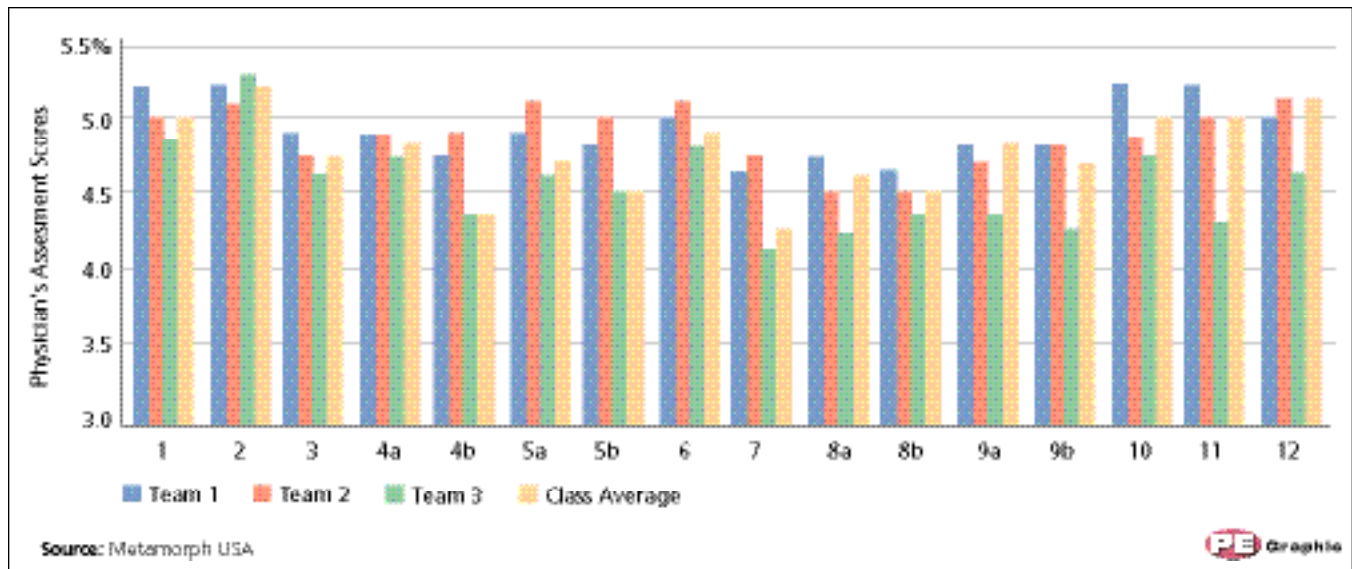
returned to the company's previous levels and fell in line with expectations. As an additional benefit, the rest of the sales force watched videotapes from those encounters that exemplified effective handling of the call.

CASE #4

Sales Aids

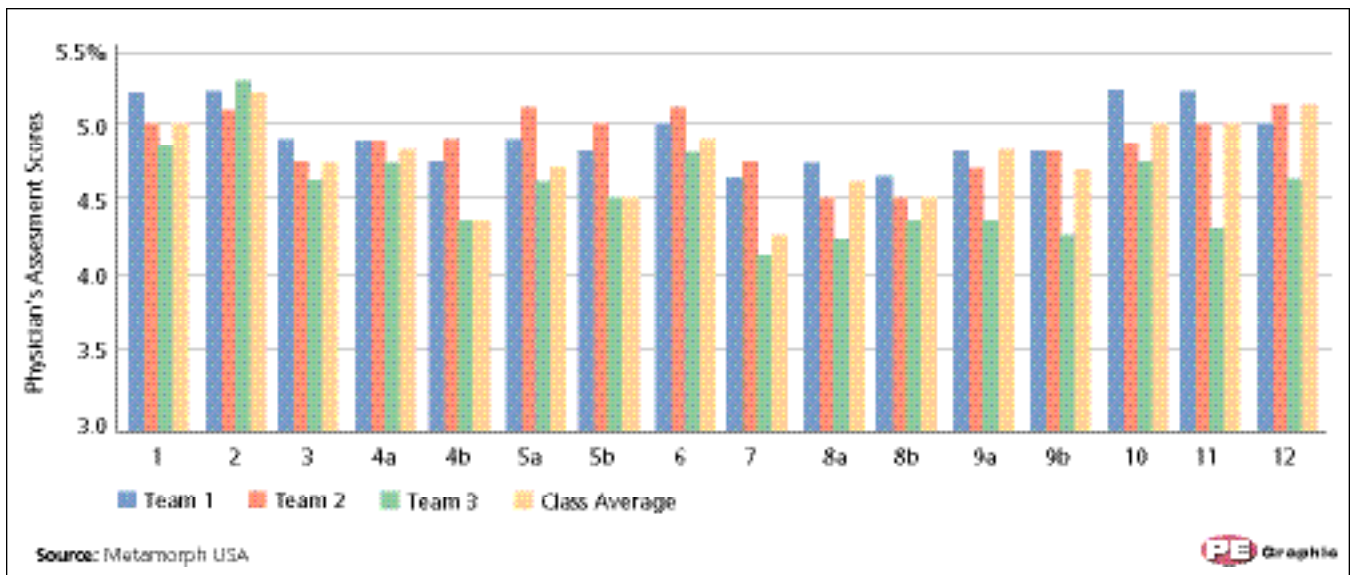
Pharma Company D was preparing to launch a reformulation of an existing product and earmarked "enhanced deposition" and "cost benefit" as the

Lackluster Performance Picture



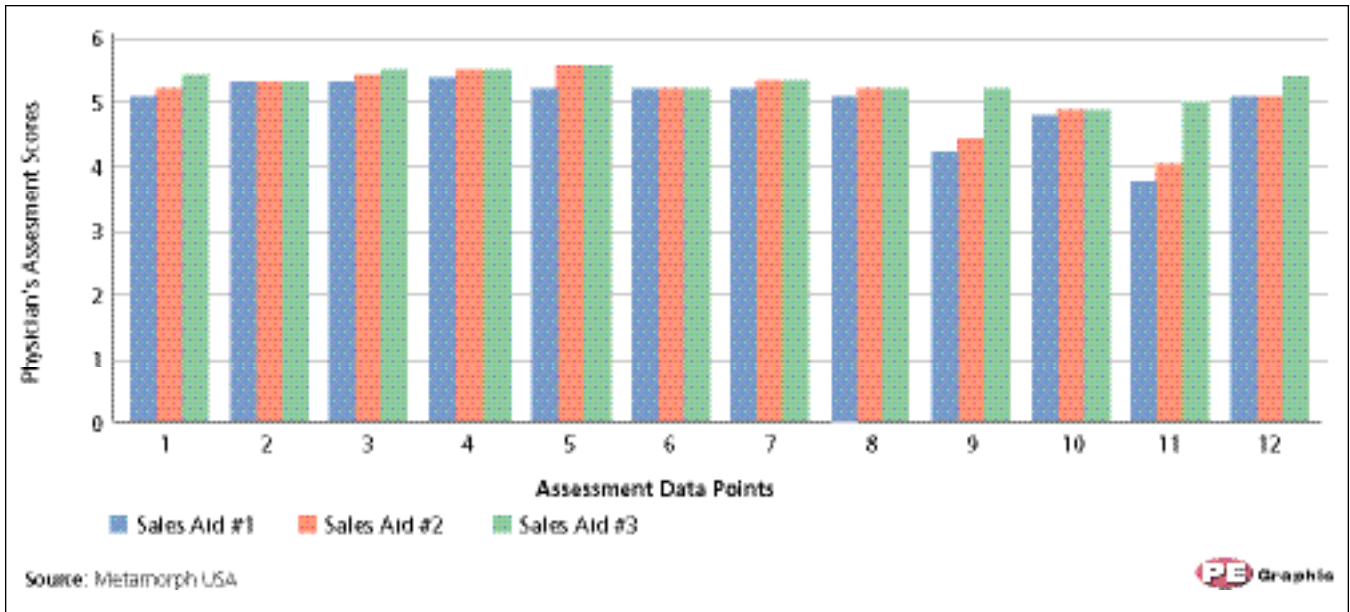
Analysis of physicians' assessments showed where team 3 was underperforming, prompting a review of training procedures.

Message or Delivery?



Physicians reacted negatively to the product's new core messages no matter how it was delivered.

Sales Aids Under Scrutiny



Physician assessments of three new sales aids revealed that #3 was best.

key messages. At the end of the assessment day, physicians' scores on data points 9 (clarity of message) and 11 (influencing prescribing habits) were below both the company's and the industry's benchmarks. Debriefing the reps and physicians and reviewing videotapes of the calls revealed that reps couldn't find information that illustrated the key messages. They did, however, find the sales aid and visual support for the key messages cumbersome and confusing.

The company's managers took a novel and extremely powerful approach to rectify the situation. They selected

The best way to make the training experience valuable is to bring customers into the process.

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the top performing experienced reps to detail a range of physicians using mock versions of several potential sales aids. Benchmarks of physicians' assessments put sales aid #3 in the top spot. (See "Sales Aids Under Scrutiny," page 38.) To support their presentations, the reps suggested modifications to the material. That information and collaboration created a more appropriate and useful sales aid specifically designed to

GSK used specially trained physicians to help its US and UK benchmarking efforts.

enhance the interaction between reps and physicians.

GlaxoSmithKline used specially trained physician assessment and benchmarking in both the United States and the United Kingdom. Charley Williams, GSK's former director of central nervous system product training, says: "The process brings more reality to training programs. How can you make the training more real than to have real customers built into the experience? The physicians provide rich and robust feedback. It's not a GSK employee pretending to be a doctor, pretending to know how physicians think."

Williams believes that the evaluation builds confidence and benefits

Reps finish training more confident, less anxious, and better able to focus on messages out in the field.

reps in their first days out in the field by reducing anxiety and helping them focus on the messages. "Ultimately," Williams says, "the reps are more successful more quickly." ■