



BUILDING PHYSICIAN RELATIONSHIPS  
**BUILDS VALUE  
AND THE BRAND.**

By Mike Randall  
Strategic Planner





Today, the relationship has to bring value even before the first meeting.”

Today, getting face time with already overbooked physicians requires that sales reps bring more to the table than a firm handshake, a warm smile and a one-size-fits-all scripted detailing. Short of Barbra Streisand lamenting, “You don’t bring me flowers anymore,” physicians are insisting — and rightly so — that sales reps transform their traditional product-centered approach into a more client-centered relationship.

Key word? Relationship. While the rep’s core objectives remain unchanged — sales by way of educating physicians and motivating them to change — the approach has shifted. Conventional sales roles and functions have moved from a reliance on call volume and in-person visits to serving more as a partner who brings valuable information and insight to the conversation. In short, it’s not so much about the sale as it is about the physician and fulfilling his or her needs — before the first meeting even takes place.

Companies are taking notice. There’s clear acknowledgement that offering value beyond price and information is the new cost of entry. Merck and GSK have already begun amending their sales models with new compensation and service offerings, proving the tide has truly turned when it comes to the traditional sales rep-physician paradigm.

As pharma companies experiment with and build new sales models, it’s critical they are constructed around physician needs. And for most, this effort should prove worthwhile. Identifying the customer’s needs and adapting to their behavioral styles presents pharma marketers and brand managers with tremendous opportunities to improve sales performance. The added payoff? Sustainable relationships that can provide short- and long-term growth.

## A NEW BREED OF SALES REP REQUIRES NEW BEHAVIORS

So how can pharmaceutical marketers better understand their customers and provide value?

On the front end, reps need to go beyond scripted detailing and understand not only the prescribing data and the current segmentation norm, but also who or what will motivate and influence the physician. Deciphering the physician's learning style, approach to treatment and interaction with patients and peers can inform all manner of strategies.

This deciphering — or behavioral science — allows for better alignment of promotions, programs and messaging to customers. Recognizing and adapting to these behavioral differences represents a transition from product detailing to needs fulfillment, maximizing the effectiveness of the sales rep by adding value for the physician.

THERE ARE DIRECT,  
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OBSERVATIONAL  
WAYS THAT REPS CAN  
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## DIRECT

Sales reps can use direct, indirect and observational methods to obtain behavioral insights into their customers. A direct method may include developing segmentations, such as a typing tool that asks the physician to answer only five behavioral-based questions. When positioned correctly by the sales rep, the benefits of doing so become clear to the physician: they'll receive more relevant, worthwhile information and appreciate the rep's sincere respect of their time (not to mention avoiding a canned presentation).


## INDIRECT

More indirectly, pharma companies could create segmentation studies with questions asking how physicians interact with their patients, their perceived control over treatment outcomes, social norms, confidence, and others. Armed with this data, sales reps will have a better idea of the categorical habits driving a particular segment; managers will know how to better communicate specific marketing messages. These insights can trickle up even to the brand level, serving as bridges for building key opinion leader relationships and trial recruitment.

## OBSERVATIONAL

Observational or conventional techniques may also be used to uncover meaningful understanding to drive discussions. Physicians are either global learners or analytic learners, which can be determined by how they respond to information. Do they want to know the big picture before supporting details (global learners), or does the physician want to go through a logical sequence of facts that build a case toward a bigger picture (analytic learners)? Further clues, such as whether the physician prefers interactive, hands-on demonstrations or if they are more receptive to discussions centered on information and facts, can also offer a helpful glimpse into how best to meet their information needs.

Similarly, the office environment can provide clues into a physician's unspoken informational preference. Observing how a physician interacts with peers might help a sales rep distinguish a physician's need for collaboration or social reinforcement. Perhaps the physician isn't even the right target within the office — maybe nurses or administrative staff have significant control and influence and deserve some of the sales rep's attention.



TO GO BEYOND  
SCRIPTED  
DETAILING, SALES  
REPS MUST ADOPT  
A BEHAVIORAL  
APPROACH AND  
DO THE FOLLOWING:

**1** Understand who or what is going to influence the physician

- Uncover learning style
- Observe approach to treatment
- Determine how they interact with patients
- Identify individual and office needs

**2** Tailor communication toward the individual physician's wants and needs

**3** Deliver strategies and tactics most likely to lead to a valued experience

# SUGGESTED VARIABLES FOR TARGETING PRESCRIBERS



## TRADITIONAL VARIABLES

- Practice Demographics
- Prescribing Data
- MCO Coverage



## BEHAVIORAL VARIABLES

- Subjective norms**  
Belief about how peers prescribe/treat
- Perceived control over patient outcomes**  
Belief about how much the prescribing decision plays a role in patient outcomes
- Self-efficacy**  
Confidence in ability to manage patient condition and make optimal treatment decision
- Treatment attitudes**  
Overall beliefs and expectations associated with available treatments
- Preferred patient activation**  
Physician's preference for how involved they want patients to be in their treatment plan
- External influences**  
Factors in the physician's environment that serve as a cue to impacting beliefs or behaviors — examples include allied HCPs, treatment guidelines, promotional materials
- Adherence beliefs**  
Physician's belief about how adherent patient will be
- Perceived social support**  
Physician's belief about patient's level of social support
- Learning style**





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## TRANSLATING UNSPOKEN PREFERENCES INTO TANGIBLE VALUE

Once sales reps have identified some of these characteristics, they can begin to create a mix of strategies and tactics most likely to lead to a valuable experience. For example, if they’ve identified a physician as a global learner that doesn’t seek a lot of input or assistance from others, the sales rep might provide a program that allows for more independent learning. This could include creating a postcard of QR codes directing the physician to Web pages, videos, article abstracts and downloads as they’re needed.

Any communication needs to be simple and focused — this physician’s preference is not to sit through a 30-minute presentation and nor is he likely to be sold without his own research, so it’s best to provide on-demand e-resources.

A more analytical, collaborative physician likely has completely different needs. For this type, a sales rep could regularly monitor social media sites, offering physician’s insight into patients, and providing tips and suggestions to help them better communicate with and provide for their customers. Another value-add might be to create personal websites for each physician with aggregated resources such as educational programs, practice and support services, patient management and support, and other Web-based services. Each sales rep might also have a personal blog or e-newsletter to share best practices experienced in the field, and to post articles about emerging technologies, medicinal trends and practice management.

Whether dealing with global or analytic learners, when sales reps take the time to put the needs of the practice above their own brands, they bring something of value to the relationship: a demonstrated understanding of the physician’s business and the tools to improve their practice.



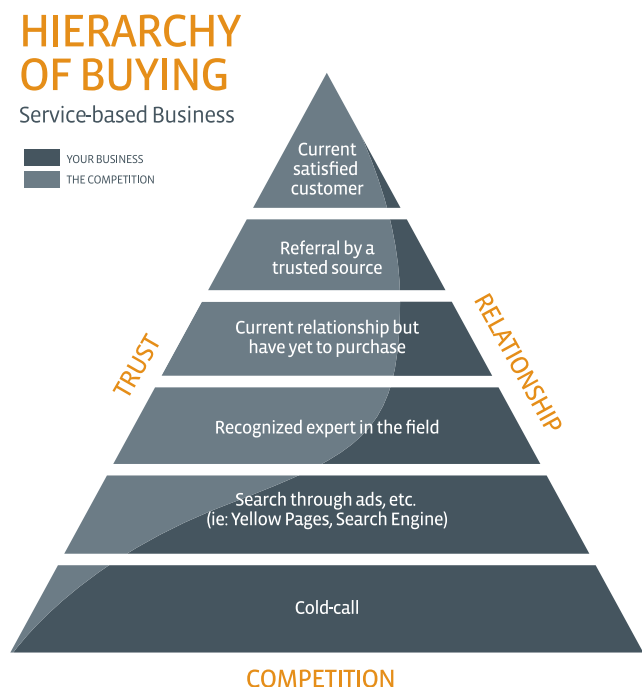
## IT'S NOT JUST THE MESSENGER

It's important to note that most of these examples can occur with or without a sales rep visiting an office. Digital technology has enabled this reality. And, simply put, sales reps need to be armed and prepared to work smarter with online tools and information.

Whether or not they're standing in the front of the physician, sales reps must function as a conduit and brand ambassador, a trusted ally that can connect physicians to information, resources and specialists as necessary. In turn, pharma companies must learn to treat their sales force like a team of account managers. For this to work, companies will likely have to reframe not just their strategic imperatives, but how they make their hiring decisions to reflect the technological, scientific, clinical and behavioral knowledge now mandated.

At the brand management level, resources for field force training and the development of support materials will require more budget allocation. This should be viewed as a collaborative opportunity between marketing and sales, not simply as an added to-do. Both activities not only optimize the physician-sales rep relationship, but the physician and brand connection as well. Sales reps have the pulse of what's going on in the office and they'll be able to better weigh in on what can motivate and influence customers. Their recommendations can provide more efficiency for the brand manager and ideally, lead to increased sales.

Right about now, brand managers everywhere are saying, "Slow down here. You want me to reallocate my budget? What kind of return can I expect?" Well, traditional measures still apply, and this is, in fact, an approach that can lead to sales. In his book, *Unmarketing*, Scott Stratten creates a hierarchy of buying for a service-based business that simply states the more trust you have with your potential clients, the better the chance you'll get (and keep) their business. The premise that people buy from those they know, like and trust is certainly not revolutionary. But it does beg increased scrutiny. What's being done right now to get to the top of the pyramid? We already know what happens at the bottom.



# THE WAY IT IS VERSUS THE WAY IT SHOULD BE:

	TRADITIONAL	PROPOSED
Role	Sales at all costs	Relationships at all costs
Function	Sales rep	Account Manager
Compensation	Tied to sales	Tied to sales, trust, value
Team	Solo	Bridge to specialists, info, resources
Support	One way from brand	Two-way with brand

## TOO BIG OF AN IDEA FOR BIG PHARMA?

The days of a single strategy working for all brands and all physicians are long gone. With the new pressures sales reps are facing — from changes like pay-for-performance and healthcare reform — a behavioral approach makes the most sense to meet future needs and sales goals.

The sales reps and brands that best understand and meet the specific needs of their customers will be the winners. But first, both parties must realize they're no longer selling the prescription, but contributing value to the relationship.

**MIKE RANDALL, [Strategic Planner](#)**

Mike's primary role as strategic planner is to work closely with both the behaviorist and the creative teams to identify target insights and market opportunities to ensure client objectives are met. Brought in for his background in digital and non-traditional media, as well as in the development of brand stories and experiences across a wide spectrum of industries, he carries with him nearly a decade of helping shape national and international brands like BMW Motorcycles and Smith Barney. With MicroMass since 2010, Mike previously served as strategic director of the Republik, where he developed numerous business and marketing plans and became the youngest partner in the Durham, N.C. company's history. Prior to that, Mike was an account coordinator at renowned New York City account planning agency, Merkley + Partners. He holds a Bachelor of Arts degree in journalism/ advertising from the University of North Carolina at Chapel Hill.

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**About [MicroMass Communications, Inc.](#)**

Founded in 1994, MicroMass offers unrivalled capabilities in the application of behavioral science to marketing challenges. The company's approach is founded on the belief that understanding the critical factors that influence individual behavior is the best way to create dialogue and build enduring relationships between customers and brands.

Unlike traditional agencies that are structured by discipline, MicroMass brings together under one roof the expertise and services for building sophisticated, multi-channel programs that span the full marketing continuum.

Headquartered in Cary, N.C., MicroMass is one of the fastest growing agencies in its field. With experience in more than 30 therapeutic categories, the company has a roster of clients that includes some of the most respected names in the pharmaceutical industry.

For additional information on MicroMass, visit [micromass.com](http://micromass.com).

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